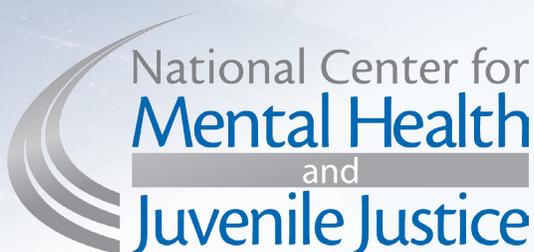
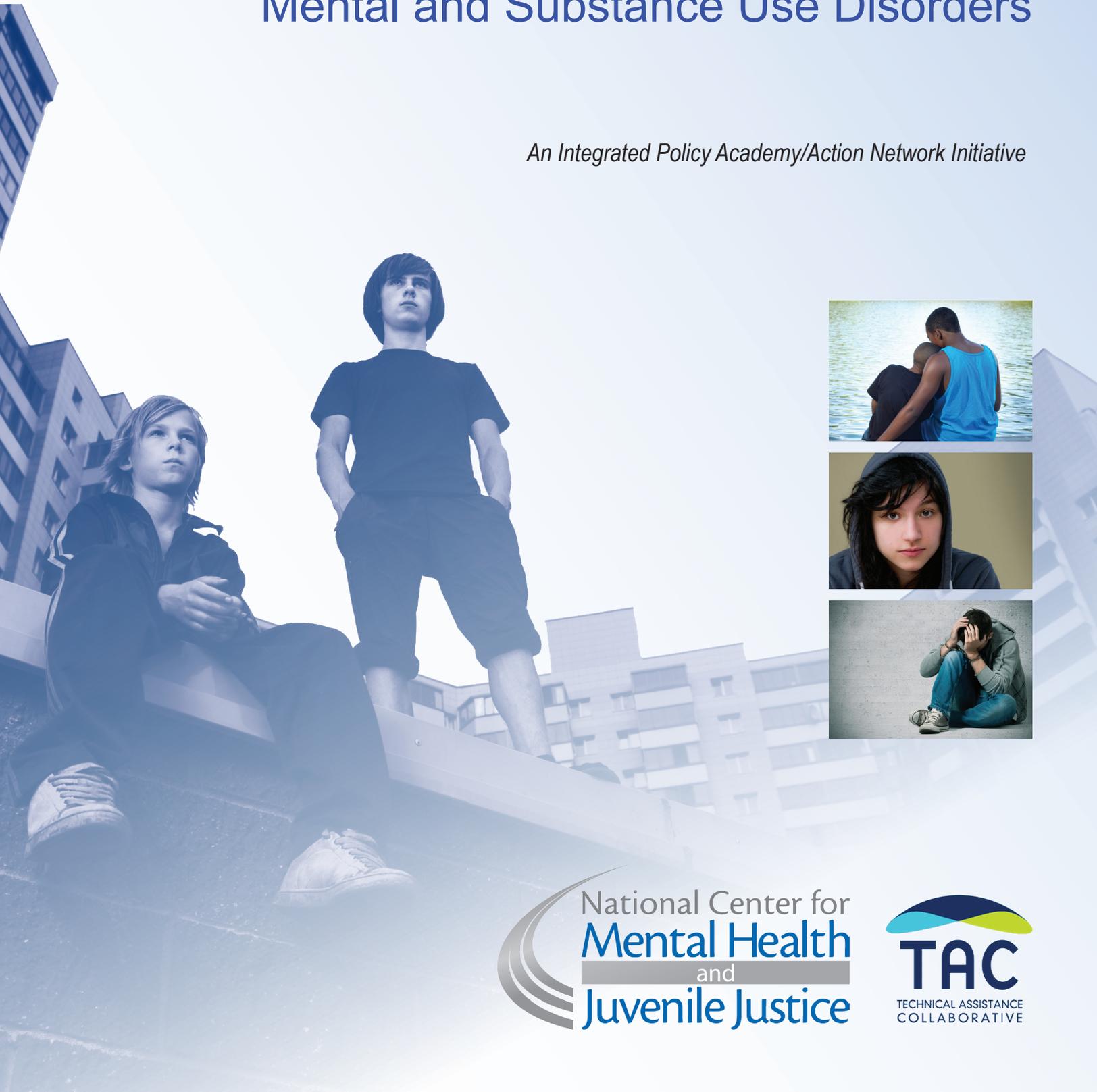


# Improving Diversion Policies and Programs for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders

*An Integrated Policy Academy/Action Network Initiative*





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**Sponsored by:**

*John D. and Catherine T. MacArthur Foundation  
Substance Abuse and Mental Health Services Administration*

**Coordinated by:**

*National Center for Mental Health and Juvenile Justice at Policy Research Associates, Inc.  
Technical Assistance Collaborative*

**In Partnership with:**

*Advocates for Youth and Family Behavioral Health Treatment  
Center for Children's Law and Policy  
Center for Innovative Practices at the Begun Center for Violence Prevention Research and Education  
Institute for Public Health and Justice at the Louisiana State University Health Sciences Center's  
School of Public Health  
National Youth Screening and Assistance Project*

December 2013



# Executive Summary

## Background

Large numbers of youth come in contact with the juvenile justice system each year. In 2009, the most recent year for which data are available, 1.9 million youth under the age of 18 were arrested.<sup>1</sup> Estimates indicate that up to 600,000 youth cycle through detention centers annually, with more than 70,000 youth in a juvenile correctional setting or other residential placement on any given day.<sup>2</sup> Many youth end up in the juvenile justice system for nonviolent or relatively minor offenses.<sup>3</sup> Too often, a contributing factor to contact with the juvenile justice system is an unmet need for behavioral health treatment and services. Yet, involvement in the justice system reduces the likelihood that youth will have access to community-based programs with demonstrated effectiveness for reducing delinquency, symptoms of mental illness, and substance use.

The prevalence of mental illness and substance use disorders, referred to as behavioral health disorders, among youth involved in the juvenile justice system is staggering (see *Summary of the Research* for more detail). Evidence suggests that more than half of all youth in contact with the juvenile justice system have a diagnosable mental or substance use disorder. Many experience both. Further complicating matters, some youth actually meet criteria for more than two diagnoses.

The presence of behavioral health disorders in youth creates unique challenges for the juvenile justice system at both the policy and program levels. To achieve positive outcomes for these youth, juvenile justice, behavioral health, and other relevant systems must increase collaboration, continuity of care, and access to integrated, evidence-based, or promising-practice screening and treatment models. Given the needs of these youth, the documented inadequacies of their care in the juvenile justice system, and the growing body of evidence concerning what works and what does not, youth with behavioral health needs should be diverted out of the juvenile justice system to effective, community-based services whenever safe and possible.

To support dissemination of models with demonstrated effectiveness for addressing the needs of youth with behavioral health disorders, the John D. and Catherine T. MacArthur Foundation (Foundation) and the Substance Abuse and Mental Health Services Administration (SAMHSA) collaborated on an initiative designed to increase the number of youth diverted out of the juvenile justice system to appropriate community-based programs and services. This project was coordinated by the National Center for Mental Health and Juvenile Justice at Policy Research Associates, Inc., and the Technical Assistance Collaborative, Inc. Key partners who participated in planning and technical assistance activities included Advocates for Youth and Family Behavioral Health Treatment, the Center for Children's Law and Policy, the Center for Innovative Practices at Begun Center for Violence Prevention, and the National Youth Screening and Assistance Project.

While the overall focus of this effort was on pre-adjudicatory diversion of youth with behavioral health disorders, several critical components were emphasized in all aspects of this work:

- **Co-occurring Mental and Substance Use Disorders:** There is growing awareness of the many youth in the juvenile justice system experiencing both mental and substance use disorders. Diversion programs must emphasize the need for integrated approaches that respond to behavioral health needs of these youth.
- **Behavioral Health Screening and Assessment:** For diversion to work properly, an important first step is to screen and assess youth for their behavioral health needs using research-based screening

instruments, protocols, and procedures. Where indicated, the results of this screening must drive timely access to specialized assessments to determine the extent of the need.

