The Juvenile Justice Cross-Systems Mapping Workshop

Final Report

Taunton, Massachusetts

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Submitted by

The National Center for Mental Health and Juvenile Justice,
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Juvenile Justice Cross-Systems Mapping Workshop

Section 1: Overview

Introduction

The National Center for Mental Health and Juvenile Justice (NCMHJJ) was invited to Taunton, Massachusetts to conduct a Juvenile Cross-Systems Mapping Workshop for a multi-disciplinary group of stakeholders representing the various points of contact in Taunton's juvenile justice system. The workshop was focused on providing technical assistance, as part of the Policy Academy-Action Network Initiative, to these Taunton stakeholders in support of their efforts to improve responses to youth with mental health and/or substance use needs (*hereafter referred to as behavioral health*) who come into contact with Taunton's juvenile justice system.

The workshop, which was held on May 21, 2015, represented the culmination of months of planning and preliminary technical assistance work, which included telephone interviews with key stakeholders, the collection and review of information regarding Taunton's juvenile justice system, behavioral health system, and school system. The workshop also included the development of a preliminary systems map. The workshop's structure was modeled on NCMHJJ's monograph '*Blueprint for Change: A Comprehensive Model for the identification and Treatment of Youth with Mental Health needs in Contact with the Juvenile Justice System*' (the "Blueprint"). The purpose of the workshop was to:

- Develop a map of the county's juvenile justice system;
- Identify barriers, gaps and opportunities for improving the county's response to justice-involved youth in need of behavioral health services; and
- Develop a preliminary strategic action plan to address priority areas for change.

The workshop was sponsored by the Juvenile Justice-Behavioral Health Policy Academy/Action Network Core team (consisting of representation from the Departments of Mental Health, Public Health, Youth Services, Children and Families, as well as the office for the Children's Behavioral Health Initiative, Administrative Office of the Juvenile Court, the Office of the Commissioner of Probation, and the Parent Information Network) and was hosted representatives from the Taunton school system in Taunton High School. Fifty-four stakeholders, representing state agencies, law enforcement, probation, courts, public defenders, the local District Attorney's office, behavioral health providers, family services, schools and community-based agencies, were represented at the day-long workshop. A preliminary map, developed prior to the workshop, was used as a starting point for discussions. Workshop participants provided feedback on the map and were given an opportunity to discuss the challenges and opportunities associated with the provision of mental health and substance abuse services to justice-involved youth at each of the following intercepts: initial contact; intake; detention; judicial processing; disposition; and re-entry. After developing a list of gaps, workshop participants prioritized this list, setting the stage for the development of a preliminary strategic plan for addressing those gaps deemed most important.

This report provides a detailed summary of the events of the workshop and includes a draft strategic plan based on the discussions and results of this session. The report is divided into the following five sections:

- Section 1: Overview
- Section 2: Systems Map
- Section 3: Self-Assessment
- Section 4: Strategic Plan
- Section 5: Conclusions

The NCMHJJ Blueprint for Change

The Juvenile Cross-Systems Mapping process is based on NCMHJJ's 'Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System.' The Blueprint was produced by NCMHJJ in partnership with the Council of Juvenile Correctional Administrators (CJCA) through a grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). It represents four years of work formulating a conceptual and practical framework for juvenile justice and behavioral health administrators to use when developing strategies, policies, and services to improve the response to youth involved with the juvenile justice system who have behavioral health needs. The Blueprint has been successfully applied in a number of states and localities and continues to serve as an effective model for systems change around these issues.

The Blueprint is organized by a series of Underlying Principles which guide all efforts to improve the coordination and delivery of behavioral health screening, assessment, and treatment for youth in contact with the juvenile justice system. From these principles, four Cornerstones form the Blueprint's infrastructure and provide a framework for putting the principles into practice. They reflect the most critical areas for improvement to enhance the delivery of behavioral health services to youth in contact with the juvenile justice system and include:

1) **Collaboration**

   The need for improved collaboration between the juvenile justice and behavioral health systems

2) **Identification**

   The need for improved and systematic strategies for identification of behavioral health needs among youth in contact with the juvenile justice system

3) **Diversion**

   The need for more opportunities for youth to be appropriately diverted into effective community-based behavioral health treatment

