



Child Health and
Development Institute
of Connecticut, Inc.

Improving Coordination between the Juvenile Justice and Behavioral Health Systems in Connecticut

Juvenile Justice Policy and Oversight Committee
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Overview

Background and Purpose of Report

Overview of Relevant Research

Methods

Findings and Action Steps

Discussion



Background

Public Act 14-217

“an assessment of the overlap between the juvenile justice system and the mental health care system for children.”

Three Primary Objectives

1. Describe the system-level and service-level strengths and challenges in CT.
2. Propose action steps and outcomes for improving integration and service delivery.
3. Propose a timeline for enacting those actions steps.

Overview of Relevant Research

- Despite recent declines in arrest and incarceration, the U.S. continues to arrest and incarcerate high numbers of youth (Sickmund et al., 2013)
- CT among national leaders in juvenile justice reforms and reducing juvenile incarceration (Pew Charitable Trusts, 2013)
- BH concerns often emerge early and are among the salient risk factors for subsequent juvenile justice involvement
 - However, most youth with BH conditions do not touch the JJ system, and the overall contribution to juvenile offenses by youth with BH needs is minimal (Grisso, 2008)
- Youth in the juvenile justice system are approx. 3 times more likely to have BH diagnosis than youth in the general population (Merikangas et al., 2010)
- *CT specific data on overlap of BH needs in the JJ system is difficult to pinpoint; not systematically reported across all points in the JJ system continuum*

Overlap of Mental Health and Juvenile Justice



Implications--Why Does this Matter?

- Research demonstrates significant overlap between BH and JJ (populations, systems, services)
- Integrated systems and service development have a variety of benefits for children and families
 - Pooled resources
 - Better information sharing
 - Interagency coordination of care and service delivery, less duplication
 - Better youth and family experience, better outcomes
 - Lower costs
- CT has the opportunity to continue to lead the way in JJ and BH system reform efforts

Methods

Review of Documents and Existing Data

- Research and CT/national reports

Interviews and Focus Groups

- Semi-structured interview and focus groups
- Individuals representing BH and JJ systems and services
- Included families, BH and JJ advocates, service providers, statewide and national experts, state agency personnel

Analysis

- Review and synthesis of available data
- Two-pronged qualitative data collection process and summary of emergent themes

Strengths in Systems and Services

- Prominent examples of effective coordination and development within child-serving systems (e.g., JJPOC, BH Plan Advisory Board, others)
- Validated screening and assessment measures are becoming more common within the behavioral health and juvenile justice systems (e.g., trauma, behavioral health)
- Data collection systems within both systems provide usable information for monitoring system performance and service delivery
- Strong investment in statewide Evidence-Based Programs and Practices for BH and JJ involved youth

Actions Steps

Area 1: Enhance system infrastructure and system integration to address the behavioral health needs of all youth, including those who are involved with, or at risk of involvement with, the juvenile justice system.

Area 2: Develop an integrated and effective array of services and supports that identifies and addresses service needs at the earliest possible point, prevents deep-end behavioral health and juvenile system involvement, coordinates care across systems, and addresses the needs of system-involved youth.

A. Enhance the children's behavioral health service delivery system and further integrate that system with juvenile justice and other child-serving systems

1. Enhance coordination and integration of the work of the Juvenile Justice Policy and Oversight Committee (JJPOC) and the work of the Children's BH Plan Advisory Board.
2. Provide further support for the full implementation of the goals and strategies identified in the Connecticut Children's Behavioral Health Plan, for serving all youth with BH needs regardless of system involvement.
3. Consider legislation to ensure reinvestment of funds from reductions in deep-end juvenile justice and behavioral health placements to the community-based service system.

B. Expand system capacity for the collection, analysis, and reporting of data for the purposes of tracking access, service quality, outcomes, and expenditures.

4. Consider legislation to facilitate the integration of data across behavioral health and juvenile justice systems.
5. Develop a comprehensive outcome measurement plan for youth in the juvenile justice and behavioral health systems that integrates relevant indicators and outcomes.

A. Enhance screening and assessment in order to identify youth exhibiting risk factors for juvenile justice and behavioral health involvement.

6. Provide funding and support to enhance screening for behavioral health and juvenile justice risk factors, in school and community-based settings, in order to address risk factors at the earliest possible point, and before any system involvement.
7. Require targeted screening (and full assessment as indicated) of behavioral health needs upon intake to detention, secure facilities, or a correctional facility.
8. Ensure that probation officers and other staff members in the juvenile justice service continuum have access to trained and licensed behavioral health clinicians to provide comprehensive biopsychosocial assessment for youth with significant behavioral health concerns.

B. Enhance programs and initiatives that divert youth from the juvenile justice system.

9. Expand efforts to reform school disciplinary policies and reduce arrests, expulsions, and suspensions, for youth involved in school-based behavioral incidents that may result in arrest and court involvement.

10. Expand the funding and capacity of Juvenile Review Boards (JRBs) to further support youth involved and at-risk of involvement with the juvenile justice system.

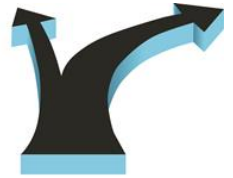
C. Enhance services available to youth with behavioral health needs to ensure services can be provided outside formal involvement with the juvenile justice system.

11. Examine and enhance existing grant funding and Medicaid reimbursement rates to expand service delivery capacity to a larger population of youth with needs with and without system involvement.
12. Increase the capacity of schools to deliver evidence-based, trauma-informed interventions and connect with community-based behavioral health providers to access a full continuum of care for youth with more acute and/or severe needs.

13. Expand the capacity of Child, Youth and Family Support Centers (CYFSCs) to provide evidence-based, trauma-informed, gender-specific services to youth prior to and after during juvenile justice system involvement.
14. Among youth who are committed to a secure facility or served by the juvenile parole system, implement existing report recommendations pertaining to the delivery of trauma-informed care, positive youth development, suicide prevention, and post-discharge transitions to community settings.

Next Steps

1. Synthesize today's JJPOC discussion and recommendations
2. Complete final report with prioritization of actions steps and timelines
3. JJPOC will oversee implementation of action steps across mandated reports



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