- **Evidence-Based Practices:** There is a growing body of research concerning what works and what does not work with juvenile justice-involved youth when it comes to reducing delinquent behaviors, symptoms of mental illness, and substance use. To achieve long-term, positive outcomes for youth and their families, diversion programs should use evidence-based and promising-practice approaches.
- **Disproportionate Minority Contact:** Youth of color are overly represented throughout the juvenile justice system. Diversion efforts must strive to reduce this disproportionality and work to ensure that assessments and interventions meet the diverse cultural needs of all youth and their families.
- **Trauma:** The field has become cognizant of the role of exposure to violence and trauma plays in the lives of justice-involved youth and how the two factors exacerbate symptoms of mental illness and substance use. As such, systems need to become trauma informed and programs should offer trauma-specific services.

Although states participating in this initiative received ongoing technical assistance to support development of improved policies and programs, other jurisdictions across the country continue to struggle with how to best address the needs of justice-involved youth with behavioral health needs. This report provides an overview of the 2012–2013 Policy Academy–Action Network initiative, including a description of the approach used and a summary of the key accomplishments, and aims to provide guidance to other communities interested in adopting similar diversion strategies for youth.

## Summary of the Research

Large numbers of youth in the juvenile justice system meet criteria for a behavioral health disorder. A multisite study of three juvenile justice settings – community-based programs, detention centers, and secure residential facilities – using data collected on more than 1,400 youth found that 70.4 percent of youth met criteria for at least one mental disorder and 46.2 percent of youth met criteria for a substance use disorder.<sup>4</sup>

The prevalence of behavioral health disorders is consistently found to be higher among youth in the juvenile justice system than in the general adolescent population. A meta-analysis of mental disorders among adolescents in juvenile detention and corrections facilities, involving 25 surveys and almost 17,000 youth, found rates of major depression to be 10.6 percent among boys (versus 7.7 percent among boys in the general adolescent population) and 29.2 percent among girls (versus 15.9 percent among girls in the general adolescent population). In addition, this meta-analysis found rates of psychosis among youth in juvenile detention and correctional facilities 10 times greater than the general adolescent population. The prevalence of substance use disorders are similarly disproportionate when comparing youth in the juvenile justice system to the general adolescent population.<sup>5,6,7</sup>

Rates of behavioral health disorders among youth in the juvenile justice system are close to those found in systems designed to provide services and treatment. A study including more than 1,600 randomly selected youth receiving services in five public sectors of care – alcohol and drug services, child welfare, juvenile justice, mental health, and public school services for youth with serious emotional disturbance – reported that, among youth in the juvenile justice sample, 52.1 percent met criteria for a past-year psychiatric disorder, compared with 60.8 percent of youth who met criteria for a past-year psychiatric disorder in the mental health sample.<sup>8,9</sup>

The prevalence of behavioral health disorders increases as youth move through the system. Using aggregate data collected on nearly 10,000 youth from 57 sites nationwide, researchers found that 35.1 percent of youth at system intake, 58.9 percent of youth at detention, and 63.7 percent of youth in secure post adjudication met criteria for a psychiatric disorder. Reported rates of substance use disorders were 16.7 percent at system intake, 38.8 percent at detention, and 47.0 at secure post adjudication.<sup>10</sup>

Behavioral health disorders are prevalent among both boys and girls in the juvenile justice system. The Northwestern Juvenile Project, reporting on data collected from a stratified random sample of more than 1,800 youth in Cook County Juvenile Temporary Detention Center (Illinois), found that 66.3 percent of males and 73.8 percent of females met criteria for at least one psychiatric disorder, and 50.7 percent of males and 46.8 percent of females met diagnostic criteria for a substance use disorder.<sup>11</sup>

Multiple, or co-morbid, disorders are the norm for youth in the juvenile justice system. One study reported that the majority (60 percent) of youth met criteria for three or more diagnoses. Yet another study found similar rates of co-morbid disorders among boys (46 percent) and girls (57 percent).<sup>12,13</sup>

## Overview

The overall approach taken for this initiative integrated SAMHSA's Policy Academy mechanism with the Foundation's Action Network strategy. Through the Policy Academy framework, multi-disciplinary teams of senior-level policymakers and stakeholders from states around the country were convened to learn about critical issues associated with diverting youth with behavioral health disorders out of the juvenile justice system. These teams developed strategic plans to enhance their state's ability to achieve better outcomes, increase access to appropriate care, close gaps and build system capacity, increase interagency communication and collaboration, and incorporate evidence-based and best practices into systems and services. Consistent with the Foundation's Action Network strategy, multi-jurisdictional teams identified key issues and barriers to developing improved policies and programs that cut across the states. Through the Action Network, these multi-jurisdictional teams worked together to develop and implement innovative strategies and approaches to address the identified issues. A key benefit to this Action Network approach is the development of innovative solutions to cross-site issues that can be disseminated and used by a variety of jurisdictions across the country.

Eight states were competitively selected to participate in this initiative based on their commitment to improving policies and programs for youth with behavioral health disorders, and the overall fit of their proposed work to the goals of the initiative. These states were:

- Arkansas
- Kentucky
- Michigan
- Minnesota
- Mississippi
- New York
- South Carolina
- Virginia

As a requirement of participation, core teams consisting of senior-level state and local policymakers and stakeholders were convened in participating states. Core team members represented systems, such as juvenile justice, behavioral health, and family advocacy, necessary to successfully implement a front-end diversion strategy for youth. Additional representatives from key constituencies participated in planning and implementation activities through a home team.

The kick-off meeting for this initiative was held on June 27-28, 2012, in Bethesda, Maryland. More than 100 individuals attended this event, including the core team members representing the states participating in this initiative. Over the course of the day-and-a-half meeting, these teams learned about key issues and strategies for diverting youth with behavioral health disorders from the justice system to appropriate community-based services. The agenda included presentations by nationally recognized experts on the National Center for Mental Health and Juvenile Justice's *Blueprint for Change* cornerstones – collaboration, diversion, identification, and treatment – and on strategies and models developed through the Models for Change Mental Health/Juvenile Justice Action Network. In addition, there were presentations on critical issues to be addressed in all aspects of the state team's work, such as racial and ethnic disparities, family engagement and involvement, financing, and trauma. During facilitated sessions, the state teams developed a preliminary strategic plan for improving diversion policies and programs for justice-involved youth with behavioral health disorders in their state.

Following participation in the Policy Academy meeting, teams received ongoing technical assistance to build their strategic plans and to support implementation of a pre-adjudication diversion strategy for youth with behavioral health disorders. The teams participated in regularly scheduled calls with the coordinating agencies to discuss ongoing implementation issues, and on-site technical assistance was provided. In addition, states

received a stipend from the Foundation to offset costs associated with coordination and implementation activities.

Three webinars were conducted that addressed specific areas of concern identified by participating states. These webinars were:

- **Applying Proven Strategies to Reduce Racial and Ethnic Disparities in the Juvenile Justice Center:** Presented on September 4, 2012, by Mark Soler and Tiana Davis, this webinar provided a conceptual framework for understanding racial and ethnic disparities in the juvenile justice system, reviewed the Center for Children’s Law and Policy’s data-driven approach for reducing disparities, and informed participants about strategic innovations that have produced measurable reductions in disproportionate contact in other jurisdictions.
- **The Role of Family in Juvenile Justice Diversion Programs for Youth with Behavioral Health Needs:** Presented on September 14, 2012, by Wendy Luckenbill and Tracy Levins, this webinar highlighted strategies for increasing and improving family engagement and involvement, especially within the context of juvenile diversion programs for youth with co-occurring mental and substance use disorders.
- **Trauma-Informed Juvenile Justice and Mental Health Systems: Why We Need Them, How to Move Toward Them:** Presented on September 17, 2012, by Julian Ford and Monique Marrow, this webinar provided an overview of evidence-based and efficient methods of screening and assessment to identify youth in need of trauma-informed services or trauma-specific treatment in juvenile diversion programs and described evidence-based/informed, trauma-specific treatments to which youth in diversion can be referred in order to support their safe and productive involvement within their families, schools, and communities.

