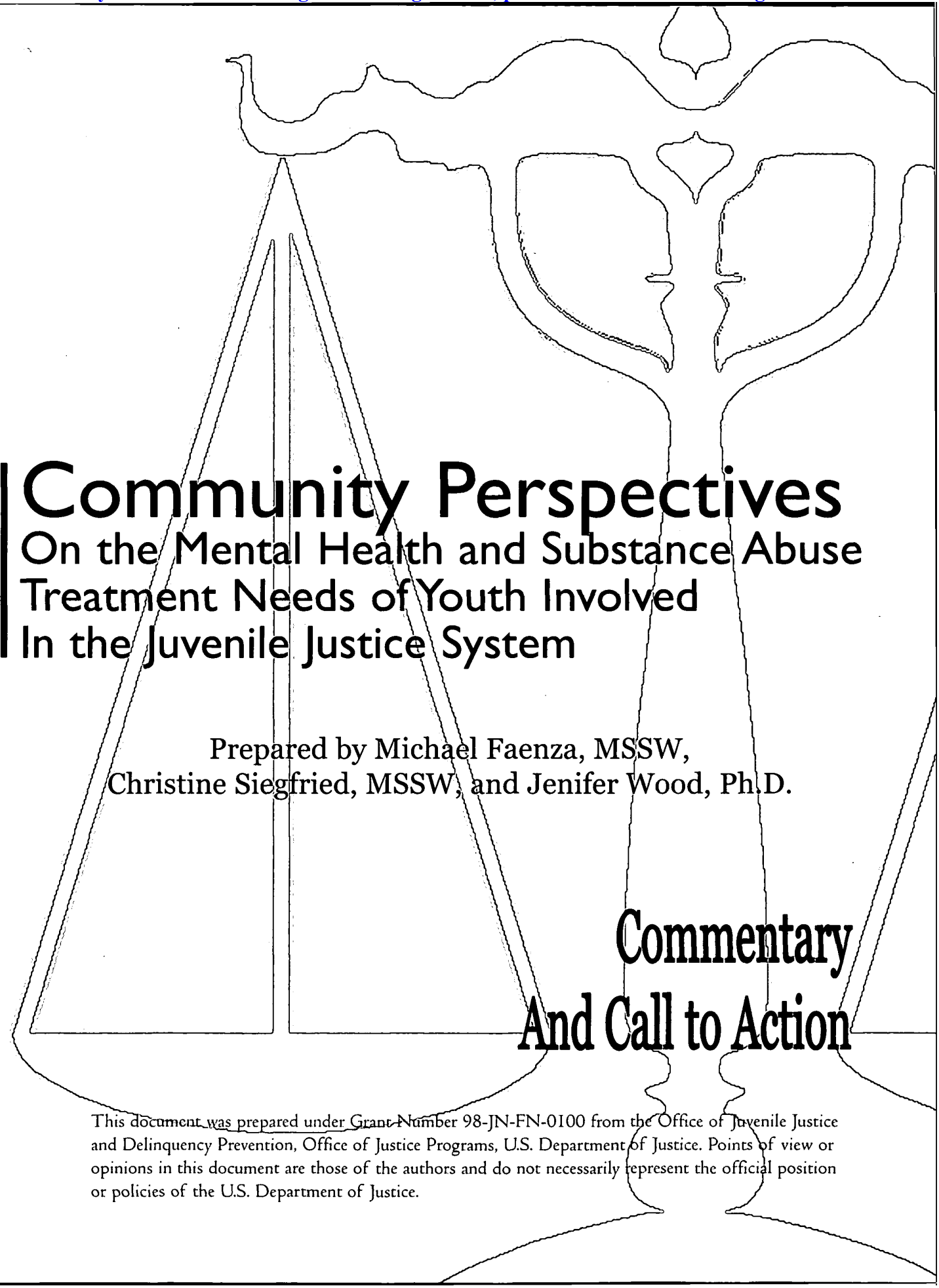

# Community Perspectives

## On the Mental Health and Substance Abuse Treatment Needs of Youth Involved In the Juvenile Justice System

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## Commentary And Call to Action

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|---|---|
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# Community Perspectives on the Mental Health and Substance Abuse Treatment Needs of Youth Involved in the Juvenile Justice System: Commentary and Call To Action

Each year, hundreds of thousands of young people with serious mental health and substance abuse problems wind up in the juvenile justice system.

Very few of these children have committed serious or violent offenses. Many more are nonviolent and "low level" offenders who have entered the juvenile justice system because of a failure to enact social policy and develop programs to identify children at risk and provide preventive services and supports for families. If communities were equipped to deliver accessible, high-quality mental health services to children, many young people would have their problems addressed before their behavior results in juvenile court involvement.

Once incarcerated, many children do not have their mental health problems diagnosed and treated. Because justice system-involved children are disproportionately poor children and children of color, they and their families are in special need of outreach and attention. NMHA is committed to placing the needs of these young people on the nation's agenda for action.

NMHA's Justice for Juveniles Initiative is designed to educate policymakers and the public about the mental health and substance abuse needs of youth in the juvenile justice system and to promote planning, service development, and appropriate policy at the local, state, and national levels. As the first major activity of the Justice for Juveniles Initiative, NMHA worked jointly with the National GAINS Center for People with Co-occurring Disorders in the Justice System to develop a process to help communities assess the scope of need and quality of services provided to youth in their justice systems.

## I. The Community Perspectives Project

In the fall of 1997, NMHA and the National GAINS Center began collaborating to undertake a multistate study of the needs of youth with mental health and substance abuse disorders in the juvenile justice system and the policies and programs in place to serve these children. The study was conducted in partnership with the GAINS Center, affiliate chapters of NMHA, and several affiliates of the Federation of Families for Children's Mental Health. The Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) provided funding to NMHA to support this effort, and the federal Center for Mental Health Services (CMHS) and Substance Abuse and Mental Health Services Administration (SAMHSA) are funding post-study education and technical assistance activities.

The National GAINS Center, which is federally supported by CMHS, SAMHSA, the National Institute of Corrections, the Office of Justice Programs, and OJJDP, provides information and practical assistance to communities to promote systemic change and improve service delivery for individuals with mental health and substance use disorders who come into contact with the justice system.

Although estimates of the percentage of youth with mental disorders in the juvenile justice system vary from study to study, a consistent picture is beginning to emerge. Despite differences in methodology and instrumentation, researchers from across the country are documenting high rates of mental disorders, including substance abuse disorders and multiple co-occurring diagnoses, among children incarcerated in juvenile facilities. The data currently available indicate that youth in the justice system are comparable to those being treated in community-based mental health programs, in terms of types and rates of major mental disorders. Rigorous national or multisite prevalence studies are still needed, however.

Even less has been written about the policies and services aimed at these children. The Community Perspectives Project was designed to address this knowledge gap.

The objectives of the Project include the following:

- Describe the level of need among youth with mental health and substance abuse disorders in the justice system.
- Describe policies and procedures currently in place at the state and local levels to respond to this population.
- Characterize the continuum of services currently available to youth with mental health and substance abuse needs in the juvenile justice system, including gaps, strengths and exemplary programs in the surveyed communities.
- Identify potential "next steps," including strategies and key issues to be targeted by advocates and policymakers.
- Gauge the current level of collaboration and stimulate further collaborative planning and coalition building in states and communities to address the mental health and substance abuse needs of youth in the juvenile justice system.

## The Data Collection Process

MHA and Federation affiliates in 11 states participated in the process[1], which began during the spring of 1998. Rural, urban, and suburban counties from states throughout the United States were represented. Across the 11 states, over 100 interviews were conducted.[2]

The staff of the National GAINS Center, who developed the assessment instrument, conducted initial training for state and local data coordinators via conference call and provided consultation to them as they conducted the interviews. The assessment process involved a series of structured interviews with local and state officials and other key stakeholders. Individuals targeted for interviews included state and local directors of mental health, substance abuse and juvenile justice agencies, juvenile court judges, law enforcement personnel, service providers, and state and local family and advocacy groups.

