Preventing Juvenile Suicide through Improved Collaboration: Strategies for Mental Health and Juvenile Justice Agencies

Summary of Recommendations

Prepared by the
Youth in Contact with the Juvenile Justice System Task Force
of the National Action Alliance for Suicide Prevention

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The Public-Private Partnership Advancing the National Strategy for Suicide Prevention

Introduction

Up to 70 percent of youth in the juvenile justice system have mental health disorders, which severely impact one or more life functions for a significant percentage of these youth (Skowyra & Cocozza, 2007). Due to the multiple traumatic events that these youth have experienced and the sense of hopelessness and isolation that ensues from the experience of confinement, suicide risk for these youth dramatically increases. The following factors need to be addressed by all systems coming in contact with justice-involved youth:

- Suicide is the leading cause of death for youth in confinement (Bureau of Justice Statistics, 2005).
- Youth in residential facilities have nearly three times the suicide rate of peers in the general population (Gallagher & Dobrin, 2006).
- Risk factors for suicide are often more prevalent among youth in this system. (National Action Alliance for Suicide Prevention, 2013).
- Studies report that over half of confined youth had current suicidal ideation (Esposito & Clum, 2001), and one-third also had a history of suicidal behavior (Parent et al., 1994).

The gravity of this situation requires urgent action in order that systems and practitioners in juvenile justice, law enforcement, mental health, substance abuse, child welfare and education work collaboratively to successfully prevent suicide (Skowyra & Cocozza, 2007). This report, developed by the Youth in Contact with the Juvenile Justice System Task Force (http://actionallianceforsuicideprevention.org/task-force/juvenilejustice) of the National Action Alliance for Suicide Prevention (Action Alliance) (http://www.actionallianceforsuicideprevention.org), provides recommendations for achieving such collaboration. The task force's Mental Health and Juvenile Justice Systems Collaboration Workgroup was charged with identifying priorities and strategies to help these agencies improve collaboration, ultimately resulting in more effective suicide prevention programming. The workgroup compiled recommendations, tailored for suicide prevention supports and services for youth involved in the juvenile justice system, in two categories:

- ***Overarching Priorities***: The workgroup recommends that state and local mental health and juvenile justice agencies pursue ten overarching collaborative priorities to inform joint policy

Background

Envisioning a nation free from the tragic experience of suicide, the Action Alliance was launched in 2010 by U.S. Department of Health and Human Services Secretary Kathleen Sebelius and former U.S. Department of Defense Secretary Robert Gates. This public-private partnership advances the *National Strategy for Suicide Prevention* (NSSP) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. The Action Alliance's Youth in Contact with the Juvenile Justice System Task Force was established to focus attention on the needs of youth in the juvenile justice system. The task force was co-led by:

- Melodee Hanes, JD – Acting Administrator, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Juvenile Justice
- Joseph J. Cocozza, PhD – Director, National Center for Mental Health and Juvenile Justice, Policy Research Associates

The task force comprised four workgroups: Public Awareness and Education; Suicide Research; Suicide Prevention Programming and Training; and Mental Health and Juvenile Justice Systems Collaboration. Each workgroup developed products specific to its respective task.

Mental Health and Juvenile Justice Systems Collaboration Workgroup Members and Staff

- Eric Trupin, PhD (*workgroup lead*) – Director, Division of Public Behavioral Health and Justice Policy, University of Washington
- David DeVoursney, MPP – Program Analyst, Substance Abuse and Mental Health Services Administration (SAMHSA)
- Simon Gonsoulin, Med – Principal Research Analyst, American Institutes for Research
- Carl Wicklund – Executive Director, American Probation and Parole Association
- James Wright, MS, LCPC – Public Health Advisor, SAMHSA

and budgeting decisions associated with suicide prevention for youth involved in juvenile justice.

- ***Strategies***: A set of twelve strategies was developed to facilitate achievement of the overarching priorities. Specific strategies that apply to each overarching priority are listed by number after the discussion of the respective overarching priority in the full version of the Collaboration document. As a visual organizer, a matrix graphically represents the alignment of the strategies and priorities.

The workgroup also developed an environmental scan tool (Appendix A in the full document) to help jurisdictions assess strengths, weaknesses, opportunities, and threats across the ten overarching priorities, thereby lending direction to the process of building collaboration between agencies.

Overarching Priorities to Improve Collaboration

The following priorities are recommended to mental health and juvenile justice agencies seeking to collaboratively improve outcomes for youth involved in juvenile justice who may be at risk for suicide. For specific strategies to achieve these priorities, refer to the matrix on pages 7–8 of this executive summary and to the full report.

Overarching Priority A

State mental health and juvenile justice agencies should establish effective data collection and information-sharing for the purposes of 1) law, policy, and program development related to youth at risk for suicidal behavior; 2) individual case-planning and decision-making; and 3) program evaluation and performance measurement addressing suicide prevention.