Using the Action Network framework, the states worked together to identify and prioritize critical issues that cut across multiple jurisdictions and states. The top issues identified by the states were (1) implementing behavioral health screening in juvenile diversion programs and (2) implementing evidence-based practices for youth with behavioral health needs in contact with the juvenile justice system. Cross-site teams convened for day-and-a-half Action Network meetings in September to develop a core set of strategies for addressing these two areas. National experts on the identified topics provided guidance as the state teams identified necessary local adaptations to the overall framework and developed an action plan for cross-site pilot testing of their products.

The Action Network on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders* convened in Minneapolis, Minnesota on September 10-11, 2012. The discussion was facilitated by Dr. Thomas Grisso of the National Youth Screening and Assessment Project at the University of Massachusetts Medical School. Over the course of the day-and-a-half meeting, the Action Network team identified 10 steps in four phases that communities need to take to successfully implement screening for behavioral health disorders in juvenile justice settings. The result of this cross-site effort was the development of *Behavioral Health Screening in Juvenile Justice Settings*, authored by Dr. Thomas Grisso and Dr. Robert Kinscherff, of the National Center for Mental Health and Juvenile Justice, and pilot tested in the states participating in this Action Network. This guidance focuses on the development or improvement of behavioral health screening as a key component for juvenile justice diversion programs.

The Action Network on *Implementing Evidence-Based Practices for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders* convened in Albany, New York, on September 12-13, 2012. The discussion was facilitated by John Morris of the Technical Assistance Collaborative. Over the course of the day-and-a-half meeting, the Action Network team identified 10 steps in four phases that will help communities address the needs of their juvenile-justice involved youth who are experiencing behavioral health disorders. This cross-site effort resulted in the development of *Implementing Evidence-Based Practices for Justice-Involved Youth*, authored by John Morris and Dr. Stephen Phillippi, of the Institute for Public Health and Justice, and pilot tested in the states participating in this Action Network. This guidance seeks to bridge the gap between research and practice by supporting adoption and implementation of evidence-based practices for justice-involved youth with behavioral health disorders.

These guidelines, written by nationally recognized experts and based on the experiences of the states participating in this effort, are available to jurisdictions around the country seeking guidance on implementing research-based screening or evidence-based treatment for behavioral health needs in juvenile diversion programs.

The final activity in this initiative was the convening of a state team leader meeting in Arlington, Virginia, on April 17, 2013. Attendees included staff from the coordinating agencies, the state team leaders, and representatives from the Foundation and SAMHSA. The agenda provided an opportunity for the team leaders to talk about their teams' achievements, lessons learned, and ongoing activities. The status of the cross-site effort and dissemination plans for the guidance on screening and evidence-based practices were discussed.

## Major Accomplishments

Through the combined structure and process of this initiative and the dedication and hard work of the core and home team members, states made substantial progress toward many of the underlying goals of this initiative, including:

- Improved policies and programs
- Increased coordination of service provision
- More efficient use of limited service dollars
- Better outcomes for youth
- Sustainable policies and programs

Some of the major achievements of this initiative are highlighted below by point of contact. A more detailed overview of the individual states' processes and achievements is presented as an appendix to this report.

- **School-Based Diversion:** States that focused on this point of contact made significant strides toward implementing school-based diversion strategies for youth with behavioral health needs. States relied on the examples and model programs developed through the Mental Health/Juvenile Justice Action Network. For example, through regular planning meetings and ongoing technical assistance provided by the Connecticut Mental Health/Juvenile Justice Action Network team, Minnesota created an implementation manual for developing school-based diversion programs. The Minnesota manual provides a blueprint for shared decision-making, new partnerships, and alternatives that keep students in schools. It describes a comprehensive approach to implementing a school-based diversion initiative, building on existing research, evidence-based and best practices, and guiding principles developed through workgroup meetings and discussions. This plan was pilot-tested in Intermediate School District 287 in Hennepin County, Minnesota. The Minnesota team is developing a formal marketing and dissemination plan to promote the model, and there is great interest across the state from many partners seeking to address the "school-to-prison pipeline."
- **Law Enforcement Diversion:** Michigan was the only state to focus on law enforcement as the point of contact. Its participation in the initiative resulted in a dissemination strategy for statewide adoption and implementation of Crisis Intervention Teams (CIT) and Crisis Intervention Teams for Youth (CIT-Y) that were not available prior to participation in this initiative. The CIT-Y training was developed by the Mental Health/Juvenile Justice Action Network and three participating states (Colorado, Louisiana, and Pennsylvania), working with the Colorado Regional Community Policing Institute (CRCPI) and other national experts. In Michigan, law enforcement/clinician training teams were selected by the Department for Human Services based on regional diversity. These teams were sent to train-the-trainer programs for both curricula, thus preparing each region to better respond to youth experiencing mental health crises.
- **Probation-Intake Diversion:** States that identified probation-intake as the focus of their efforts sought to develop improved policies and programs for youth with behavioral health needs, drawing from the lessons learned through the Mental Health/Juvenile Justice Action Network's Front-End Diversion Initiative (Texas).

For example, New York’s team developed a model probation-intake diversion program for youth with behavioral health needs, which involved developing policies and procedures for implementing behavioral health screening and for directing probation’s response to the potential outcomes of a behavioral health screening tool. New York chose to implement the Massachusetts Youth Screening Instrument–Version 2 (MAYSI-2). Training was provided in the pilot county (Monroe County), as well as in nine additional counties. In May 2013, the New York team facilitated a learning collaborative meeting where teams of probation, mental health, social services, and treatment providers from 11 additional counties and New York City learned about the model developed and pilot-tested in Monroe County.

## Conclusion

The 2012-2013 Policy Academy-Action Network Initiative successfully combined the SAMHSA Policy Academy mechanism with the Foundation’s Action Network strategy to support policy and practice change both within a local pilot site and at the state level. Participating states capitalized on the strategies and models created through the Mental Health/Juvenile Justice Action Network to develop and implement front-end diversion programs for youth with behavioral health disorders. On a national scale, the resources developed through the cross-site efforts are applicable for use in any community seeking to improve outcomes for youth with behavioral health needs in contact with the juvenile justice system. The systems-level changes necessary to improve response to justice-involved youth with behavioral health needs typically require a significant amount of time for planning, development, implementation, and assessment. The formal involvement of teams in this initiative was relatively short, yet their accomplishments represent a major achievement for these jurisdictions and the field as a whole.

## Endnotes

<sup>1</sup> Puzzanchera, C., & Adams, B. (2011). *Juvenile arrests 2009*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

<sup>2</sup> Sickmund, M., Sladky, T. J., Kang, W., & Puzzanchera, C. (2010). *Easy access to the census of juveniles in residential placement*. Retrieved from Office of Juvenile Justice and Delinquency Prevention Statistical Briefing Book: <http://www.ojjdp.gov/ojstatbb/ezacjrp/asp/display.asp>

<sup>3</sup> See note 1.

<sup>4</sup> Shufelt, J.L. & Coccozza, J.J. (2006). *Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study*. Delmar, NY: National Center for Mental Health and Juvenile Justice.

<sup>5</sup> Fazel, S., Doll, H., Langstrom, P., & Langstrom, N. (2008). Mental disorders among adolescents in juvenile detention and correctional facilities: A systematic review and metaregression analysis of 25 surveys. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(9), 1010-1019.