### Participating Communities

| State | Levels of Assessment |
|---|---|
| Colorado | State Level<br>Jefferson County |
| Georgia | State Level<br>Metro Atlanta |
| Indiana | Marion County |
| Kentucky | State Level<br>Jefferson County |
| Louisiana | State Level<br>Jefferson Parish<br>New Orleans Parish |
| Maryland | State Level |
| New York | State Level<br>Orange County<br>Albany County<br>Niagara County |
| South Carolina | Charleston County<br>Lexington County<br>Oconee County |
| Texas | State Level<br>Houston/Harris County<br>Tarrant County |
| Virginia | Central Virginia |
| Washington | State Level |

### Steps in the Community Perspectives Project

- MHA's in 11 States agreed to participate.
- National GAINS Center staff developed a standardized interview protocol and trained MHAs and Federation chapters in the use of this instrument. The interview protocol was designed to assess stakeholder perceptions of strengths and gaps in their systems serving youth with mental health and/or substance abuse needs; questions were predominantly open ended, although the instrument also included a few rating scales.
- MHA and Federation chapter volunteers were given 5 months to identify and interview major juvenile justice and mental health stakeholders in their communities.
- Each state- or county-level MHA data coordinator submitted completed interview protocols and a brief process summary to NMHA and GAINS.

[1] *Due to staff turnover and other difficulties, several MHA affiliates who had wanted to participate in the process were unable to complete the community interviews. These affiliates provided valuable feedback to NMHA and the GAINS Center, however, regarding the interview process and the obstacles they encountered.*

[2] *For a more complete description of the Community Perspectives Project methodology and results, please consult the companion document* Community Perspectives on the Mental Health and Substance Abuse Needs of Youth Involved in the Juvenile Justice System, *distributed by the National GAINS Center and NMHA.*

The structured interviews addressed the following areas:

1. Existence of data—at the state and local levels—on the prevalence of mental health and substance abuse problems among youth in the juvenile justice system.
2. Stakeholders' estimates or perceptions of the scope of the problem.
3. Existence of policies and procedures at the local and state levels for addressing the needs of this population.
4. Stakeholders' perceptions of the service continuum currently available to these youth, including gaps, barriers, strengths and exemplary programs.
5. Stakeholders' assessment of "next steps," including key issues and potential strategies for policymakers and advocates.
6. Extent of interagency collaboration and collaboration across disciplines (e.g., substance abuse and mental health).

If jurisdictions had data available from one-time studies or reports from more systematic data-gathering procedures, this information was collected and reviewed. When interviewing stakeholders regarding policies and procedures, data coordinators inquired about six different "decision points" in the juvenile justice process: when a youth is arrested, when a youth is placed in detention, when a petition is filed on a youth, when a youth is adjudicated, when a youth is placed in a residential program, and when a youth is placed on probation.

The chart below shows the types of respondents interviewed for the community assessment process. Most of the interviews were done face-to-face; a few were conducted by phone.

**Breakdown of Respondents**

| | |
|---|---|
| Juvenile Justice Administrators | 22 |
| Mental Health Administrators | 20 |
| Service Providers | 20 |
| Drug/Alcohol Administrators | 12 |
| Juvenile/Family Court Judges | 9 |
| Law Enforcement | 6 |
| Parents | 8 |
| Advocates | 4 |
| Probation Officers | 3 |
| School Personnel | 2 |
| Social Service Administrators | 2 |
| Juvenile Assessment Center Staff | 1 |
| Attorneys | 1 |

Several of the MHA affiliates and Federation chapters encountered barriers in implementing the assessment process. Many data coordinators found the interview protocol cumbersome and repetitive. Since most interviews took at least an hour or two to conduct, the assessment process proved difficult to schedule and time consuming. Additionally, most of the interviews were conducted over the summer months, when many professionals take vacation. This slowed down the process.

Most of the data coordinators mailed out the printed survey form to the respondents ahead of time and then followed the mailing by setting up an interview. Occasionally, respondents would complete the written questionnaire or forward it to someone else before the data coordinator had a chance to follow up with them. Some data coordinators reported that the assessment instrument asked for data that many professionals did not have, had to ask others for, or had to "go looking for" outside of the agency. This slowed down the assessment process considerably. In addition, while none of the data coordinators reported that people refused to participate, several reported that professionals did not return their phone calls. In cases such as these, the data coordinators scheduled interviews with other professionals from the same field. In one case, the interviewer contacted someone at the county executive's office to help solicit participation.

### Some Comments on the Research Method

The Community Perspectives Project was designed to gather the impressions and perceptions of key stakeholders about the strengths and limitations of their current efforts to serve children with mental health and

substance abuse problems in the juvenile justice system. The Project enables us to paint a picture of the ways in which various communities, large and small, around the country are addressing the population of young people in the justice system who have mental health and substance abuse needs. It gives us a better understanding of whether communities recognize this as an important issue and have begun to work collaboratively to address it.

The Project was not an epidemiological study. Rather, participating communities were selected on the basis of interest, and data coordinators collected predominantly qualitative, not quantitative, information. For this reason, as we report the results of the Project, we describe the themes that emerged consistently across multiple interviews rather than present statistical data.

This kind of qualitative analysis is common in the social sciences, particularly in disciplines such as anthropology, and the approach has a number of strengths. For example, because the data coordinators asked a range of open-ended questions, the information gathered can provide the basis for further, more quantitative research in this area. The conversational nature of the interview process provided MHAs and Federation chapters with an opportunity to get to know the major juvenile justice and mental health stakeholders in their communities and begin to build relationships that could foster a collaborative planning process. Data coordinators could also provide clarification of questions and probe for greater detail where needed.

This approach also has a number of limitations, however. Because a variety of different stakeholders were interviewed in each state, we cannot make comparisons across states. In some communities, for example, as many as 12 stakeholders were interviewed, and in others as few as one. There were also differences in the quality and depth of responses. Admittedly, some communities lacked input from key stakeholders whose perspectives are essential to obtaining a complete picture of how the systems serve youth with mental health needs.

**Our Analytic Process: How Did We Reach Our Conclusions?**

Staff at NMHA and the National GAINS Center reviewed all the interview protocols that were submitted by state and local MHA data coordinators. Staff agreed on a list of themes that recurred within each of the objective areas listed above. A "theme" is an observation or idea that was echoed consistently across multiple stakeholders and communities. These themes can be illustrated by using specific examples provided in a particular interview, although the general idea was common to many.

Despite this variability in the quality of interviews, the content of the responses provided by participants was remarkably consistent. A number of general themes and patterns emerged from the interviews, and it is these consistencies—these shared observations and concerns—that we emphasize in this report.

The Project has provided valuable information but is not an end in itself. It is only the first step toward building the capacity of local communities, through their MHA and Federation of Families affiliates, to identify local problems and needs related to children with mental health and substance abuse disorders caught in the justice system and to develop strategies to address these needs. Using information gathered as part of the Community Perspectives Project, communities can form coalitions aimed at improving the coordination and continuum of services for youth in the justice system and their families. The goal is that this initiative will result in a shared vision for change in local communities and a commitment across all sectors to improve the outcomes for these children.

## Major Findings

The community interview process yielded both positive and negative findings about the readiness and ability of communities and states to address the treatment needs of youth in their justice systems. On the positive side, the interview data clearly showed that many communities recognize mental health and substance abuse problems among youth in their

juvenile justice systems as important issues and are beginning to take positive steps to address them. All respondents expressed a level of concern and interest in improving policies and services for this population, even those that seemed to have limited prevalence data or knowledge about the population. Virtually all jurisdictions had at least some screening and services available for youth in their justice systems, although many had these only for detained youth or provided them late in the juvenile justice process. Many states and communities had interagency planning or programs under way to better serve this population of youth, or at least had interagency groups looking at out-of-home placement issues. Cross-agency communication and training efforts had improved in some communities. A few communities had sophisticated collaborative programs operating between their justice and mental health or substance abuse agencies, although generally these programs were small and not statewide.

*"Our strengths are our tenacity and creativity in trying to develop ways to serve this population."*

-A juvenile justice administrator

At the same time, a number of common themes regarding service and policy gaps emerged from the interviews. Most respondents identified front-end (prevention and early intervention) and back-end (aftercare) services as being significant gaps in the service array. Substance abuse services, dual diagnosis services, and services targeted especially for offenders were also cited by many jurisdictions as lacking. Major barriers cited by numerous stakeholders included the lack of adequate funding for services, problems with insurance and managed care policies, differences in treatment philosophies between agencies, lack of outreach and involvement of families, confidentiality issues, and lack of interagency coordination. Most respondents believed that youth in the juvenile justice system who had mental health and substance abuse needs were still underidentified and underserved by their jurisdiction. Respondents from a variety of states and communities, however, generated a remarkably consistent list of recommended strategies and "next steps."