In an effort to improve service delivery and to develop and promote effective laws, policies, and programs, state mental health and juvenile justice agencies should establish parameters for collecting and sharing data that have specific utility for all parties involved in partnerships. Data should be collected for development and evaluation of laws, policies, and programs and for individual case-planning and decision-making. An additional goal of data collection, including aggregate data and case-level specific data, should be for future evaluation or program improvement. Procedures to guarantee proper handling and usage of shared information should be outlined in memoranda of understanding and/or use agreements.

Overarching Priority B

All states should establish policies related to collaboration on issues facing youth who are involved with dual jurisdictions, particularly those youth who are at risk for suicidal behaviors.

States should engage in comprehensive planning and collaboration, including cross-system training, to reduce the risk of suicide among youth involved in the juvenile justice system. This work should involve the variety of systems (e.g. juvenile justice, mental health, education, social services) that interact with youth and will likely include creation of state laws, written policies, and executive orders. States should not only address data and information-sharing, decision-making, and policy and program improvement, but also consider barriers. Strategies for overcoming those barriers should be detailed in written memoranda of agreement or understanding.

Overarching Priority C

Juvenile justice and mental health agencies should work together to ensure that youth who are at risk of suicide always receive evidence-based services in the least restrictive settings possible.

Difficulties for youth at risk for suicidal behavior can be exacerbated by placement in restrictive environments where contact with family and other community caregivers is limited, which only fuels feelings of isolation, hopelessness, and helplessness. Less restrictive, community-based alternatives with access to interventions that have demonstrated success in reducing offending behaviors should be prioritized for the majority of juvenile offenders.

Overarching Priority D

Juvenile justice and mental health agencies should collaboratively provide mental health services that respond to the gender, ethnicity, and sexual orientation of youth who are at risk of suicide.

Mental health services should be provided to increase the quality and range of treatment, rehabilitation, and support for people with mental illness, their families, and communities. This is particularly true for individuals demonstrating suicidal ideation or emotional crisis. Collaborative efforts should focus on providing appropriate and respectful services to each individual, regardless of gender, ethnicity, and sexual orientation.

Overarching Priority E

All systems should work collaboratively to provide close follow-up and sufficient support to youth who are re-entering the community from secure care, especially youth who have a history of suicidal ideation and behaviors.

Youth transitioning from secure care to their home-based community need transition plans that address all potential areas of concern (e.g., education, physical health, mental health, job skills, substance abuse, peer/family relationships, and risk of suicide). Effective transition plans encompass a meshing of comprehensive services and supportive policies provided through a collaboration of all involved systems committed to working together to foster better outcomes for youth and their families. Communication among agencies ensures that delays or oversights will not prevent youth from successfully re-entering their community.

Overarching Priority F

Juvenile justice and mental health agencies should work in tandem to establish and provide developmentally appropriate services to youth who are at risk of suicide.

All providers involved in juvenile justice should have a working knowledge of the most current scientific findings on the adolescent brain and emotional development. Because youth will be of different ages and in different developmental, emotional, and psychological stages, interactions, treatments, and interventions must be tailored accordingly. Communication and cognitive approaches with youth must be appropriate to not only chronological age, but also to emotional and psychological age. Accounting for developmental stages is also critical when evaluating for suicidal ideation and emotional crisis. When possible, all communication should be articulated to youth in both written and oral forms.

Overarching Priority G

Youth-serving agencies should establish collaborative agreements and practices to better provide services for youth who are at risk of suicide.

To reduce fragmentation and duplication of services and to improve program efficiency and outcomes for youth involved in one or more systems, child-serving agencies should establish collaborative agreements and practices. All agencies involved must commit to overcoming barriers (e.g., philosophical, structural, language/communication, staff resistance) that often prevent effective alignment of services.

Overarching Priority H

Collaboratively developed services and strategies for youth who are at risk of suicide should be evaluated regularly.

Evaluation is a key component in the development and management of any program, and is particularly useful for the collaborative efforts of juvenile justice and mental health agencies. Program managers from both agencies must work together to evaluate operations, practices, accomplishments, and results.

Overarching Priority I

Juvenile justice and mental health cooperative agreements should inform courts of existing mental health supports and services to avoid placing youth in the juvenile justice system solely to access mental health services.

Courts need to work closely with public behavioral health, chemical dependency, child welfare, and public education systems to identify accessible interventions that do not require youth to be placed either under the care of the juvenile court or remanded to secure detention in order to access mental health interventions.

Overarching Priority J

State Medicaid and juvenile justice agencies should formally establish a collaborative relationship to better provide services to youth who are at risk of suicide.

Youth served by the Medicaid and juvenile justice systems make up a significant percentage of system-involved youth. To more effectively administer benefit packages to this population, Medicaid officials must be informed about the needs of youth in the juvenile justice system. Likewise, juvenile justice staff must be informed of Medicaid policy so that they can coordinate with funded services, support enrollment of youth exiting juvenile justice placements, and fill gaps in coverage for youth who are at risk of suicide. Prescribed and common data collection across the State Medicaid and juvenile justice agencies is recommended to improve service delivery to youth involved in the juvenile justice system.