<sup>6</sup> Wasserman, G.A., McReynolds, L.S., Schwalbe, C.S., Keating, J.M., & Jones, S.A. (2010). Psychiatric disorder, comorbidity, and suicidal behavior in juvenile justice youth. *Criminal Justice and Behavior*, 37(12), 1361-1376.

<sup>7</sup> Merikangas, K.R., He, J., Burstein, M., Swanson, S., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the national comorbidity survey replication-adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980-989.

<sup>8</sup> Garland, A.F., Hough, R.L., McCabe, K.M., Yeh, M., Wood, P.A., & Gregory, A.A. (2001). Prevalence of psychiatric disorders in youths across five sectors of care. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(4), 409-418.

<sup>9</sup> Aarons, G.A., Brown, S.A., Hough, R.L., Garland, A.F., & Wood, P.A. (2001). Prevalence of adolescent substance use disorders across five sectors of care. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(4), 419-426.

<sup>10</sup> See note 6.

<sup>11</sup> Teplin, L.A., Abram, K.M., Washburn, J.J., Welty, L.J., Hershfield, J.A., & Dulcan, M.K. (2013). *The Northwestern Juvenile Project: Overview*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

<sup>12</sup> See note 4.

<sup>13</sup> See note 11.



## Arkansas's Initiative for Diversion at Probation-Intake

### Overview of Arkansas's Initiative

Arkansas is a decentralized state where local- and state-level diversion programs operate independently with no uniform system for assessing and diverting youth with co-occurring mental and substance use disorders in contact with the juvenile justice system. The goal of this initiative in Arkansas was to develop a comprehensive model at probation-intake to identify and recommend diversion options for youth with co-occurring disorders. Intake was selected as the decision point because, at the front-end of the juvenile justice system, it is often viewed as the gatekeeper to juvenile court. Judicial District 8 North was selected as the pilot site for testing the probation-intake diversion model. Arkansas opted to participate in the cross-site workgroup, *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

### State Diversion Activities

#### Process

Arkansas convened a core team of senior-level officials representing state and local juvenile justice, behavioral health, and family advocacy. An expanded home team, consisting of additional key stakeholders, was formed to plan and implement the diversion strategy. The core team participated in the Policy Academy meeting and learned about successful methods of cross-systems collaboration, front-end diversion models, research-based screening, and evidence-based treatment. The core team brought this information back to the home team and engaged in a series of planning meetings to assess the status of the system and its potential to undertake this initiative, as well as to design and oversee the pilot test of a diversion strategy. The Arkansas team participated in regularly scheduled technical assistance calls with the coordinating agencies and received onsite technical assistance to facilitate development of a strategic plan.

#### Strategy

Through the Policy Academy process, the Arkansas team developed a model that provides motivational

interviewing, family engagement, crisis intervention, and mental health training to specialized juvenile probation-intake officers. This model, based on the Models for Change Mental Health/Juvenile Justice Action Network Front-End Diversion Initiative and known as the Arkansas Co-occurring Diversion Initiative (ACDI), seeks to coordinate access to effective services in order to divert youth with co-occurring mental and substance use disorders from adjudication. Youth eligible for diversion through ACDI are: (1) identified by the local intake department as being eligible for diversion, deferred prosecution, or disposition and are being supervised in the community by the juvenile court; (2) found to have a *Diagnostic and Statistical Manual* (DSM) diagnosis or screened as potentially having a DSM diagnosis; (3) at risk of adjudication; and (4) have at least one family member or other adult in the household who is willing to actively participate in the program. Youth are screened at probation-intake using a standardized screening procedure and a case history review. A juvenile intake officer provides information to the youth and his or her family about requirements for participation in ACDI. Youth and families who choose to participate are assigned a specialized juvenile probation officer who will coordinate community-based services. Services may include mentors, parent support groups, life skills classes, substance abuse services, education liaison services, and assistance with accessing other community resources.

#### Accomplishments

- The major outcome of Arkansas's initiative was the development of a strong collaborative relationship among the state and local mental health, substance abuse, and juvenile justice agencies in Judicial District 8 North. Prior to participation in this initiative, the agencies and professionals at the table lacked both a platform to discuss the challenges they jointly faced and the opportunity to work together to address the issues and barriers affecting their shared populations. The state's juvenile justice and mental health agencies will maintain their collaboration and will continue to develop and carry out their plan to expand the ACDI model statewide.

- The Arkansas Division of Youth Services (DYS) and the Division of Behavioral Health Services (DBHS) created a policy and procedure guide to direct implementation of the ACDI. Arkansas has applied for a grant to continue implementation of the ACDI model and to support evaluation activities.

## Cross-Site Activities

### Process

One of the first cross-site activities for the Arkansas team was participating in the Action Network meeting on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. The Arkansas team chose this activity to learn more about selecting and implementing an appropriate screening tool for use with the target population. The team focused on the early steps toward full implementation, specifically establishing a framework for action and selecting an appropriate method and procedure for the target population and point of contact.

### Accomplishments

- The team completed a number of steps toward implementing a screening tool, including: convening a local meeting, ensuring buy-in among key stakeholders, selecting the MAYSI-2, developing a

policy and procedures manual, securing approval to fund training on the MAYSI-2, and arranging training on the MAYSI-2 for probation-intake staff at the pilot site.

## Next Steps

- The team is awaiting approval from the local judge on the overall diversion strategy. Once approval is received, the team will begin training probation-intake staff on the MAYSI-2 and fully implement the ACDI model at the pilot site.
- Once the model has been fully implemented, it will be added to the state's Quality Assurance Unit to ensure compliance of all required areas and to collect evaluation data.



*The John D. and Catherine T. MacArthur Foundation and the Substance Abuse and Mental Health Services Administration collaborated on an initiative entitled *Improving Diversion Policies and Programs for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders: An Integrated Policy Academy/Action Network Initiative*. The goal of this initiative was to increase the number of youth with co-occurring mental and substance use disorders diverted out of the juvenile justice system to appropriate community-based services. Eight states participated in this initiative: Arkansas, Kentucky, Michigan, Minnesota, Mississippi, New York, South Carolina, and Virginia.*

*Using SAMHSA's Policy Academy model, core teams consisting of senior-level state and local policymakers were convened to learn about the latest research and effective diversion strategies for youth with co-occurring disorders in contact with the juvenile justice system. Individual state teams, consisting of the core team and an expanded home team, then developed and implemented front-end diversion strategies for youth with co-occurring disorders. Ongoing technical assistance was provided to support their efforts.*

*Using the Foundation's Action Network model, which supports and links teams working on similar innovations in policy and practice, the states worked to identify and implement effective practices for screening and treating youth with co-occurring disorders. National experts provided guidance and support.*

*This initiative was coordinated by the National Center for Mental Health and Juvenile Justice at Policy Research Associates and the Technical Assistance Collaborative.*

## Kentucky's Pre-Court Diversion

### Overview of Kentucky's Initiative

The aim of the Court Designated Worker (CDW) program in Kentucky is to divert youth, when appropriate, from formal court proceedings to alternative community resources. The goal of this initiative in Kentucky was to integrate Reclaiming Futures, a model for improving juvenile justice through community integration, into Kentucky's existing pre-court diversion process. By doing so, youth with co-occurring mental and substance use disorders charged with status offenses could receive a pre-complaint conference, screening, and referral to appropriate community-based services. Campbell County was selected as the pilot site for this effort because the county ranks third highest in the state for the number of youth charged with status offenses held in detention. The diversion strategy developed through this initiative will serve as a model for CDW programs throughout the state, with the goal of reducing the number of status offenders that end up in detention with more serious juvenile offenders. Kentucky elected to participate in the cross-site workgroup, *Implementing Evidence-Based Practices for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

### State Diversion Activities

#### Process

Kentucky convened a core team of senior-level officials representing state and local juvenile justice, behavioral health, and family advocacy. A Judicial Change Team, as described by Reclaiming Futures, was convened to address services and sustainability, as well as to provide leadership within the community to address system change needs. In addition to regularly scheduled technical assistance calls, onsite technical assistance was provided on the importance of financial mapping and the need for screening and assessment of youth in contact with the juvenile justice system.