**Level of Need**

Although there is a growing recognition among state and local officials of the mental health and substance abuse needs of justice system-involved youth, many communities that participated in the Perspectives Project could only estimate the numbers of youth with these disorders. Fewer than half of the sites could provide actual prevalence data, and the remainder provided estimates that varied widely across stakeholders. Sites generally reported that, if data are collected at all, they are collected at one of two specific points: admission to detention or residential placement. Formal screens and/or assessments are usually performed at these points, and these are the points where services frequently become available to youth.

Five states had conducted formal prevalence studies: Colorado, Georgia, Maryland, South Carolina, and Texas. Only Texas had collected data on co-occurring disorders, reporting that 55 percent of youth with mental disorders also had high chemical dependency needs. Other findings from the state prevalence studies include:

- Sixty-one percent of youth in Georgia's regional youth detention centers had at least one psychiatric disorder, including substance abuse, and 44 percent had two or more diagnoses.
- Fifty-three percent of youth in Maryland detention and correctional facilities had a diagnosable mental health problem, and 26 percent needed mental health services.
- Seventy-two percent of incarcerated youth in South Carolina met criteria for at least one psychiatric disorder, and 53 percent met stringent diagnostic criteria for "seriously emotionally disturbed."

- Seventy-five percent of youth in state detention centers in Colorado reported indicators of substance abuse, and 58 percent reported using two or more substances.

**Policies and Procedures**

Many communities lacked specific policies for screening and identifying youth with mental health or substance abuse problems. The identification is done informally, usually when a youth is in crisis or asks for help or when the need is obvious to an observer. Some sites said that formal identification is missing throughout their juvenile justice system and that the absence of a formalized screening mechanism is a barrier to addressing the treatment needs of youth. A few said that children arrested on drug-related charges are more likely to be identified as having problems than other children.

*"If services had been available in the community, many youth wouldn't have progressed in their delinquent behavior to the point that they needed to be incarcerated."*

-Director of a juvenile justice agency

**Continuum of Services**

The Project found a great deal of variation across sites in the services provided to youth involved with the juvenile justice system. No site reported providing a comprehensive range of services, although all sites reported having some services available at some point in the juvenile justice system.

Communities said that the largest gap in services is at the front end of the juvenile justice system, when a youth first becomes involved—at arrest or prior to formal arrest. It is generally not until a youth is detained or formally involved with the juvenile court that programs and services are provided. In general, communities reported an absence of early identification and early intervention programs. Respondents recognized the importance of front-end services and lamented that more services are not available to youth and their families at earlier points. Many respondents said that the services and programs available in their communities are provided too late for youth that could be prevented from coming into the juvenile justice system. An exception is the Orange County Mandatory PINS Diversion Program in New York. (For detailed descriptions of four participating communities, highlighting some challenges and successes, see Appendix I. For more information about promising programs, see Appendix II.)

Many sites also said they lack services at the back end of the juvenile justice system, when youth are released from custody. Children who receive services while incarcerated lose these services when they leave the juvenile justice system. Formalized policies for linking released youth to services were reported in only a few sites. An exemplary program is The Bridge Program in South Carolina. (See Appendix II.)

A number of respondents mentioned that substance abuse services for youth are less available in their communities than are mental health services. There are few, if any, inpatient substance abuse beds available and no way to pay for them. There are also few community-based substance abuse services for youth upon discharge. Services are often not structured appropriately to handle children involved with the justice system. Lack of court mandate for substance abuse treatment is a problem in some jurisdictions. In contrast, drug courts were cited by several communities as a strength in getting services to youth with substance abuse problems. Unfortunately, in some states, no public funds are available for adolescent substance abuse treatment, and there are no diversion opportunities such as a drug court.

Few of the services available in most communities to treat mental health or substance abuse problems target the specific needs of justice system-involved youth. An

exception is the First Time Offender program in Texas. (See Appendix II.) In addition, the majority of sites handle mental health and substance abuse problems separately. Most treatment programs do not include youth with both disorders, although the need for integrated screening and treatment of substance use and mental health problems was often recognized. Youth and adults with co-occurring disorders generally have poorer outcomes than those with single disorders. Six programs that specifically target youth with co-occurring disorders were identified and are highlighted in Appendix II.

Surprisingly few respondents identified services to incarcerated youth as a service gap or unmet need. In fact, even juvenile justice administrators were more likely to identify prevention, early intervention, and community-based services as needs than they were to identify institutional services. Most often, juvenile justice administrators cited the need to develop the array of community services, to fund local mental health services more adequately, or to develop more residential treatment or inpatient services.

We can only speculate about the reasons why more respondents did not identify institutional services as a gap. Although the interview protocol did ask about policies and services in detention and residential settings, perhaps the interview questions or the interviewers were not explicit enough about asking for information pertaining to locked facilities or implied a bias in favor of identifying diversion and community-based services. Perhaps more of the stakeholders interviewed were familiar with parts of the juvenile justice system outside of institutions, so community-based services were mentioned more frequently. Or perhaps the youth whose needs are most likely to be recognized and treated—to be adequately met—are those in locked settings. Or maybe the institutional resistance to "looking bad" or the tendency to minimize problems came into play more prominently in the case of institutional staff who were interviewed than it did for the variety of community-based stakeholders who could discuss service inadequacies more generally. At any rate, there appeared to be a consensus across the groups interviewed that youth with mental health and/or substance abuse problems needed community-based prevention and treatment services and that the array of community services was not adequate to meet the needs.

### Key Issues and Potential Strategies

Across sites, there was reported a general lack of resources to address the treatment needs of youth involved in the juvenile justice system. The scarcity of resources includes funds, programs, services, and professional staff. One jurisdiction reported a three-month waiting list for psychiatric evaluations from county mental health departments. Another official said that mental health departments are not always prompt or responsive and that youth were kept waiting to meet their worker and for services.

Communities in five states cited problems with insurance and managed care companies. One site, for example, said that managed care organizations approve only outpatient substance abuse treatment when inpatient treatment is clearly needed. Several respondents said that managed care makes it more difficult to place children and the definition of "medical need" used by managed care companies needs to be expanded for juvenile justice. Respondents in one county

Most commonly cited barriers to serving youth with mental health and substance abuse needs in the juvenile justice system

- Scarcity of resources.
- Insurance and managed care policies.
- Philosophical differences and "turf battles."
- Emphasis on family limitations, not strengths.
- Difficulties accessing services.
- Confidentiality issues.
- Lack of coordination and linkage between agencies.
- Categorical funding streams.

said that managed care organizations often deny treatment even if the court orders it. One respondent simply said that managed care has "introduced confusion."

Insurance barriers were also cited by respondents in several states. Parents are responsible for paying for a youth's substance abuse evaluation and treatment in many places. One state said that only 20 percent of delinquent youth qualify for the state's Medicaid program, and the state has no funds to pay for services for youth who are not Medicaid-eligible.

Generally, schools were given good marks for prevention and early intervention activities, particularly for substance abuse issues, but poor marks for expelling children. Several sites said that schools should provide more services. One respondent said that children are being placed in detention without proper evaluation because of school-related incidents and said there is a need to work with school boards to relax the "zero tolerance" policy.

*"They have programs but paying for what is available is a problem when your insurance refuses to pay and you can't afford it."*

-A parent

A number of respondents identified as a significant barrier differences in treatment perspectives of the mental health and substance abuse disciplines. These differences concern causes of mental health or substance abuse problems and methods of treatment. Some said that ideology and a "punishment mentality" toward youth in the juvenile justice system have also made providing services difficult and have limited the number of providers.

The study confirmed that professionals and families often have different perceptions of needs and services. Many parents believed that juvenile justice systems are not sufficiently concerned with the treatment of their children. Several parents commented on the inadequacy of family and social assessments done for the courts and the extent to which these focus on families' limitations rather than their strengths. Families often bear the burden of asking for help and then paying for needed services. Some professionals, on the other hand, said they believed it is easier to treat a child who is incarcerated or in placement because families sabotage the child's treatment when the child is living at home. Clearly, communities must work harder at uniting families and professionals to work cooperatively on addressing children's needs.