Overview of Strategies

To achieve the overarching priorities, the Mental Health and Juvenile Justice Systems Collaboration Workgroup recommends the following strategies for mental health and juvenile justice agencies seeking to collaborate on suicide prevention goals. The full report presents these strategies in more detail and cross-references applicable strategies to each overarching priority.

Strategy 1: Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system.

Strategy 2: Use valid screening and risk assessment instruments that identify risk for suicide and immediately provide necessary mental health services.

Strategy 3: Implement interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

Strategy 4: Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

Strategy 5: Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

Strategy 6: Explore, at a state-wide level, more effective data collection and information-sharing processes.

Strategy 7: Implement, at the state level, innovative funding strategies (e.g., blended funding, pooling, decategorization, coordinating, and devolving) to collaboratively serve dual-jurisdiction youth who exhibit risk for suicidal behaviors.

Strategy 8: Explore, at the state level, barriers to effective collaboration and develop strategies for overcoming those barriers, recognizing the opportunities offered by memoranda of understanding and agreement.

Strategy 9: Improve state data collection strategies by identifying that data most pertinent to Medicaid and juvenile justice agencies serving youth.

Strategy 10: Facilitate collaboration through shared staff members, regularly held joint meetings, ad hoc meetings, shared workgroups, interagency agreements, memoranda of understanding, and data sharing.

Strategy 11: Educate juvenile justice staff on Medicaid policy and its application to youth involved in juvenile justice through tailored workshops provided by the State Medicaid agency.

Strategy 12: Conduct general training on Medicaid to all child-serving agencies.

Matrix of the Overarching Priorities and Strategies

Strategies	**Priority A: Effective data collection & info-sharing**	**Priority B: Policies related to collaboration**	**Priority C: Least restrictive, evidence-based services**	**Priority D: Sensitivity to gender, ethnic & sexual orientation**	**Priority E: Follow-up & system linkages for youth re-entry**	**Priority F: Develop-mentally appropriate services**	**Priority G: Collaboration of child-serving agencies**	**Priority H: Regular evaluation of services**	**Priority I: Access to mental health services**	**Priority J: Formal relationship between Medicaid & JJ**
Strategy 1: Form an interagency task force	√	√	√	√	√	√	√	√	√	√
Strategy 2: Use valid screening & risk assessment instruments	√		√	√		√	√		√	
Strategy 3: Use evidence-based interventions	√		√	√	√	√	√	√	√	√
Strategy 4: Divert suicidal youth to treatment	√	√	√	√		√	√		√	
Strategy 5: Provide care that is sensitive to culture, trauma, and gender	√		√	√	√	√	√			√
Strategy 6: Explore decision points, agreements, and practices	√	√			√		√	√		√

Matrix of the Overarching Priorities and Strategies (continued)

Strategies	Priority A: Effective data collection & info-sharing	Priority B: Policies related to collaboration	Priority C: Least restrictive, evidence-based services	Priority D: Sensitivity to gender, ethnic & sexual orientation	Priority E: Follow-up & system linkages for youth re-entry	Priority F: Develop-mentally appropriate services	Priority G: Collaboration of child-serving agencies	Priority H: Regular evaluation of services	Priority I: Access to mental health services	Priority J: Formal relationship between Medicaid & JJ
Strategy 7: Implement innovative funding strategies	√	√			√		√			
Strategy 8: Address barriers to effective collaboration	√	√			√		√			
Strategy 9: Improve data collection strategies of Medicaid & JJ	√				√		√			√
Strategy 10: Facilitate collaboration through joint meetings, etc.					√		√			√
Strategy 11: Educate JJ staff on Medicaid policy and its application					√		√			√
Strategy 12: Conduct training on Medicaid for child-serving agencies					√		√			√

Conclusion

In recognition of the higher rate of suicide and suicidal behaviors among youth involved in the juvenile justice system who have mental health disorders, substance abuse disorders, and other relevant risk factors for suicide (e.g., a history of child sexual and physical abuse and other forms of trauma), it is urgent that all youth-serving systems effectively collaborate across all levels of government. The collaboration will likely save the lives of vulnerable youth by creating opportunities to intervene prior to the youth engaging in suicidal behaviors and greatly enhance the provision of appropriate and effective supports and services. Implementing the strategies recommended in this paper will enable systems and practitioners to reduce the risk of youth suicide while achieving the collaborations necessary for sustained positive suicide prevention strategies.

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The National Action Alliance for Suicide Prevention is the public-private partnership advancing the *National Strategy for Suicide Prevention* (NSSP) (http://actionallianceforsuicideprevention.org/NSSP) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. The Action Alliance envisions a nation free from the tragic experience of suicide. For electronic copies of this paper or for additional information about the Action Alliance and its task forces, please visit http://www.actionallianceforsuicideprevention.org.