#### Strategy

Prior to taking a status offense complaint, the CDW meets with the youth and his or her family to discuss the reason for the possible complaint and potential

alternatives. Upon review, the CDW will decide if filing is in the best interest of the youth and will determine if processing should occur. The CDW administers the Global Appraisal of Individual Needs-Short Screener (GAINS-SS) to determine need and to guide referrals to community-based services. Youth with co-occurring mental and substance use disorders eligible for diversion are referred to a site review team, where a diversion plan can be developed with the family. The site review team uses a multidisciplinary approach to ensure access to necessary services and provides support throughout the term of the agreement. The CDW monitors the case for compliance for six months.

#### Accomplishments

- Kentucky legislators initiated a task force to look at possible revisions to the 1986 Unified Juvenile Code. Through the experiences of the pilot site, the Kentucky team was able to provide information that enhanced and informed the rewriting of the juvenile code to align with proven frameworks for juvenile justice.
- The core team addressed the State Interagency Council, which is composed of commissioners of youth-serving agencies. Conversations centered on the importance of youth and family engagement in juvenile services, streamlining services, early identification and provisions of services through utilization of standardized screening, and promotion of best practices for appropriate and effective behavioral health services.
- The Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities applied for and received SAMHSA funding for the State Adolescent Substance Abuse Treatment and Enhancement Cooperative Agreement. Its application built on this initiative's work on implementing the pre-complaint conferencing, screening, and referrals within the CDW program and improving access to evidence-based practices.
- Cross-system trainings in family engagement and the wraparound process were conducted for CDWs.

- A focus group with seven youth and nine parents was held to write a brochure on family engagement. This brochure was used at “Courts and Family Engagement Training” for CDW workers in Campbell County.

## Cross-Site Activities

### Process

The first activity in the cross-site work was participation in the Action Network meeting on *Implementing Evidence-Based Practices for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. Kentucky already has the GAIN-SS and the Global Appraisal of Individual Needs-Quick (GAIN-Q) in place and felt that participating in the Action Network on evidence-based practices was most suitable and would best meet its needs. Kentucky focused on later steps of implementing evidence-based practices and built on local capacity and strengths, but also recognized the need to revisit the first steps when gaps were revealed.

### Accomplishments

- The team identified Motivational Interviewing as an evidence-based practice for which there was a critical need among staff at the local community social service provider. Trainers were identified and Motivational Interviewing training was provided to clinical staff of the Northkey Comprehensive Care Center and Brighton Center.
- The team provided national speakers who addressed Kentucky’s Circuit Judges College, an educational program for the state’s Circuit Court judges, providing critical information regarding the importance of screening, assessment, and evidence-based interventions, as well as the Reclaiming Futures process. Additionally, judges

not participating in this initiative were informed of Campbell County’s experience in this initiative and the experiences of other states using Reclaiming Futures.

## Next Steps

- The Judicial Change Team will continue to meet within the local implementation site to build and sustain efforts started through this initiative.
- The Administrative Office of the Courts has requested that the family engagement training be provided to all state CDW workers. Regional trainings are currently being scheduled.
- With the intent to further develop the pre-complaint and Reclaiming Futures process, Kentucky applied for and received a State Adolescent Treatment Enhancement and Dissemination grant from the Substance Abuse and Mental Health Services Administration. Collaboration between juvenile justice and behavioral health will continue.
- The state will continue to work on financial mapping under the State Adolescent Treatment Enhancement grant.

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*Using the Foundation’s Action Network model, which supports and links teams working on similar innovations in policy and practice, the states worked to identify and implement effective practices for screening and treating youth with co-occurring disorders. National experts provided guidance and support.*

*This initiative was coordinated by the National Center for Mental Health and Juvenile Justice at Policy Research Associates and the Technical Assistance Collaborative.*

## Michigan's First Contact Program

### Overview of Michigan's Initiative

Police are often the first point of contact for entry into the juvenile justice system and represent the largest avenue to detention and court involvement. As such, this point of contact provides an excellent opportunity for early intervention and diversion from formal judicial processing for youth with co-occurring mental and substance use disorders. The goal of this initiative in Michigan was to minimize, through police response alternatives and diversion, the number of youth with co-occurring disorders entering the formal court adjudication process. The objective was to develop a model that provides both alternatives and training to police officers on the use of diversion instead of arrest for these youth. If this strategy proved effective, it was believed that the number of children entering the formal juvenile justice system solely for mental health treatment and the use of secure detention for youth with co-occurring disorders would decline. Wayne County (Detroit) was selected as a pilot site for this initiative. Michigan chose to participate in the cross-site workgroup, *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

### State Diversion Activities

#### Process

Michigan convened a core team of senior-level officials representing state and local juvenile justice, behavioral health, and family advocacy. The project began with participation in the Policy Academy meeting, where the team learned about successful methods of cross-systems collaboration, front-end diversion, research-based screening, and evidence-based treatment. The coordinating agencies held regular technical assistance calls with the core team and provided technical assistance to support Michigan's diversion implementation efforts.

#### Strategy

An existing collaborative relationship between Wayne County Children and Family Services, Detroit Community Mental Health, Detroit Police Department

(DPD), and the Juvenile Assessment Center (JAC) provided a solid foundation for implementing a police behavioral health diversion project. The county developed a referral procedure for youth who come into contact with police, where eligible youth are taken to the JAC to be screened for possible mental illness and substance use needs. With consent, JAC staff administers the Juvenile Inventory for Functioning (JIFF), an alcohol and other drug urine screen, and the GAIN-SS. If need is indicated, youth are referred to a clinician for follow-up assessment and referral to treatment. Wayne County invested in a contract-based model to enable private agencies to respond more quickly to emerging trends, financial challenges, and local needs. As a result, new programs and home-based interventions for troubled youth and their families are expanding across the county.

During the course of the initiative, it became clear that the Crisis Intervention Teams for Youth (CIT-Y) developed by the Models for Change Mental Health/Juvenile Action Network model was particularly well-suited to addressing Michigan's challenges. At that time, Crisis Intervention Teams (CIT) were available in Michigan for interventions with adults in Kalamazoo County only. Recognizing the necessity of statewide training on both CIT and CIT-Y, Michigan defined regions throughout the state and established regional police officer/clinician training teams. Over a six-month period, these training teams participated in both CIT and CIT-Y train-the-trainer sessions. Each region is now prepared to help youth who are experiencing mental health crises and their families.

#### Accomplishments

- Through this initiative, collaboration has become an embedded practice in the pilot site and collaboration at the state-policy level has been enhanced. Partners in juvenile justice, education, behavioral health, public health, and child welfare have collaborated with parents and youth to design, develop, and implement Wayne County's system of care. CONNECTIONS develops and maintains a comprehensive array of quality services that meets the unique needs of targeted youth and their families.

- The JAC has credentialed clinicians who actively provide mental health therapy and substance use treatment for youth and their families. So that parents clearly understand what the diversion process entails, a brochure was created outlining the structure of referrals and services in Wayne County.
- Two DPD police officers and two JAC clinicians attended the CIT-Y Train-the-Trainer (TTT). These teams are now available to train additional DPD officers on CIT-Y, with an aim to improving communication with and engagement of youth experiencing a mental health crisis and their families. Additional teams of clinicians and police throughout the state participated in the TTT as part of the statewide dissemination of this model.

