Successfully Collaborating With the Juvenile Justice System

Benefits, Challenges, and Key Strategies

Technical Assistance Partnership for Child and Family Mental Health

Successfully Collaborating With
the Juvenile Justice System:

Benefits, Challenges, and Key Strategies

Jennie L. Shufelt, M.S.
Joseph J. Cocozza, Ph.D.
Kathleen R. Skowyra

September 2010

About the Technical Assistance Partnership for Child and Family Mental Health

The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) provides technical assistance to system of care communities that are currently funded to operate the Comprehensive Community Mental Health Services for Children and Their Families Program. The mission of the TA Partnership is "helping communities build systems of care to meet the mental health needs of children, youth, and families."

This technical assistance center operates under contract from the federal Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

The TA Partnership is a collaboration between two mission-driven organizations:

- The American Institutes for Research — committed to improving the lives of families and communities through the translation of research into best practice and policy, and
- The National Federation of Families for Children's Mental Health — dedicated to effective family leadership and advocacy to improve the quality of life of children with mental health needs and their families.

The TA Partnership includes family members and professionals with extensive practice experience employed by either the American Institutes for Research or the National Federation of Families for Children's Mental Health. Through this partnership, we model the family-professional relationships that are essential to our work. For more information on the TA Partnership, visit the Web site at http://www.tapartnership.org.

Forward

Each year, more than 2 million children, youth, and young adults formally come into contact with the juvenile justice system, while millions more are at risk of involvement with the system for myriad reasons (Puzzanchera, 2009; Puzzanchera & Kang, 2010). Of those children, youth, and young adults, a large number (65–70 percent) have at least one diagnosable mental health need, and 20–25 percent have serious emotional issues (Shufelt & Cocozza, 2006; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002). System of care communities focusing on meeting the mental health and related needs of this population through comprehensive community-based services and supports have the opportunity to not only develop an understanding around the unique challenges this population presents, but also to decide how best to overcome those challenges through planned and thoughtful programs, strong interagency collaboration, and sustained funding.

The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) recognizes the many challenges system of care communities face in working to better meet the needs of all of the children, youth, and young adults they serve. In an effort to help these communities meet the unique needs of young people involved or at risk of involvement with the juvenile justice system, the TA Partnership is releasing a resource series focused on this population. The TA Partnership has contracted with the National Center for Mental Health and Juvenile Justice (NCMHJJ) to produce this resource series, which contains three briefs. Each brief examines a unique aspect of serving this population within system of care communities.

The first brief, *Addressing the Mental Health Needs of Youth in Contact With the Juvenile Justice System in System of Care Communities*, provides an overview of the challenges many system of care communities face in working with children, youth, and young adults involved or at risk of involvement with the juvenile justice system and provides concrete examples of how some communities have overcome these challenges. The second brief, *Successfully Collaborating With the Juvenile Justice System: Benefits, Challenges, and Key Strategies*, takes a closer look at the importance of true collaboration between community-based child-serving agencies in providing a comprehensive array of services and supports and fostering positive outcomes for this population. Finally, the third brief, *Systems of Care Programs That Serve Youth Involved With the Juvenile Justice System: Funding and Sustainability*, explores ways in which communities can financially sustain the efforts they have in place to meet the needs of this population after the Substance Abuse and Mental Health Services Administration (SAMHSA) funding period has ended.

We hope that this resource series will support the planning and implementation of effective services, policies, and practices that improve outcomes for children, youth, and young adults involved or at risk of involvement with the juvenile justice system as well as their families.

Successfully Collaborating With the Juvenile Justice System: Benefits, Challenges, and Key Strategies

Overview

Recent studies have consistently found that a large proportion of youth in contact with the juvenile justice system—65 percent to 70 percent—meet criteria for at least one mental health disorder (Shufelt & Cocozza, 2006; Wasserman et. al., 2004). For many of these youth, contact with the juvenile justice system results directly from untreated mental health needs that manifest in negative or delinquent behaviors. In fact, contact with the juvenile justice system is often seen by parents, caretakers, teachers, and the police as a means of accessing services and treatments that are not available in the community. Because the juvenile justice system, unlike many other child-serving systems, cannot refuse to accept a youth, it is sometimes viewed as a last-resort option for accessing these needed services (Skowyra & Cocozza, 2007).