Other barriers that were mentioned by a number of respondents are restricted access to services, confidentiality issues, lack of coordination and linkage between agencies, and categorical funding.

The survey also asked community stakeholders to identify "next steps" or potential strategies for improving services for youth in the juvenile justice system and their families. Potential strategies included:

- Provide services to children before they become involved with the law.
- Develop formalized, systematic screening and assessment procedures.
- Find new funding sources or reprioritize current funds for this population.
- Eliminate categorical funding and promote interagency pooling of funds.
- Establish interagency working groups.
- Train and educate key stakeholders.
- Cross-train all players in communities.
- Train judges in how to access services.
- Establish programs that address mental health and substance abuse problems together.

### Level of Collaboration Across Systems

Many respondents described interagency initiatives that were under way in their communities to better serve youth with mental

health and substance abuse problems. Many said that communication between agencies has improved and informal partnerships between treatment and justice agencies have been formed. Some communities were doing cross-training of agency staff. Many described interagency groups that have been formed to conduct service planning, to prevent out-of-home placement of children, or to develop comprehensive treatment plans for multiproblem families. Some sites are using multiagency teams to assess children. Only a few communities, however, have actually succeeded in developing programs that are jointly funded and/or operated by justice and treatment agencies. And there were only a few examples of truly integrated services. Most respondents said that their local agencies still struggle with confidentiality issues and information sharing. In addition, most communities have no integrated mental health/substance abuse treatment available for young people with co-occurring disorders. The Dawn Program and the Village Program described in Appendix II are examples of successful integrated systems of care that wrap services, supports, and supervision around multiproblem youth and their families.

## II. Commentary and Call to Action

The unmet treatment needs of youth in the juvenile justice system are significant and cry out for attention. Virtually all of the communities NMHA examined during the assessment process acknowledged significant shortcomings in their ability to address the treatment needs of youth in their juvenile justice systems. Resources to serve troubled youth and their families are overwhelmed. Communities have failed to invest adequately in "front-end" services and programs for children and families that can prevent juvenile justice involvement. Many juvenile justice systems are not equipped to identify and treat the special needs of young people with emotional and behavioral problems. Mental health and substance abuse service providers do not have adequate or appropriately structured services for justice system-involved youth.

It is critical that child advocates meet these challenges. A child should not have to be arrested and incarcerated in order to receive treatment! States and communities must be challenged to invest in high-quality prevention programs, develop alternatives to incarceration, and improve community-based treatment for young people with substance abuse and mental health treatment needs. They must also provide services to young people with serious disorders who are already involved in the justice system. The lives and futures of many vulnerable young people are at stake.

Many states and communities have taken critical first steps to develop appropriate policies and services. But more needs to be done. The assessment process pointed out some disturbing similarities and service gaps in communities that contribute to their failure to meet the needs of vulnerable youth. Based on the shortcomings and service gaps identified, NMHA proposes the following actions as places for advocates to begin:

### A. Work to change attitudes.

As long as fear, misunderstanding, and intolerance dominate the discussion of juvenile crime in the country, the needs of youth in the juvenile justice system will go unaddressed. Many stakeholders said that punitive, "get tough" attitudes hinder their ability to serve youth in the juvenile justice system and limit the vendors. When these attitudes are combined with the stigma that surrounds emotional disorders and substance abuse, it is no wonder that communities lack the resources they need to do effective work.

Until states and communities have a better understanding of the tremendous scope of the need for treatment among youth in the juvenile justice system and the negative toll that neglect takes on these young people and their families, they will be hard pressed to change policies and allocate new resources to address gaps in services and improve care.

Policymakers and the public need to understand the tragedy and human toll that result from the refusal to recognize and serve children in the juvenile justice system. In

addition to encouraging data collection, stakeholders should urge young people and their families and service providers to tell their stories publicly. Stakeholders must put a human face on justice system-involved youth and encourage communities to resist vilifying and scapegoating youth who have problems, particularly youth of color.

Treatment professionals should also educate funders and decisionmakers about the importance of treatment. Some respondents indicated that a lack of belief in the efficacy of treatment contributes to resource problems. As one juvenile court judge put it, "There seems to be an attitude that an adolescent with co-occurring disorders is not amenable to treatment." Stakeholders should bring forward the evidence that treatment works to change the life course of young people and their families and deter them from involvement in criminal behavior.

*"Unfortunately, it takes an arrest for many families to gain access to services. . . ."*

-A state mental health administrator

### B. Challenge systems to work together.

Collaboration among juvenile justice, mental health, and substance abuse agencies is difficult and often ineffective because of issues ranging from confidentiality to state policy to boundary disputes to inadequate resources. Substance abuse and mental health providers themselves sometimes disagree on how best to treat co-occurring disorders. Within each of the three systems, there are philosophical differences about what the goals and methods of treatment should be. Separate funding streams and regulations promote a lack of sharing and coordination among agencies and systems.

All of these issues were identified, to some degree, by the states and communities in the assessment. The issue for states and communities is how to effect and promote linkage among the various agencies that serve youth in the juvenile justice system or should serve them. How can organizations share responsibility for children who have multiple problems? Respondents suggested forming an interagency group to conduct joint planning and program development for youth in the justice system with treatment needs. They also suggested funding strategies that promote interagency cooperation—such as interagency pooling of funds and elimination of categorical funding. States and communities need to integrate planning, programs, budgeting, and funding.

### C. Expand resources.

All communities identified lack of funding and other resources as a problem in serving youth. They identified a variety of issues that contribute to the lack of resources, from inadequate insurance coverage to restrictive managed care policies to inadequate public funding to a failure to prioritize funds. Different approaches are needed to address these economic and policy barriers. Legislative work and policy reform are essential to addressing issues such as inadequate insurance coverage and restrictive managed care policies. Insurance parity legislation would allow mental health and substance abuse treatment to be reimbursed under the same conditions as other physical disorders, but most states do not yet have parity. Reform of managed care policies involves working with the state and local agencies that grant managed care contracts for services. States and counties need to understand the repercussions of inadequate or discriminatory policies.

The bulk of funds spent for treating incarcerated youth in the juvenile justice system are state and county funds, since federal funds such as Medicaid and Children's Health Insurance (CHIP) cannot be used to pay for services for children who are incarcerated. Decisionmakers need to be educated about the effectiveness of treatment in keeping youth out of trouble and about the growing number of

youth entering the juvenile justice system with serious needs for treatment. Again, youth and their families should be encouraged to tell their stories to illustrate the hardships that inadequate funding and services wreak on youth and their families. Dialogue needs to take place with state and federal bodies about the possibilities of policy reforms to allow use of federal funds to pay for treatment services for justice system-involved youth.

*"(We) didn't receive any services, not even counseling while waiting for a bed to become available."*

-A parent

### D. Help the justice system identify children with needs earlier.

The community assessment pointed to the need to bring about several important changes in the way that communities handle youth with treatment needs in their juvenile justice systems. Tragically, many communities and states are not assessing youth or rendering any services until the youth is detained or placed in a residential setting. By waiting so late to intervene, communities inflict unnecessary suffering on many youth and their families. They also miss valuable opportunities to alter the life course of these young people. Treatment needs should be identified much earlier in the juvenile justice process. Earlier identification and assessment of youth would allow for earlier treatment, for diversion, for addressing problems before they become more severe and intractable, and for working with youth and their families when they are perhaps most amenable to making changes.

Additionally, many communities also said they lacked specific policies for screening and identifying youth for mental health or substance abuse problems. Identification is done informally or after a family member or probation officer requests it. Communities need to make this important process more formal. One method is to establish formal memoranda of understanding or relationships among mental health and substance abuse professionals and justice agencies. Juvenile intake authorities who do screening should receive additional training on how to recognize mental health and substance abuse disorders. Juvenile justice systems should develop or adopt an established screening tool or process that is sensitive to a child's age, gender, and cultural background; there are a number to choose from.