## Cross-Site Activities

### Process

The Michigan team sent a participant to the cross-site Action Network meeting on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. For the diversion strategy to work, it was understood that effective screening and referral processes needed to be implemented in the Wayne County JAC. The team identified early steps towards implementation as priorities, specifically: identifying the target population, selecting an appropriate screening method, and creating a plan to implement services and treatment.

### Accomplishments

- Through participation in the Action Network, it became clear that additional screening and assessment procedures were necessary to identify substance use disorders. The JAC developed a process to obtain consent and **screen youth over the age of 14**, using the alcohol and other drug urine screen and JIFF.

- The JAC has added more therapists credentialed in substance abuse treatment and was approved by the State Bureau of Substance Abuse as an adolescent substance abuse provider. The JAC secured a contract with the Detroit Bureau of Substance Abuse to provide substance abuse services to this population of youth.

## Next Steps

- Collaboration and dialogue among the various state and local departments involved in this initiative will continue to support expansion of necessary services for these youth.
- Wayne County will continue to track program outcomes from this project, hopefully adding strength to the argument for investing in community-based interventions and a system-of-care approach to youth in contact with the juvenile justice system.
- The results of this demonstration project, outcomes, and lessons learned will be widely shared with other counties, the legislature, police, and the state departments involved in the project.
- Michigan hopes to obtain additional funding to support dissemination and implementation of CIT and CIT-Y to additional areas around the state, including Battle Creek, Detroit, Flint, Kalamazoo, Saginaw, Pontiac, and Sault Saint Marie.



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# The Minnesota Model of School-Based Diversion for Students with Co-occurring Disorders

## Overview of Minnesota's Initiative

The “school-to-prison pipeline” is a critical public policy issue for all states and for the nation as a whole. “Zero Tolerance” policies force many students, especially students of color and those with disabilities, out of the classroom and into the juvenile justice system. Through participation in this initiative, Minnesota sought to create a school-based diversion model to avoid arrest, expulsion, and out-of-school suspension whenever possible for students with co-occurring disorders. To accomplish this, the team developed a model where clearly defined roles and responsibilities facilitate timely and appropriate actions in dealing with student incidents, as well as create more uniformity in responses. Cross-systems collaboration, between school personnel and law enforcement in particular, is an essential component of this model. Intermediate School District 287 in Hennepin County was chosen as the pilot site for this initiative. Team members from Minnesota chose to participate in the cross-site workgroup on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

## State Diversion Activities

### Process

The Minnesota Model of School-Based Diversion for Students with Co-occurring Disorders started with the creation of a team of professionals from different backgrounds and constituent groups, who participated in the Policy Academy. Through regular planning meetings and ongoing technical assistance (offered both onsite and via telecommunication), and based on the experiences and design of the Connecticut School-Based Diversion Initiative developed through the Models for Change Mental Health/Juvenile Justice Action Network, the team created an implementation manual for shared decision-making, new partnerships, and alternatives that keep students in schools. The manual describes a comprehensive approach to implementing a school-based diversion initiative that

builds on existing research, evidence-based and best practices, and guiding principles developed through workgroup meetings and discussions.

### Strategy

The Minnesota model provides a decision-making protocol for student incidents and presents an opportunity for schools and law enforcement to work together as a shared decision-making authority to address students' academic, criminogenic, and behavioral health needs (mental illness, substance abuse, and trauma). The model outlines three possible responses to student incidents: (1) no action—inform a parent; (2) school case conference or behavior support team; and (3) school resource officer/law enforcement involvement. The model emphasizes a variety of approaches to meet the needs of these students. Critical elements of the model include: involvement of families at every stage; referral for screening, assessment, and treatment for early identification of youth at risk for juvenile-justice involvement; and development and availability of preventative and supportive resources within the school environment. The model is general enough to be applied to any school setting and allows for some adaptation based on local context.

### Accomplishments

- The development of a comprehensive implementation manual, *The Minnesota Model of School-Based Diversion for Students with Co-occurring Disorders (Minnesota Model)* was a significant achievement of the Minnesota initiative. Numerous stakeholder groups, including families and students, contributed to this guide.
- The team realized that “Zero Tolerance” and exclusionary discipline practices are not the most effective methods for serving students with co-occurring disorders, and use of these practices should be reduced. It is expected that the Minnesota Model will increase screening, assessment, and treatment referrals and improve school attendance.

Additional expected outcomes include fewer arrests, out-of-school suspensions, and expulsions.

- The Minnesota Department of Human Services is partnering with the Minnesota Chiefs of Police Association, six special education Federal IV school sites, their local law enforcement, and the county attorney's office to plan and implement the Minnesota Model statewide.

## Cross-Site Activities

### Process

The Minnesota team participated in the cross-site Action Network on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. Minnesota policy currently requires service providers to use state-approved screening instruments to determine possible referrals for assessment and treatment services. The team selected the GAIN-SS because it met the validity and reliability criteria established by the Minnesota Department of Human Services Children's Mental Health Division and was an appropriate fit for the setting and target population.

### Accomplishments

- The Minnesota team participated in the cross-site activity, researched the value of the GAIN-SS, and selected it as the screening tool for the Minnesota Model.

## Next Steps

- The Minnesota team is planning to develop a formal marketing and dissemination plan to promote the Minnesota Model. There is great interest in the model across the state from many partners seeking to address the "school-to-prison pipeline."
- The Minnesota team, in partnership with the Minnesota Chiefs of Police Association, six school sites, and their local partners, has applied for a grant to further plan, implement, and evaluate the Minnesota Model for effectiveness and for statewide distribution.



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## Mississippi: Improving Services for Youth Awaiting Adjudication

### Overview of Mississippi's Initiative

The goal of Mississippi's initiative was to improve follow-through for youth referred to agencies and programs before adjudication and upon discharge from the detention center. Objectives included: increased collaboration and communication among key local and state agencies to support more coordinated service provision; improved screening and assessment of youth to determine if co-occurring mental and substance use disorders are present upon detention intake; and development of appropriate evidence-based programs to address the needs of youth with co-occurring disorders. The Henley-Young Juvenile Justice Center (HYJJC) in Hinds County was selected as the pilot site. Participants from Mississippi took part in the cross-site workgroup, *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

### State Diversion Activities

#### Process

Mississippi convened a core team of senior-level officials representing state and local juvenile justice, behavioral health, and family advocacy. The Mississippi core team attended the Policy Academy meeting, where the team learned about successful methods of cross-systems collaboration, front-end diversion models, research-based screening, and evidence-based treatment. Following the meeting, the Mississippi team convened regular planning meetings. Coordinating agencies provided technical assistance to support planning and implementation efforts.

#### Accomplishments

- Communication and collaboration among local agencies improved due to regular team meetings and the sharing of training opportunities and updates from each of the participating systems. The team meets bimonthly and plans to continue these meetings.

- The Adolescent Opportunity Program (AOP) has been reinstated in Hinds County to provide mental health therapy and substance use programs, including group counseling and behavior modification, to youth of moderate or high risk. Youth in this program learn social and independent living skills while participating in community projects.

### Cross-Site Activities

#### Process

The Mississippi team elected to participate in the cross-site Action Network on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. Around this same time, the pilot site was selected to participate in a project on screening coordinated by the National Youth Screening and Assessment Project (NYSAP) through the University of Massachusetts Medical School. As a result of the NYSAP project and under guidance from the Action Network, local juvenile justice staff members have received training and technical assistance in administering the MAYSI-2. MAYSIWARE has been provided to the pilot site and screening procedures have been implemented in the HYJJC. Based on its experience at the Action Network meeting, the team focused on identifying key stakeholders, providing general education to Jackson Public Schools and the Jackson Police Department, and assessing the capacity of partner organizations to gather aggregate data to develop a framework for implementing the project's goals.