Any use of the juvenile justice system as a de facto mental health system is inappropriate. The juvenile justice system does not have the resources or expertise to become the mental health provider for these youth, and the development of those resources within the juvenile justice system is not an appropriate resolution to the crisis. At the same time, the mental health system should not bear full responsibility for solving this problem. Rather, addressing the needs of youth in the juvenile justice system who have mental health service needs requires a more balanced solution—"one that involves both the juvenile justice and mental health systems as partners in all efforts to identify and respond to the mental health needs of these youth" (Skowyra & Cocozza, 2007, p. 15). Such an approach must focus on strengthening community mental health services and embracing the concept of "no wrong door" to services. More often than not, youth with mental health needs do not appear in the traditional mental health system context. Instead, they are "involved with more than one specialized service system, including mental health, special education, child welfare, juvenile justice, substance abuse, and health" (President's New Freedom Commission on Mental Health, 2003, p. 58). Establishing an effective system of care, therefore, requires that services be available to all youth, regardless of the particular system in which their needs are identified, and that all involved child-serving systems—juvenile justice, mental health, child welfare, and education—collaborate and share responsibility for those services.

Federal Precedents for Collaboration

The importance of collaboration to an effective response is evidenced by the many efforts within the federal government to encourage collaboration between the mental health and juvenile justice systems. In 2005, in response to the release of the President's New Freedom Commission Report on Mental Health, several federal agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), released the Federal Mental Health Action Agenda, which, among other things, calls for increased "focus on community-level models of care that effectively coordinate the multiple health and human service providers and public and private payers involved in mental health treatment and delivery of services" (SAMHSA, 2005, p. 16). In a similar manner, the system of care movement is based on a theoretical approach to service delivery that "is not the responsibility of a single agency, but [involves] a collaborative network of child-serving agencies that includes mental health,

education, juvenile justice, and other appropriate agencies (Hodges, Nesman, & Hernandez, 1999, p. 17).

The U.S. Department of Justice has also emphasized the importance of collaboration. The Juvenile Accountability Block Grant (JABG) now encourages the establishment of information-sharing systems designed to facilitate more informed decisionmaking on the part of the juvenile justice system around the identification, supervision, and treatment of youth (Skowyra & Cocozza, 2007). In addition, the Bureau of Justice Assistance (BJA) within the U.S. Department of Justice has recently funded state- and county-based collaborative efforts to jointly respond to the mental health needs of adults and juveniles in contact with the justice system (U.S. Department of Justice, 2010). Since its inception, the program has funded more than 100 collaborative programs and initiatives specifically targeting individuals with mental illness in the justice system. A significant proportion of those programs have focused on the juvenile justice population.

All these efforts amount to a national movement to reform the mental health system into one that, at its core, is based on interagency collaboration, and represents a fundamental shift away from a system that has traditionally been "fragmented, costly, overly restrictive, frequently provided outside of the children's home communities, and very often unavailable" (Hodges, et al., 1999, p. 17). Unfortunately, despite the growing recognition that collaboration is critical to the transformation of the mental health system, in practice, effective collaboration has proven to be elusive for many jurisdictions. At the same time, a number of jurisdictions have been able to overcome the challenges that have traditionally hampered collaboration and to build effective collaborative systems of care that meet the needs of youth in the juvenile justice system.

Why Collaborate?

Collaboration between the mental health and juvenile justice systems can yield a number of important benefits. These include the following:

Benefits for Youth and Families. Accessing mental health services can be a daunting task for youth and families that requires the navigation of multiple systems, each of which has different procedures, rules, and terminology (Osher, 2002). Youth who were receiving services in the community prior to coming into contact with the justice system may experience disruptions or changes in medications and providers, and information about their medical and mental health history is often not shared. The various systems may provide services or impose requirements on families that are duplicative or conflicting. The result is a fragmented mental health service delivery system and worsening youth and family outcomes.

In contrast, youth and families experience far less fragmentation when they receive services in the context of a system of care in which services are provided seamlessly, without regard to the particular system a youth appears in, and in which care is a coordinated effort among the multiple systems involved in a youth's life. Collaborative practice can result in "less fragmentation in services, an improved ability to meet specialized needs, more choices in services, improved access to services, and improved outcomes for children and families" (Hodges et al., 1999, p. 67). Collaboration can also improve access to services by bringing attention to gaps in the system and reducing barriers for families (Hodges et al., 1999).

Benefits for Program Sustainability. Meaningful collaboration can be critical to the long-term sustainability of a system of care program focused on youth in the juvenile justice system. After grant funding ends, the sustainability of a program often depends on a number of factors, such as the ability to access a range of funding streams (including juvenile justice funding streams), the amount of political and agency support for the program (which can be significantly hampered if the juvenile justice system does not view the program as important), and the extent to which the program can demonstrate positive outcomes on the variables important to the juvenile justice system. Having a "partner" at the table, helping make the case for why a program should be continued or expanded, can strengthen the program's chances of sustainability.