### E. Encourage treatment and justice systems to involve families more effectively.

Both treatment and justice systems need to find ways to involve families more closely in the plans and programs designed to serve their children. Families often feel dismissed or blamed by professionals. Professionals need to actively involve the family in decisions about evaluation, treatment, and aftercare. No one knows a youth better than the youth's family, and no entity is more critical to the success of keeping the youth out of trouble. All stakeholders in the juvenile justice process need to work to educate, strengthen, and support families.

### F. Address service gaps.

Significantly, most respondents believed they are not meeting the needs of justice system-involved youth well and said their communities have significant gaps in services. States and communities have understood for many years that children and adolescents need to have a full array of services in communities available to meet mental health and substance abuse needs. Yet few communities seem to have achieved this. Most communities seem to lack adequate community-based substance abuse and mental health services. Several communities said there are long waits for evaluations or services.

The needs of youth in the justice system are often complex. Many young people also lack stability and support from their homes or communities. For this reason, services for these young people may need to be more

intensive, more structured, or of longer duration than traditional treatment services. Certain treatment models, such as Functional Family Therapy and Multisystemic Therapy, are particularly effective with justice system-involved young people. Although a few communities in NMHA's survey identified exemplary programs, these programs are typically small and limited in scope. Communities need to expand their service array to include those services known to be most successful with justice system-involved youth.

Communities should also have services that are appropriate for a child's gender and cultural background. Too many communities rely on placing justice system-involved children in residential services, especially children of color. Not only are residential services enormously expensive, they necessitate removing many children from their home communities and families. Stakeholders should educate themselves about effective community-based services for young people with multiple problems. Communities around the country are using community-based services successfully for diversion and rehabilitation.

*"Unfortunately, there are many youth who have a high level of mental health need, and not enough professional staff to provide those services."*

--A state children's services administrator

Respondents told us the largest gaps in services are at the front end of the juvenile justice system, when a youth first becomes involved, and at the back end, when a youth is released from custody. Children who receive services while incarcerated lose these services when they leave the juvenile justice system. Both early intervention programs and aftercare programs need to be developed.

We found very few programs that treat youth with co-occurring substance abuse and mental health problems, although many people recognized the need for integrated screening and treatment. Incentives for developing integrated mental health/substance abuse services, such as blended funding, need to be established at state and local levels.

### G. Educate stakeholders.

Many respondents expressed a need for additional education about co-occurring disorders and about effective treatment practices. They also expressed the need to educate public and private service providers, public and private funders, and policymakers about these issues. Education and training of key stakeholders can be done in a number of ways without much expense. Cross-training of staff from the treatment and justice systems is also extremely important. Cross-training programs need to include judges, prosecutors, treatment providers, police officers, detention workers, attorneys, probation and parole officers, parents, and supervisory personnel in treatment and juvenile justice agencies.

It is also important to arrange broad interagency training among personnel in youth-serving agencies to create a more integrated system of care for youth and their families within communities. This training should include school personnel, child welfare workers, public health workers, youth development staff, parents and advocates, and staff from treatment and juvenile justice agencies.

Now is the time for some action!

The problems involved in serving children with mental health and substance abuse disorders who commit offenses are complex and longstanding. It is easy to feel overwhelmed with the enormity of this issue. But now is the time to act! Communities all over the country are shaken by the recent accounts of youth violence in schools. People are looking for

ideas about how to better identify "at risk" young people and how to turn around youth who are already headed for trouble. It is critical that mental health and children's advocates respond with strategies that strengthen families, engage communities, and nurture the healthy growth and development of children.

# Appendix I: Case Studies

## *South Carolina*

*Taking Promising Programs Statewide*

Stakeholders interviewed: the directors of the state departments of Alcohol and Other Drug Abuse Services, Juvenile Justice, and Mental Health; as well as the Director of the Division of Child, Adolescents, and Their Families

### Key Findings

DATA

South Carolina had little prevalence data available at the county level but submitted an extensive research study comparing youth incarcerated in a state detention facility with youth served by a local community mental health center and youth in a state psychiatric hospital. The study found over 70 percent of incarcerated youth had at least one psychiatric disorder, and 53 percent met stringent diagnostic criteria for serious emotional disturbance. Additional data submitted showed that 60 percent of children were identified with a substance abuse problem at the point of adjudication, and 69 percent of the youth at the state juvenile reception and evaluation center had alcohol or drug abuse problems. Management information system data submitted by the Department of Corrections, however, showed less than 2 percent of youth arrested had a psychological or psychiatric disability, 6-7 percent of youth placed in residential programs had these disabilities, and 2-3 percent of youth placed on probation had them.

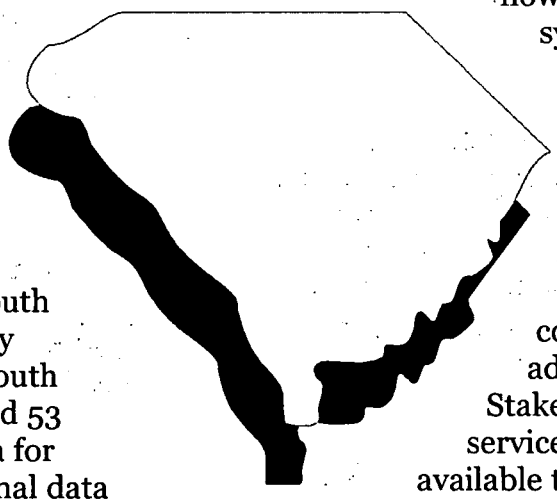
POLICIES AND PROGRAMS

1. Screening and Evaluation

Youth in the juvenile justice system generally do not receive any type of screening or formal assessment of their mental health or substance abuse problems at the county level until a petition is filed. Mental health screening is mandatory for youth entering state-operated detention centers, however. In rural counties, youth are usually screened or assessed only when someone notices the youth needs help.

2. Treatment Services

South Carolina has a good array of community-based services for children in the juvenile justice system, including wraparound services, diversion programs, family preservation, school-based services, home-based services, Multisystemic Therapy, mobile crisis services, intensive aftercare services, and intensive case management. Many programs are available only in certain counties, however. An integrated system of care, called the Village, has been established in Charleston County with federal funds. In addition, two counties have drug courts that serve adolescents.



Stakeholders said that services are not readily available to children who are detained, but some services are available for youth at the state evaluation centers and the long-term Department of Juvenile Justice institutions. Due to litigation, the state now routinely transfers the care of youth with serious mental illness from the Department of Juvenile Justice to the Department of Mental Health.

3. Early Intervention and Prevention

South Carolina has a statewide School Intervention Program (ScIP) that provides education and intervention services to high-risk students identified by schools or community agencies. Some school-based mental health services are also available. Four counties have diversion programs providing immediate assessment, crisis intervention, and family counseling to status offenders and their families.

4. Aftercare and Follow-up

Six counties are served by The Bridge, a comprehensive, family-centered aftercare program providing a full year of wraparound services to youth leaving juvenile facilities or inpatient substance abuse treatment.

### *South Carolina (continued)*

STRENGTHS AND EXEMPLARY PROGRAMS

Respondents agreed that South Carolina's strengths were its wide array of services and the cooperative nature of its child-serving agencies. A number of exemplary programs were identified, including The Bridge, ScIP, The Village, mental health diversion programs, the Omega therapeutic community, drug courts, and the intensive case management program.

GAPS AND BARRIERS

Stakeholders agreed that systematic screening is needed at all steps of the juvenile justice process. They also said that a shortage of funds and clinicians prevent many services from being expanded statewide. Services are especially deficient in rural areas, as is transportation. Stakeholders said substance abuse services are insufficient, including community-based services, inpatient, residential, intensive outpatient, and integrated services for youth with co-occurring disorders. Culturally appropriate services were also seen as lacking.

NEXT STEPS

Respondents said that expansion of services is needed, especially of school-based programs, diversion programs, and substance abuse services. Some respondents also said earlier intervention with at-risk youth is needed. One stakeholder promoted the development of interagency teams at the local level to improve coordination among agencies.

INTERAGENCY COLLABORATION

South Carolina has good examples of cooperative, interagency programs. Agencies seem interested in and committed to working together.