#### Accomplishments

- Implementing MAYSIWARE is in its early stages. Specific alcohol and drug assessments for youth who failed their drug test and/or for which the MAYSI-2 indicated substance use need to be examined.

## Next Steps

- The pilot site would like to revise and/or develop policies and procedures for local law enforcement agencies on the referral of youth to detention.
- Since this initiative began, there appears to be a decrease in inappropriate referrals from the local school district.
- The team would like to improve data collection on the local level through continued training and consultation from a local researcher on the team.
- Youth Services Intake staff members plan to administer the GAIN-SS to identify youth with alcohol/drug issues at HYJJC.
- Plans are being developed to provide training to the mental health therapists at HYJJC and other local mental health providers in Hinds County on Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) and Cognitive Behavioral Therapy.

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## New York State's Probation-Intake Diversion Initiative

### Overview of New York State's Initiative

Although some counties in New York State have strong diversion programs, significant gaps remain for youth with co-occurring mental and substance use disorders at the initial points of contact with the juvenile justice system. The goal of New York State's participation in this initiative was to develop and implement a successful program model for addressing the behavioral health needs of youth as part of a probation-intake diversion effort. Specific aims were to identify best practices to improve coordinated service provision for youth and to develop model protocols for identifying behavioral health needs of youth at probation-intake. Monroe County was selected as the pilot site for this initiative. Participants from New York State's team took part in the cross-site workgroup, *Implementing Evidence-Based Practices for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

### State Diversion Activities

#### Process

The project began with the convening of a core team of key policymakers from state and local juvenile justice, behavioral health, and family advocacy agencies and organizations. From the Policy Academy meeting, the team learned about successful methods of cross-systems collaboration, front-end diversion models, research-based screening, and evidence-based treatment. During facilitated planning sessions at the Policy Academy meeting, the core team developed a preliminary strategy for probation-intake identification and diversion to treatment of youth with co-occurring mental and substance use disorders. The New York State effort was supported by regular team meetings and onsite technical assistance.

#### Strategy

Prior to this initiative, there were few protocols for juvenile probation departments to follow to ensure that youth with co-occurring mental and substance use disorders were identified and referred to appropriate community-based interventions. Following the Policy

Academy meeting, the team met to finalize a diversion strategy to pilot in Monroe County. Action steps included: selection of a screening instrument; development of policies and procedures for implementing screening; assessment of current capacity to provide evidence-based services to youth identified as needing follow-up assessment and potential treatment for co-occurring mental and substance use disorders; and development of a formal process for matching youth in need of services to appropriate community-based treatment. The new model for screening and linkage to treatment begins with administration of the recently implemented MAYSI-2. Policies and procedures developed through this initiative guide probation's response to the screening results, including emergency response, referral for follow-up assessment, and possibly treatment. The model creates linkages between the juvenile justice, mental health, and community-based service systems that provide treatment for the target population of youth and ultimately prevent further involvement with the juvenile justice system.

#### Accomplishments

- The team developed a model probation-intake diversion program for youth with behavioral health needs, including creating necessary linkages to community-based services, based on the Models for Change Mental Health/Juvenile Justice Action Network Front-End Diversion Initiative model. The model outlines policies and procedures for implementing behavioral health screening and for directing probation's response to the variety of potential outcomes of the MAYSI-2.
- The MAYSI-2 was successfully implemented in the Monroe County Juvenile Probation Department. Screenings started in mid-March; several youth have since been referred to services. Safeguards were put in place to not only ensure confidentiality, but also to prevent information collected from youth from being used within fact finding by the court.
- Nine additional counties attended the MAYSI-2 training in Monroe County because of their interest in adopting the probation-intake diversion model.

- A learning collaborative was held for teams of probation, mental health, social services, and providers from an additional 11 counties and New York City to learn about the model piloted in Monroe County. Following participation in the learning collaborative, funds were provided to purchase the MAYSWARE for counties interested in replicating the model. Four counties – Wyoming, Onondaga, Columbia, and Schenectady – are working to implement screening procedures and replicate the probation-intake diversion model.

## Cross-Site Activities

### Process

New York State elected to participate in the Action Network on *Implementing Evidence-Based Practices for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. The team identified the early stages of evidence-based practice implementation as the area for review and activity. Team members from Monroe County compiled a list of existing evidence-based practices in the county. Once that list was compiled, it became clear that more evidence-based substance abuse treatment was needed. Monroe County treatment providers discussed how to build a comprehensive treatment service system; technical assistance was provided to facilitate this conversation. Through this effort, the team selected the Seven Challenges program as an evidence-based practice to add to the Monroe County services array. An initial local provider meeting was held. Interested providers then participated in a series of local meetings with a mental health agency to develop a protocol detailing roles and responsibilities.

### Accomplishments

- A project participation protocol was institutionalized through memoranda of understanding (MOU). The MOU outlines roles and responsibilities of each participating entity related to screening, referral, engagement, service provision, and data collection.

- Representatives of the local behavioral health system convened to identify evidence-based practices available in the county's Office of Mental Health and Office of Alcohol and Substance Abuse Services (OASAS)-licensed clinics. The need for an additional evidence-based practice that could be offered in OASAS-licensed clinics was determined. Seven Challenges was selected as the new evidence-based practice to be offered in the county.
- A process for direct and timely referrals to evidence-based practices for justice-involved youth with co-occurring disorders was developed.
- Two agencies have been trained in the Seven Challenges curriculum. Implementation in Monroe County will take place soon.

## Next Steps

- New York State Division of Criminal Justice Services (DCJS) is currently working with the pilot site to develop a data collection plan that will allow DCJS to track subsequent juvenile and criminal justice involvement for the youth involved in the project.
- Four other counties in New York have expressed interest in replicating the pilot site model. DCJS submitted an application for additional funding to support model expansion to these localities.
- The use of validated behavioral health screening as part of the probation-intake process has been incorporated into new programs that DCJS is funding.

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## South Carolina's School-Based Diversion Initiative

### Overview of South Carolina's Initiative

Despite efforts in South Carolina to maximize collaboration among child-serving agencies, barriers to accessing effective services continue to exist for youth with behavioral health disorders in contact with the juvenile justice system. The goal for this initiative was to connect youth with co-occurring mental and substance use disorders to appropriate treatment services before problems result in a referral to the Department of Juvenile Justice (DJJ). The Lexington Early Assistance Partners (LEAP) is the result of a collaborative effort of key stakeholders from the selected pilot site of Lexington County and their state agency partners. South Carolina participated in the cross-site workgroup, *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

### State Diversion Activities

#### Process

South Carolina convened a core team of key policymakers from state and local juvenile justice, behavioral health, and family advocacy agencies and organizations. As initially envisioned, this project was to focus on the probation intake decision point. However, after participation in the Policy Academy meeting and a series of discussions with key local stakeholders, the diversion point was changed from probation intake to schools. Regular planning meetings were held and onsite technical assistance was provided to support the South Carolina effort. This support included a one-day facilitated meeting with key stakeholders on the importance of recognizing and addressing childhood trauma. In addition, materials and protocols describing key elements of a school-based diversion model developed through the Models for Change Mental Health/Juvenile Justice Action Network were provided to the team.

#### Strategy

Lexington County was selected as the pilot site for this initiative in South Carolina because of its diversity: rural and urban communities, affluent and impoverished

populations. There are five school districts in Lexington. Middle schools from two of these districts were selected as pilot sites. LEAP was created to serve as a school-based screening and referral process to connect youth with co-occurring mental and substance use disorders at risk of referral to the DJJ to appropriate treatment and services. The school districts implemented screening instruments seen as best suited to the needs of their populations. District Two selected the GAIN-SS because it is already widely used throughout the state. District Five selected the Diagnosis Predictive Scale (DPS) because it was regarded as more age appropriate for the target population of sixth graders.