Benefits for Systems and the Community. Collaboration between the juvenile justice and mental health systems can yield significant benefits for both systems, as well as for the community as a whole. This collaboration can result in improved system relationships and serve to build trust between the agencies. Embracing a concept of joint responsibility for the community's youth helps reduce the tendency to place blame on the other systems when children fall through the cracks (Hodges et al., 1999; Macbeth, 1993). Furthermore, reducing duplication of services and engaging in coordinated needs assessments and planning efforts allows limited resources to be used more efficiently (Macbeth, 1993). Formal collaborative structures, such as memoranda of understanding, can increase the efficiency of decisionmaking and service provision (Hodges et al., 1999). These changes can result in significant cost savings to the taxpayers, while at the same time ensuring a more comprehensive and effective system of care for youth in the community.

Strategies for Addressing Common Barriers to Collaboration

Unfortunately, collaboration between the juvenile justice and mental health systems can be a challenging endeavor. Some of the most common barriers to collaboration, as well as concrete strategies for overcoming these barriers, are discussed below.

Philosophical Barriers. Each agency that comes to the table in a collaboration brings with it an authorizing statute that sets out its mission, mandates, and goals (Osher, 2002). For the juvenile justice system, interest in a collaborative effort usually depends on the program's ability to address public safety and delinquency-reduction goals. In contrast, the mental health system is oriented toward improving mental health and family outcomes. Obtaining real buy-in from both agencies requires not only the devotion of staff, funding, and time to the effort but a willingness to implement cultural and structural changes within each organization. Additionally, such buy-in requires that both agencies see the collaboration as furthering their own agency's mandate.

Addressing philosophical barriers requires, at its core, "a clear, concisely articulated belief that joint efforts benefit everyone" (Macbeth, 1993, p. 262), the establishment and prioritization of common goals (Skowyra & Cocozza, 2007), and the belief among the involved agencies that the collaborative relationship will further the agency's mission. In addition, system of care communities and others seeking to foster collaborative relationships with juvenile justice systems have found the following strategies helpful:

- *Ensure that the juvenile justice system is involved early in planning stages.* Meaningfully involving representatives from the juvenile justice system early in the planning process

can go a long way toward ensuring the juvenile justice system's commitment to the program and buy-in to program goals and strategies. Ideally, juvenile justice representatives would be involved in the development of the system of care proposal, or immediately on commencement of program-planning activities. Such early involvement means that justice system goals and concerns can be incorporated and addressed in the program design, allows for the design of evaluations that capture data about outcomes important to the juvenile justice system, and begins the formation of cross-agency relationships key to the ultimate success of the program. Early involvement ensures that the juvenile justice and mental health systems are invested in the program and see its long term sustainability as furthering the systems' goals. Representatives from the Central Massachusetts Communities of Care, for example, credit much of their success to the early involvement of juvenile justice representatives, and to collaborative discussions about system goals, outcomes of interest, and concerns.

- *Use "boundary-spanners" to facilitate system linkages.* Hiring liaisons, often called "boundary spanners," to serve as project coordinators or in other important roles within the collaborative, can help to bridge the gaps between the juvenile justice and mental health systems, identify common goals, and serve as the common link between the two systems. These boundary spanners should have experience working within the juvenile justice system and, if possible, existing relationships with key juvenile justice staff.

- *Demonstrate the efficiencies and resource savings that result from cooperative efforts.* By eliminating duplication and potentially avoiding costly out-of-home placements, collaborative system of care programs that serve youth involved with the justice system can yield significant cost savings for the mental health and juvenile justice systems. For example, when community-based services are available through the system of care program, the juvenile justice system may avoid costly placements in secure correctional facilities and other residential programs. Having in place a way to capture these cost-efficiency data can be a powerful tool to continue to reinforce the benefits of collaboration and ensure the long-term continuation of the collaboration. For example, Wraparound Milwaukee, which began as a system of care site, has used cost-savings data as a way to ensure continued support for the program. In 1996, prior to the existence of Wraparound Milwaukee, the county served 370 youth in child welfare and juvenile justice residential care, with a budget of $18.4 million. Almost 10 years later, the county was able to serve 260 *more* youth (630 in total) through Wraparound Milwaukee with an even smaller budget of $17.7million (Koppelman, 2005).