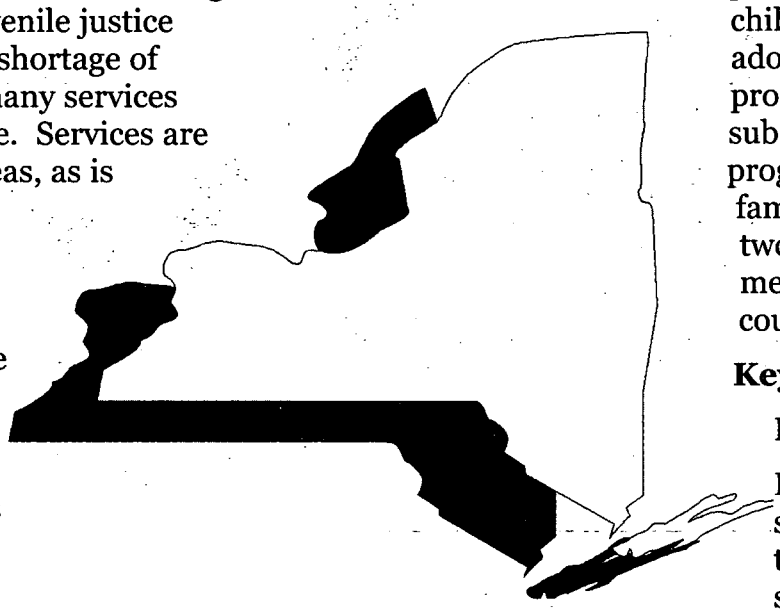
OTHER OBSERVATIONS

Several stakeholders commented on the punitive nature of South Carolina's policies and the need to divert status offenders to services rather than incarcerate them. Under the leadership of the MHA of South Carolina, state agency directors are continuing to meet and plan for changes in state policy and expansion of needed programs.

### *Orange County, NY*

*Inter-agency Collaboration and Service Planning*

Stakeholders interviewed: a probation officer, an administrator of an alcohol/drug agency, an administrator of a mental health agency, a police sergeant, a child and adolescent program director, a substance abuse program director, a family court judge, two family members, and two court attorneys.



**Key Findings**

DATA

Data were submitted from the New York state Office of Children and Family Services indicating that a small number of Orange County children in state-operated residential programs had identified mental health or substance abuse needs. Nearly all of these youth, however, had co-occurring substance abuse and mental health problems. No data were submitted for youth served by nonresidential services, in voluntary agencies, or in foster care. The New York state Office of Alcoholism and Substance Abuse Services provided information indicating that the risk of alcohol and drug problems among youth in Orange County is considerably higher than the risk for New York state generally. Rates of alcohol and drug use at the point of arrest and probation were submitted for Orange County

for 1994 and were considerably higher than regional and state rates.

POLICIES AND PROGRAMS

1. Screening and Evaluation

Some stakeholders saw a need for standardizing the screening of youth entering the system. Screening and treatment for substance abuse occurs only when the need appears obvious (e.g., a youth is arrested for a substance abuse-related offense). The Mental Health/Juvenile Justice Initiative developed by the Orange County Department of Mental Health uses a multiagency team (probation, school, county mental health, and county social services) to meet with the youth and family prior to admission to any juvenile justice program, conduct an assessment, and connect the youth and family with necessary services. In addition, for adjudicated youth, the probation department conducts a full investigation for the court on a youth's home life, school performance, medical needs, etc.

2. Treatment Services

The Orange County Department of Mental Health's Children and Family Services Team operates clinics, a sexual abuse treatment unit, the Mental Health/Juvenile Justice Initiative, and the Orange County Mandatory Persons in Need of Supervision (PINS) Diversion Program. It also focuses on serving youth with co-occurring disorders. The Mental Health/Juvenile Justice Initiative provides mental health and intensive case management services for youth involved in the intake, supervision, or investigation stages of probation who have mental health or substance abuse service needs. A services plan is developed by a multi-agency team together with the youth and family. Flexible funds are available. Orange County also has the Treatment Alternatives to Street Crime (TASC) Program for nonviolent felons ages 16-21, which provides substance abuse treatment and case management for one year. In addition, the Orange County Children's Services Network ("the Network") is a multiagency group that convenes for the purpose of crafting a service plan for families and youth with multiple needs and avoiding out-of-home placement.

3. Early Intervention and Prevention

Most schools have substance abuse counselors as well as prevention/education programming. Most respondents felt the substance abuse programs in schools were not very effective, however. Additionally, the Orange County Mandatory PINS Diversion Program offers an assessment by a multiagency team, treatment planning and referral, and case management. The goal is to divert children from the juvenile justice system and from out-of-home placement.

4. Aftercare and Follow-up

Nothing was said about follow-up for youth leaving facilities and programs.

STRENGTHS AND EXEMPLARY PROGRAMS

Stakeholders agreed that the PINS Diversion Program, the Mental Health/Juvenile Justice Initiative, and the Network are exemplary programs. In addition, mental health professionals view the inclusion of substance abuse in the county's mental health department as a strength. Orange County uses a collaborative, strength-based (as opposed to deficit-focused), individualized family plan to guide services across its programs. One stakeholder said "The cross-team approach seems to be sincerely successful in Orange County." Finally, family members, called Family Partners, offer advocacy and support to other families going through the Network planning process.

GAPS AND BARRIERS

Virtually all stakeholders cited the absence of substance abuse services as a problem, especially the lack of local inpatient beds. In fact, several stakeholders said they saw no strengths in the substance abuse area. Mental health providers said that children's mental health problems needed to be identified earlier. Several stakeholders also mentioned waiting lists for testing, evaluation, and treatment services. They said more funding is needed to

*Orange County, NY (continued)*

expand services. Several stakeholders also mentioned problems with getting insurance companies and health maintenance organizations (HMOs) to pay for inpatient services. Transportation was mentioned as a barrier in rural areas of the county.

Families said they thought services needed to be more comprehensive and that service providers needed to be more flexible and sensitive to the individual needs of children and families. Several respondents mentioned confidentiality barriers between law enforcement and service providers and the need for more flexible funding.

NEXT STEPS

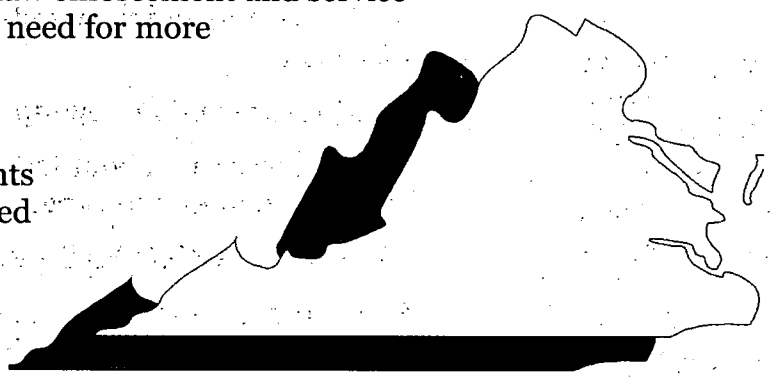
Several respondents mentioned the need for public education and for education of legislators. Others cited the need for more education of parents, especially about substance abuse. One person mentioned the need to develop more groups for dual disorders. Several respondents cited the need to develop standardized, systematic screening for youth entering juvenile justice. Several stakeholders also expressed the need to expand the Mental Health/Juvenile Justice Initiative.

INTERAGENCY COLLABORATION

Orange County has an exceptional amount of interagency collaboration and service planning, although some respondents said more coordination between systems is still needed. For example, Orange County has an Interagency Collaboration County Team comprised of representatives from 12 entities who come together monthly to solve problems. This Team developed two other multiagency groups to support its mission—the Network and Committee for Agencies and Schools Together (CAST)—that advise the County Team on planning and programs. Additionally, both the Orange County Mandatory PINS Diversion Program and the Mental Health/Juvenile Justice Initiative use interagency teams to assess youth and to work with youth and families on service planning. Orange County's goal is to have cross-team, individualized supports for each specific family and child with mental health/substance abuse needs.

OTHER OBSERVATIONS

There was consensus among stakeholders, including substance abuse service providers, that mental health needs of youth are being met but substance abuse treatment needs generally are not.



***Lynchburg, VA***
*Searching for New Models*

Stakeholders interviewed: a juvenile judge, administrators of a mental health agency, an administrator of the juvenile justice agency, a parent, a detention facility administrator, a police captain, and the director of a social services agency.