#### Accomplishments

- Both of the school districts serving as pilot sites have contracts with the Lexington County Community Mental Health Center, which enable school-based clinicians to be stationed at the schools.
- Collaboration across state and local levels has allowed sharing of staff between agencies and has led to a seamless system of services for youth and families.

### Cross-Site Activities

#### Process

South Carolina chose to participate in the Action Network on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. The team identified the later stages of implementing a screening instrument as the area for review. LEAP was able to accomplish some cross-site tasks by connecting to an existing interagency collaborative. A standardized tool that identifies potential mental and substance use disorders was selected and implemented in the pilot schools.

#### Accomplishments

- The pilot sites successfully identified standardized screening instruments to use when students come to the attention of school officials.

- When a referral to services is indicated by the GAIN-SS, District Two offers the option of immediately making an appointment via the computer.
- The Joint Council developed three questions to be administered in addition to the standard GAIN-SS questions. These questions were developed to identify youth who have experienced trauma. A revised standard operating procedure that included these questions was recently developed and distributed to all registered users.
- Although middle school students are the current focus of LEAP, there are long-range plans to expand screening into high schools.
- As LEAP becomes fully implemented, it will be highlighted in the Districts' Annual Report Card, which is published on the District's website and the South Carolina Department of Education's website.

## Next Steps

- LEAP got off to a slower start than expected, but it is expected that LEAP and the screening tools will be fully implemented and functional in the next school year.
- LEAP will continue holding meetings to assess lessons learned and prepare for the upcoming school year.



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## Virginia's Project on Diversion at Probation Intake

### Overview of Virginia's Initiative

To better serve youth with behavioral health issues in contact with the juvenile justice system, Virginia adopted a three-pronged approach: (1) continue transforming the behavioral health system of care from a facility-focused to a community-focused system; (2) provide training, programs, and other resources to effectively identify youth with behavioral health needs; and (3) develop more effective infrastructure and processes to enhance collaboration, thereby improving timely access to evidence-based treatment and services. Through participation in this initiative, Virginia developed and implemented the **Juvenile Diversion (JuDi) Project**. JuDi created new cross-system processes and procedures to identify youth with mental and substance use disorders at the probation-intake diversion point of the juvenile justice system. The Lynchburg area of Central Virginia was selected as the pilot site because of its diverse mix of urban, suburban, and rural communities. The experiences of this pilot site will help in the effort to replicate this project across the state. Virginia participated in the cross-site workgroup, *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*.

### State Diversion Activities

#### Process

The project began by convening a core team of key policymakers from state and local juvenile justice, behavioral health, and family advocacy agencies and organizations. The team participated in the Policy Academy meeting and learned about successful methods of cross-systems collaboration, front-end diversion models, research-based screening, and evidence-based treatment. Following participation in the meeting, the team developed and implemented a diversion strategy at probation-intake for youth with co-occurring mental and substance use disorders. Regular planning meetings, including regional summits, were held to support adoption and implementation of the JuDi model.

### Strategy

The team chose MAYSI-2 as its evidence-based screening instrument. Stand-alone computers were purchased for six offices so that the MAYSI-2 could be administered by staff or self-administered (online) by youth. Trained probation officers and administrative staff started using the MAYSI-2 in six non-residential intake office settings in the community. In addition, the team identified evidence-based instruments currently in use at the Community Services Board (CSB) to provide assessments for youth referred for follow-up by a positive MAYSI-2 screening. These instruments include the Global Appraisal of Individual Need (GAIN) and Child and Adolescent Needs and Strengths (CANS). For youth who may have a history of trauma, the CSB utilizes the University of California at Los Angeles Posttraumatic Stress Disorder (UCLA-PTSD) Reaction Index. A treatment plan was developed; the CSB and private providers in the community refer youth to an array of evidence-based treatment strategies.

### Accomplishments

- The diversion program began screening and referring clients on November 1, 2012.
- Collaboration and information sharing among state agencies and local public and private providers in the juvenile justice and behavioral health systems have increased.
- Sufficient development occurred to allow the team to submit a grant proposal to complete the planning phase and begin full implementation and eventual expansion of the JuDi Project statewide. However, the JuDi Project will proceed without additional funding and, to the extent possible, provide follow-up to demonstrate positive impacts on number of petitions/arrests, school attendance, and engagement in services. The pilot site is willing and able to assist in replicating its effective practices in other parts of the state.

## Cross-Site Activities

### Process

The Virginia team participated in the Action Network on *Implementing Screening for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders*. The team chose this Action Network because it felt that it needed more information and technical assistance about screening instruments. At the meeting, the team members decided that they were in the later phases of implementation. Upon returning to Virginia, members of the group immediately set out to develop the first Home Team/Stakeholder meeting agenda based on their experience and learning. The focus of the Home Team/Stakeholder meeting was to use the diverse expertise of the participants to identify and overcome potential challenges to using the MAYSI-2 and connecting youth to services. The team convened in person and met by telephone to work through the steps of creating a MOU among the involved agencies, to: determine how best to use the MAYSI-2; create a training process for intake office personnel who would administer or oversee the self-administration of the MAYSI-2; and create an effective referral process for connecting youth to the CSB for assessment and further services, as needs indicated.

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### Accomplishments

- The Virginia team has identified and begun implementing a highly replicable and relatively inexpensive screening tool to identify youth with behavioral health concerns.

- The core team benefitted from working directly with the developer of the MAYSI-2, using the meeting to create a comprehensive plan for implementation. The group identified key objectives, challenges, and implementation activities.
- Anecdotally, the intake offices have perceived more effective de-escalation and a reduction in emotional volatility once youth become engaged in the MAYSI-2.

### Next Steps

- The group of stakeholders will continue to meet as often as possible, potentially on a quarterly basis, to review progress and outcomes.
- Two paths have been laid out for the sustainability of the JuDi Project. The first, which involves no further funding, will be to continue the initiative as it currently operates. The second path involves the team's recent application for additional funding to support planning of an enhanced version of the JuDi project and to develop an implementation guide for JuDi.

## For More Information

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*The John D. and Catherine T. MacArthur Foundation and the Substance Abuse and Mental Health Services Administration collaborated on an initiative entitled *Improving Diversion Policies and Programs for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders: An Integrated Policy Academy/Action Network Initiative*. The goal of this initiative was to increase the number of youth with co-occurring mental and substance use disorders diverted out of the juvenile justice system to appropriate community-based services. Eight states participated in this initiative: Arkansas, Kentucky, Michigan, Minnesota, Mississippi, New York, South Carolina, and Virginia.*

*Using SAMHSA's Policy Academy model, core teams consisting of senior-level state and local policymakers were convened to learn about the latest research and effective diversion strategies for youth with co-occurring disorders in contact with the juvenile justice system. Individual state teams, consisting of the core team and an expanded home team, then developed and implemented front-end diversion strategies for youth with co-occurring disorders. Ongoing technical assistance was provided to support their efforts.*

*Using the Foundation's Action Network model, which supports and links teams working on similar innovations in policy and practice, the states worked to identify and implement effective practices for screening and treating youth with co-occurring disorders. National experts provided guidance and support.*

*This initiative was coordinated by the National Center for Mental Health and Juvenile Justice at Policy Research Associates and the Technical Assistance Collaborative.*



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This initiative was coordinated by the National Center for Mental Health and Juvenile Justice at Policy Research Associates, Inc., and the Technical Assistance Collaborative. Key partners included Advocates for Youth and Family Behavioral Health Treatment, the Center for Children's Law and Policy, the Center for Innovative Practices at the Begun Center for Violence Prevention Research and Education, and the National Youth Screening and Assistance Project.

**For more information, please contact the National Center for Mental Health and Juvenile Justice at [ncmhjj@prainc.com](mailto:ncmhjj@prainc.com) or 1-866-962-6455.**