Structural Barriers. Even when the mental health and juvenile justice agencies recognize the mutual benefits of collaboration, structural barriers can continue to impede that collaboration. In most jurisdictions, agencies have separate funding streams, and independent management and decisionmaking structures. Attempts to merge these structures are often hindered by each agency's desire to control its boundaries, maintain its resources, and protect the current and predictable environment in which it operates (Osher, 2002). In addition, because of the separate structure of agencies, sharing of information between agencies, which is critical to meaningful collaboration, can be challenging, as can be structuring an effective information-sharing system to communicate needed information in a timely manner, while at the same time ensuring that

youths' self-incrimination rights are protected. Some helpful strategies for addressing this challenge include the following:

- *Colocate staff.* A number of jurisdictions seeking to foster collaboration between the mental health and juvenile justice system have found that colocation of staff—for example, by placing a mental health clinician or liaison within the local probation department—can be key to overcoming many of the structural barriers that otherwise inhibit collaboration. Colocation of staff can build relationships and trust between agencies, streamline communication and information sharing, and facilitate integrated decisionmaking. For example, in the Harris County, TX, system of care program, a mental health liaison is located within the probation department and is responsible for supervising the Designated Care Team, which serves on the county's juvenile mental health court multidisciplinary team.

- *Incorporate collaborative processes in written policies and procedures.* Many of the structural barriers that inhibit collaboration and cross-agency communication can be overcome by developing written policies and procedures that operationalize collaborative processes. Informal collaboration is often dependent on the individual personalities and relationships of staff and is, therefore, difficult to sustain during times of staff turnover. The creation of written policies and procedures can ensure that this collaboration is built into agency structure, and is more resistant to personnel changes.

- *Blend or braid funding.* Perhaps one of the best, but also most challenging, ways to overcome structural barriers in traditional systems silos is to combine funding from multiple systems. *Blended funding* pools dollars from multiple sources and makes these dollars somewhat indistinguishable, while *braided funding* is a resource allocation strategy that results in combined funds remaining visible, allowing them to be tracked more closely (National Collaborative on Workforce and Disability for Youth, 2006). Wraparound Milwaukee, for example, blends funds from a variety of sources, including case rates from child welfare and juvenile justice, Medicaid payments, and other insurance sources, to create a pool of funds that can be used to cover any services a youth or family may need (Kamradt, 2001). Combining funds facilitates the long-term sustainability of a collaborative structure.

- *Establish interagency service planning.* Using an interagency approach to service planning can help to ensure that both the mental health and juvenile justice systems have sufficient buy-in to service plans for youth. Such an approach reassures systems and staff that the areas of need and problems of concern are addressed through the service plan. One example, the Texas Special Needs Diversionary Program, uses teams of clinicians and probation officers, who work together to develop and supervise treatment plans for participating youth.

- *Engage in facilitated strategic planning.* For some communities, the use of an independent consultant to facilitate strategic planning can help systems look beyond their individual agency silos and identify opportunities to modify agency structure and funding to accommodate collaboration. For example, Beaver County System of Care: Optimizing Resources, Education and Supports (BC-SCORES) engaged an outside expert

to reevaluate the community's strategic plan and to develop a technical assistance plan that would further the community's work.

Language and Communication Barriers. When local mental health and juvenile justice agencies first embark on an effort to collaborate, they quickly learn that each agency has a well developed "system language" that consists of a unique set of terminology, acronyms, and services. Use of terminology and acronyms can "reinforce what might be perceived as the primary mission of the agency . . . and create artificial barriers that inhibit collaborative activities" (Leone, et al., 2002). In addition, terms, such as "at-risk," can mean something very different to the mental health system than it does to the juvenile justice system (Macbeth, 1993). This can complicate the conversation between the systems, and frustrate efforts to collaborate. Some means to address this issue include the following:

- *Provide cross-training to staff.* One of the most commonly used strategies to address language and communication barriers is to provide cross-training to juvenile justice and mental health staff involved with the collaborative program (Hodges et al., 1999). In the Central Massachusetts Communities of Care program, for example, an emphasis on cross-training early in the planning stages of their system of care grant helped to build strong relationships among the partners and overcome many of the language barriers that can impede collaboration.

- *Develop program manuals and other written materials.* The provision of materials that list common acronyms, terminology, and service approaches used by the involved systems can go a long way toward reducing language barriers. Other helpful materials for staff include a basic description of how the local juvenile justice and mental health systems work, how cases flow through the juvenile justice system, and what community mental health resources are available.