**Key Findings**

DATA

The availability and quality of specific data on prevalence and needs were poor.

POLICIES AND PROGRAMS

The policies and programs for youth with mental health and substance abuse problems involved with the juvenile justice system are largely informal.

1. Screening and Evaluation

A mental health professional conducts a medical and substance abuse screening at the local detention facility. A minimal screening for suicide risk is also conducted. The local Community Services Board (CSB) responsible for public mental health services also does assessments for youth entering the local detention facility. The CSB is available to conduct a mental health or substance abuse evaluation for the court, if the judge or a probation officer sees a need and requests it.

***Lynchburg, VA (continued)***

2. Treatment Services

Stakeholders saw treatment services for mental health as more adequate than services for substance abuse. The local CSB provides a counselor to the Juvenile Detention Home at least once a week to provide counseling services. The CSB also provides in-home services and sex offender treatment, along with more traditional outpatient care and substance abuse services for adolescents.

3. Early Intervention and Prevention

Very little was said about prevention and early intervention services except that more substance abuse prevention and education for parents are needed.

4. Aftercare and Follow-up

Several stakeholders mentioned that a case management program is being developed for children re-entering the community from residential programs, although few details were provided.

STRENGTHS AND EXEMPLARY PROGRAMS

The relationship between the local Community Services Board and the juvenile justice system was seen by many stakeholders as a strength.

GAPS AND BARRIERS

There was a consensus from stakeholders that substance abuse services are inadequate across the board—education, prevention, screening, treatment, and monitoring. There was also consensus that the community lacks sufficient resources-both funding and staffing—to meet the needs of children with mental health and substance abuse problems. Stakeholders noted that community-based mental health services like crisis stabilization and mobile outreach are missing.

Several stakeholders said that Lynchburg lacks good models for treating youth in the justice system, particularly collaborative models. Most funds are being spent on the same old models rather than on more innovative and effective approaches. Funding streams were cited as a barrier to working together.

The detention facility expressed a need for an onsite mental health worker to conduct treatment and staff training. The judge also expressed a need for training and for better assessment tools and procedures. Several stakeholders mentioned the need to work with parents more.

NEXT STEPS

Several stakeholders saw the need to bring people together to discuss needs and felt that the community assessment process might be the catalyst needed to initiate this. One stakeholder said that legislators need to be made aware of the need so that funds to develop programs will be appropriated.

INTERAGENCY COLLABORATION

The community has some interagency groups, such as Family Assessment and Planning Teams, that try to divert children from out-of-home placement and juvenile justice involvement. However, no one identified any jointly funded or operated programs, and coordination of care between providers was cited as a weakness. In addition, one provider said it was more difficult to work with youth with co-occurring disorders because of the lack of substance abuse services and the lack of incentives to serve this population.

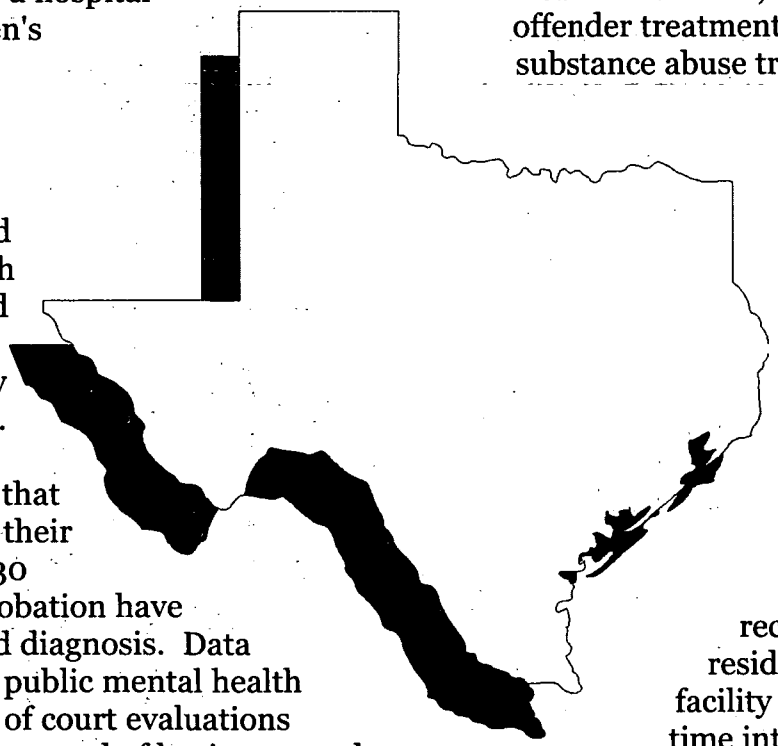
OTHER OBSERVATIONS

There was a consensus that the detention facility is used for youth whose behavior cannot be managed by community agencies. Both juvenile justice and mental health officials noted that children are shifted from mental health settings to detention due to their behavior. Mental health stakeholders believe that children tend to stay in the detention center too long due to a lack of alternatives. Unlike many communities, however, police and juvenile authorities in Lynchburg seem to be familiar with local mental health and substance abuse service providers.

Good things are happening for youth in this community because there is goodwill, a caring attitude, and a cooperative spirit among stakeholders. However, without formal arrangements, it may not be possible to ensure accountability or continue to develop better services for youth.

***Harris County (Houston), TX***
*Strong Collaboration Between Public Mental Health and Juvenile Justice*

Stakeholders interviewed: a police sergeant, a researcher and a staff member who works with adolescents at a substance abuse agency, an administrator at a mental health agency, the administrator and placement director of the probation department, a hospital provider, and a children's advocate.



**Key Findings**

DATA

Little data are collected on the number of youth with mental health and substance abuse problems in the county juvenile justice system. The Probation Department estimates that 40 percent of youth in their detention facility and 30 percent of youth on probation have a mental health-related diagnosis. Data were submitted by the public mental health agency on the number of court evaluations conducted on youth suspected of having mental health or substance abuse problems.

POLICIES AND PROGRAMS

1. Screening and Evaluation

The Juvenile Department conducts a general screening for mental health problems at intake. In addition, a forensics unit of the Mental Health and Mental Retardation Authority (MHMRA) conducts substance abuse and mental health assessments for the juvenile courts, residential programs, and boot camps. All youth removed from home get a full battery of psychological tests. Funds are provided from a blended pot called TRIAD—representing mental health, child welfare, and juvenile justice. Stakeholders mentioned that Texas plans to adopt a Uniform Assessment Package of instruments to be used with every child entering public mental health services; this assessment package will also be used for some children in the juvenile justice system.

2. Treatment Services

The MHMRA forensics unit provides individual, family, and group counseling and medication evaluations for children in detention. It also contracts with a psychiatrist to come to the detention center to assist with medications and emergencies. The MHMRA also has an array of services for youth in the community, including a mobile crisis unit, mental health clinics, sex offender treatment, in-home services, and substance abuse treatment. In addition, the Juvenile Department has a psychological services unit that provides counseling services to youth, and the Department also contracts for inpatient, outpatient, and residential treatment. All satellite probation offices have substance abuse and mental health counseling available. A juvenile reception center and residential substance abuse facility were about to open at the time interviews were conducted. One private program was identified that provides home-based care to youth with co-occurring disorders.

3. Early Intervention and Prevention

Harris County MHMRA has school-based mental health services in seven school districts and early intervention services for young children and their families. Houston has a statewide mental health program targeted to first-time offenders run by Harris County MHMRA. The program provides screening and assessment, psychiatric services, substance abuse counseling, case management, family support, and linkage to resources.

4. Aftercare and Follow-up

No mention was made of aftercare services for juveniles leaving correctional facilities although Harris County MHMRA provides "continuity of care" services for youth leaving state mental health facilities.

***Harris County, TX (continued)***

STRENGTHS AND EXEMPLARY PROGRAMS

Several stakeholders said the collaboration between the Juvenile Department and MHMRA was a strength. The First Time Offender Program, a program that provides mental health services to youth committing misdemeanor or delinquent acts for the first time, and MHMRA's juvenile forensics unit were seen as exemplary programs. One stakeholder said, "The cooperation and collaboration among major agencies has never been as good as now."

GAPS AND BARRIERS

No one substance abuse agency provides coordination or serves as a clearinghouse for substance abuse services. Individual probation officers must know the resources. Stakeholders also noted that the county has inadequate substance abuse beds to meet the need. In addition, stakeholders said that more prevention and early intervention programs are needed and that funds could be better coordinated. One respondent suggested that youth should help to design the substance abuse programs. All stakeholders agreed that more funding for services is needed. One respondent simply said, "Children shouldn't have to get arrested in order to get help."

NEXT STEPS

One stakeholder said the public, especially parents, need to become more aware of resources that are available. Several others concurred and said that more services should be court ordered or made mandatory for youth and their parents. In addition, several stakeholders said that providers need more training on co-occurring disorders.

INTERAGENCY COLLABORATION

Houston has several interagency groups that meet to conduct planning and to prevent out-of-home placement of youth. A multiagency Community Management Team meets to assess unmet needs and plan and fund services. A Community Resource Coordination Group meets to conduct individualized interagency case planning with multiproblem families. TRIAD's goal is to prevent out-of-home placement of youth from three public agencies.

OTHER OBSERVATIONS

Respondents disagreed on the adequacy of screening of juveniles, the degree to which substance abuse needs were being met, and the adequacy of substance abuse services.

# Appendix II: Promising Programs Identified by Respondents

The Community Perspectives Project asked respondents to identify programs or policies in their community that they feel are exemplary in responding to the mental health, substance abuse, and co-occurring needs of youth involved in the juvenile justice system. Many respondents identified community treatment programs and residential treatment facilities that they feel are addressing the mental health and/or substance abuse needs of youth in general, and many identified specific programs targeted at youth in the justice system. This Appendix is not inclusive of all programs identified by respondents. The programs listed below are those that specifically target youth in contact with the juvenile justice system.

### Denver Juvenile Justice Integrated Treatment Network (DJJITN)

Denver, CO

The DJJITN provides consistent alcohol and other drug screenings at all points of juvenile justice involvement. To ensure consistent identification and referral for youth with substance abuse problems, each point of the juvenile justice system performs a preliminary screen to identify alcohol and other drug use. Juveniles at any point are referred to the Denver Juvenile Justice Integrated Treatment Accountability for Safer Communities (TASC) Program. Case managers, who are certified alcohol/drug counselors, and staff from participating agencies conduct assessments, develop treatment plans, link youth to Network services, and provide ongoing monitoring and follow-up. The Network structure includes a broad range of public and private systems. All Network members enter into a Memorandum of Understanding specifying that the member agrees with (or accepts the results of) common screening and assessment instruments, refers or accepts referrals of and provides services to Network juveniles, shares information using Network protocols, and participates in the Network's integrated management information system, cross-training, and outcome evaluation.

Contact: Jennifer Mankey, Project Director
Phone: 303-893-6898

### The DAWN Project

Marion County, IN

The DAWN Project is a collaborative effort by a Consortium of the Family and Social Services Administration (Divisions of Mental Health and Family and Children), Department of Education (Division of Special Education), Marion County Office of Family and Children, Marion Superior Court (Juvenile Division), and the MHA of Marion County. The goal of the program is to serve youth with serious emotional disorders who are at risk of separation from family or are separated from the family. This program is responsible for developing a coordinated, family-centered, community-based system of services to build and enhance the strengths that families and surrogate families of children with serious emotional disturbances already have. Youth are referred to the DAWN Project by the Office of Family and Children, juvenile court, or Department of Education, or through community mental health involvement. Youth must be involved with two of the participating consortium agencies and must have a DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 1994) diagnosis and an impairment that affects two or more functional areas. Juvenile justice system-involved youth may be referred as an intervention for placement in a residential treatment facility, detention, or other out-of-home placement.

Contact: Janet McIntyre, Project Coordinator
Phone: 317-726-2121

### Orange County Mandatory PINS Diversion Program

Orange County, NY

The goal of this program is to resolve through nonjudicial means Persons in Need of

**Orange County, NY (continued)**

Supervision (PINS) cases that have been referred to Family Court, and reduce the number of out-of-home placements. Youth can be referred to the program by parents, schools, community agencies, and law enforcement. Youth are referred to probation, where an intake officer determines whether a youth is eligible for the program. If probation determines that the youth is appropriate for the program, then the youth is referred to the Designated Assessment Team (DAS), which screens the youth, develops a service plan, and refers the youth to the appropriate agencies for services. DAS acts as a case manager for the youth.

Contact: Chip Putnam, Probation Supervisor
Phone: 914-568-5022

**Mental Health/ Juvenile Justice Initiative (MH/JJ)**

Orange County, NY

This program is a collaboration among the Orange County Mental Health, Orange County Probation, and Orange County Youth Advocate programs. The program provides mental health and intensive case management services for youth at the intake, supervision, or investigation stages of probation who present unmet mental health or substance abuse service needs. Probation identifies a mental health need and refers the youth to the mental health worker for assessment. A coordinated services plan is then developed involving all services providers, the youth, and the youth's family. The mental health provider monitors the plan and makes referrals to resources.

Contact: Angela Turk, Program Coordinator
Phone: 914-568-5213

**The Bridge**

South Carolina

The Bridge is an individualized yet comprehensive family-centered program that provides adolescents and their families with a full year of wraparound services in the community following institutionalization in a juvenile justice facility or an adolescent inpatient treatment facility. The Bridge also accepts referrals from county juvenile justice offices and the local school districts. The Bridge offers a wide array of specialized services to the individual youth and his or her family based on specific needs and goals. Examples of the services provided include (but are not limited to) alcohol/drug counseling, family-based counseling, health care, tutoring and other education services, mentoring, recreational therapy, and assistance with building job skills. The program facilitates a gradual transition, providing intensive case management services for youth to increase their chances of successful return to the community and reduce the risk of recidivism.

Contact: Catherine Thornton, Director
Phone: 803-896-1173

**Family Crisis Intervention Unit (FCIU)**

Lexington County, SC

This program is conducted within the Lexington County Community Mental Health Center and is part of the Division of Child, Adolescent, and Family Services. It provides the following services: immediate intervention, assessment, family counseling, and coordination of resources. Its purpose is to divert youth from Family Court involvement. The Family Court has jurisdiction over the FCIU and is empowered to order remedial actions. Youth are referred to the FCIU program by police, parents, school, the court, and social service agencies. The FCIU uses family systems therapy that includes clinical management. There is an emphasis on quick assessment, crisis intervention, stabilization, and short-term family treatment. Upon completion of therapy, the FCIU links families to appropriate community agencies and resources.

Contact: Diane Manwill
Phone: 803-739-8628

**School Intervention Program (ScIP)**

South Carolina

ScIP is a statewide program that provides education and intervention services for students experiencing a broader range of personal or behavioral problems, including substance abuse. ScIP provides comprehensive intervention and treatment services to high-risk students identified by the school system or by community agencies working with students. The goal of the program is to improve school attendance and performance and address problems such as violent behavior, incarceration, and recidivism. In addition, ScIP personnel also deliver and provide primary prevention activities for high-risk students not currently experiencing alcohol and other drug-related problems or behavioral problems.

Contact: Cheryl D. McMichael
Phone: 803-734-9718

**First Time Offender Program (FTO)**

Texas

The First Time Offender Program provides mental health interventions for children and adolescents who are at risk of involvement with the juvenile justice system or who have committed a misdemeanor or delinquent act for the first time. This program is available in 43 counties across Texas. Youth are referred to FTO through the community mental health center or the juvenile court. The services are designed to help reduce or minimize the youth's future criminal activity, improve behavior, and increase family stability. The services provided to youth include screening and assessment, psychiatric services, substance abuse counseling, case management, linkage to community resources, and family support services. To be eligible for services, children must have a DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 1994) diagnosis and/ or have the symptoms of conduct disorder.

Contact: Joel Levine
Phone: 713-664-5701

**Family Matters**

Tarrant County, TX

Family Matters provides home-based crisis intervention and stabilization services to youth and families referred through the Tarrant County Juvenile Probation Department. Youth eligible for the program are currently adjudicated and are identified by the Juvenile Probation Department as being at high risk for further delinquency or at risk of removal from home. Treatment services include individual, group and family counseling; skills-based treatment; and brokering and coordination of services.

Contact: Laura Steves, Director
Phone: 817-731-8839

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