Staff Resistance. Even when both the mental health and juvenile justice systems come to the table to form a collaborative relationship, that collaboration can break down at the implementation level. To staff, efforts associated with collaboration may be interpreted as changes in job responsibilities, a loss of decisionmaking autonomy, and a potentially increased workload. In addition, agencies are generally staffed by individuals who are trained in particular disciplines, are socialized within a particular agency culture, have participated in "distinct communities of knowledge and practice," and who have been focused on addressing particular problems and needs (Osher, 2002, p. 91). The establishment of a new collaborative culture requires agency staff to operate outside this familiar realm, learn to work with individuals from different disciplines and cultures, and embrace an expanded set of goals and needs. Techniques for helping staff to do so include the following:

- *Provide adequate training to staff on program goals, processes, and procedures.* One of the chief causes of staff resistance is uncertainty. When staff are fully informed and trained on the structure of the program, and their roles and responsibilities within the new program, feelings of anxiety and concern may be reduced.

- *Share positive results with staff.* Collaboration can be difficult for staff, adding extra responsibilities and time requirements, and requiring them to work with new people with very different perspectives about the youth they serve (Hodges, et al., 1999).

However, when staff can see the benefit of these additional efforts, such as the positive impact on youth and their families or efficiencies within the system, these same staff may be more likely to look positively at the added work load (Hodges, et al.). Therefore, in addition to sharing program data with policymakers and agency administrators, system of care sites should establish a mechanism for regularly communicating the results of the collaboration to the line staff responsible for the day-to-day program activities.

Conclusion

The creation of effective and efficient community-based programs that serve youth with mental health needs who are in contact with the juvenile justice system requires a level of collaboration between the mental health and juvenile justice systems that many communities have found difficult to achieve. The challenges to such collaboration, however, are not insurmountable, and there are practical things a community can do to create an environment that is conducive to collaboration. Implementing these strategies can help overcome traditional barriers to collaboration and build systems of care that use collaboration as a foundation for serving youth in the juvenile justice system.

> This resource series is intended to provide system of care sites with information, practical advice, and strategies for responding to the large numbers of youth with mental health needs in contact with the juvenile justice system. This series includes the following publications:
>
> - "Addressing the Mental Health Needs of Youth in Contact With the Juvenile Justice System in System of Care Communities: An Overview and Summary of Key Issues"
>
> - "Successfully Collaborating With the Juvenile Justice System: Benefits, Challenges, and Key Strategies"
>
> - "System of Care Programs That Serve Justice-Involved Youth: Funding and Sustainability"

References

Hodges, S., Nesman, T., & Hernandez, M. (1999). Promising practices: Building collaboration in systems of care. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research. Retrieved from http://download.ncadi.samhsa.gov/ken/pdf/1998monographs/vol6.pdf on July 15, 2010.

Kamradt, B. (2001). Wraparound Milwaukee program description. Retrieved from http://www.milwaukeecounty.org/router.asp?docid=7890 on July 15, 2010.

Koppelman, J. (2005). *Mental health and juvenile justice: Moving toward more effective systems of care.* Washington, DC: National Health Policy Forum. Retrieved from http://www.nhpf.org/library/issue-briefs/IB805_JuvJustice_07-22-05.pdf on July 15, 2010.

Leone, P., Quinn, M. M., & Osher, D. (2002). *Collaboration in the juvenile justice system and youth serving agencies: Improving prevention, providing more efficient services, and reducing recidivism for youth with disabilities.* Washington, DC: American Institutes for Research. Retrieved from http://cecp.air.org/juvenilejustice/docs/Collaboration%20in%20the%20Juvenile%20Justice%20System.pdf on July 15, 2010.

Macbeth, G. (1993). Collaboration can be elusive: Virginia's experience in developing an interagency system of care. *Administration and Policy in Mental Health, 20*, 259–282.

National Collaborative on Workforce and Disability for Youth. (2006). *Blending and Braiding Funds and Resources: The Intermediary as Facilitator*. Washington, DC: Author. Retrieved from http://www.ncwd-youth.info/assets/info_briefs/infobrief_issue18.pdf on July 15, 2010.

Osher, D. (2002). Creating comprehensive and collaborative systems. *Journal of Child and Family Studies, 11*(1), 91–99.

The President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America* (Final Report, DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Department of Health and Human Services. Retrieved from http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf on July 15, 2010.

Shufelt, J., & Cocozza, 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. Retrieved from http://www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf on July 15, 2010.

Skowyra, K., & Cocozza, J. (2007). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from http://www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf on July 15, 2010.

Substance Abuse and Mental Health Services Administration. (2005). *Transforming mental health care in America. The Federal Action Agenda: First steps.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. (2010). Justice and Mental Health Collaboration Project. Retrieved from http://www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html on July 15, 2010.

Wasserman, G., McReynolds, L., Ko, S., Katz, L., Cauffman, E., Haxton, W., et al. (2004). Screening for emergent risk and service needs among incarcerated youth: Comparing MAYSI-2 and Voice DISC-IV. *Journal of the American Academy of Adolescent Psychiatry, 43,* 629–639.