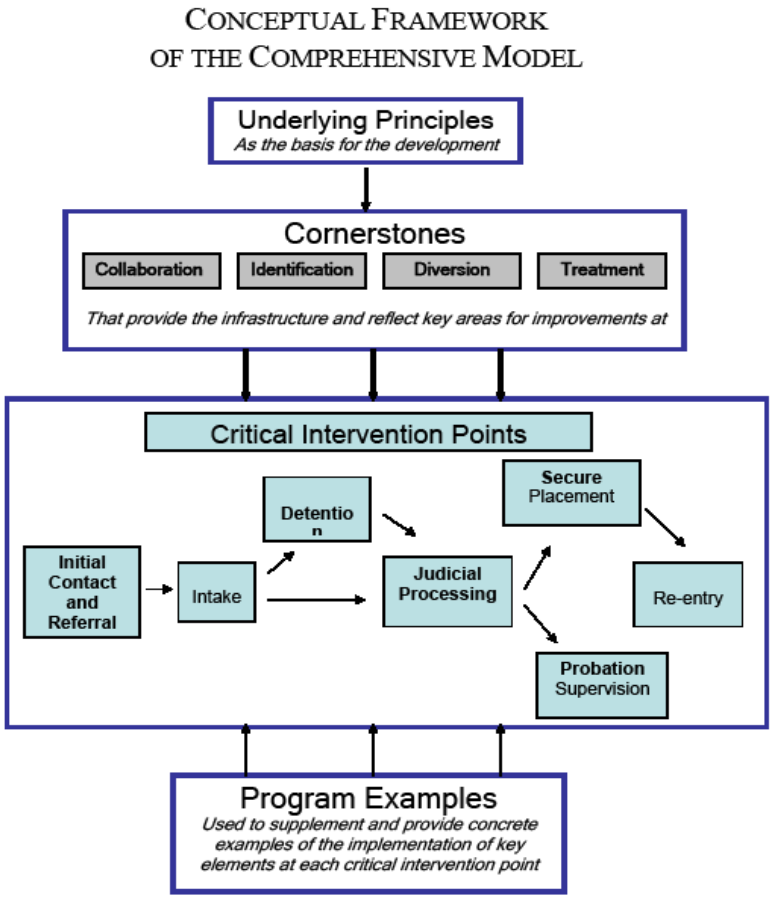
4) **Treatment**

   The need for youth in contact with the juvenile justice system to have access to effective treatment to meet their needs

These Cornerstones were juxtaposed against Critical Intervention Points within the juvenile justice continuum that present opportunities to improve aspects of collaboration, identification, diversion and treatment strategies for youth with behavioral health needs. By cross-referencing the Cornerstones against the Critical Intervention Points, the Blueprint offers a comprehensive approach to improving behavioral health identification and treatment across the entire continuum. It also illustrates opportunities to consider how improvements can be made in smaller, incremental steps, for instance within detention settings or as a part of a plan to improve aftercare services for all youth leaving juvenile correctional placement. In essence, the Blueprint offers a framework to better address behavioral health issues within the juvenile justice system as a whole, offering communities a plan for re-tooling the entire system.

At the same time, the Blueprint compartmentalizes the system into discrete points of contact allowing communities to consider strengths and gaps within their local systems and to implement individual components of the Blueprint to improve their system overall. The conceptual framework of the Blueprint is depicted in Figure 1 below:

Figure 1: Conceptual Framework of the Comprehensive Model



*Overview of Juvenile **Cross-Systems** Mapping Workshop*

The NCMHJJ was invited to facilitate a Juvenile Justice Cross-Systems Mapping Workshop with a multi-disciplinary group of individuals representing different points of contact within the Taunton juvenile justice system. This workshop was supported by the NCMHJJ through Massachusetts' participation in the Policy Academy-Action Network Initiative. This workshop is one of several efforts underway in Taunton to improve behavioral health services to justice-involved youth.

In preparation for the day-long workshop, telephone conferences were conducted and a preliminary map of the juvenile justice system in Taunton was developed. The preliminary map was used as a starting point for discussing system and service-level gaps and opportunities for improving the juvenile justice system's response to youth with behavioral health needs during the workshop. The ultimate goal of the workshop was to develop a preliminary strategic action plan to address priority areas for change.

The workshop was facilitated by the following NCMHJJ staff: Karli Keator, Juvenile Justice Division Director, and Travis Parker, Senior Project Associate. Stakeholders from behavioral health, human services, probation, the judiciary, legal communities, community-based agencies, law enforcement,

schools, family services, detention, courts, and primary health care providers attended the workshop. The agenda and complete list of participants can be found in Appendices A and B.

The technical assistance provided by the NCMHJJ as part of the Juvenile Justice Cross-Systems Mapping Workshop included three separate tracks of activity, each designed to move the workshop participants towards developing a plan of action while simultaneously building support for the implementation of that plan.

- **Systems Mapping.** To identify existing services and gaps at critical points along the juvenile justice continuum, the workshop incorporated a juvenile justice system mapping exercise. The mapping exercise has three primary objectives:
  1. The development of a comprehensive representation of how juveniles flow through the Taunton, MA juvenile justice system at four Critical Intervention Points:

- Initial Contact
- Clerk's Review
- Judicial Processing
- Dispositions

  2. The identification of gaps, resources, and opportunities at each intervention point for juveniles with mental illness in contact with the juvenile justice system
  3. The development of priority areas for activities designed to improve system and service level responses to justice-involved youth with mental illness in contact with the juvenile justice system

Participants provided input on a preliminary map developed prior to the workshop. The resulting map represents a comprehensive flow chart depiction of how youth are served at the different points of contact in Taunton's juvenile justice system.

Section 2: Taunton Cross-Systems Map

Description of Mapping Process

The Juvenile Cross-Systems Map is a visual representation of the juvenile justice system at the following critical intervention points:

- Initial Contact
- Clerk's Review
- Judicial Processing
- Disposition

The purpose of the mapping exercise is to examine how youth, and in particular youth with mental health and substance use disorders, move through the critical intervention points in an effort to identify resources, gaps, and opportunities. The Taunton, MA Juvenile Cross-Systems Map that follows was developed in stages. Prior to and in preparation for the day-long workshop, interviews were conducted with five key stakeholders representing: Taunton Courts; Probation; Detention; and the Taunton Police Department and Schools. Pre-workshop information was also obtained through a 40-item survey administered by the NCMHJJ. There were 39 survey respondents who provided information on the types of services their agency provides, the extent to which the agency works with justice-involved youth, the capacity of the agency to work with youth and provide mental health and/ or substance abuse treatment or services, and the types of screening and assessment tools utilized within their agency.

The information gleaned from stakeholder interviews and survey analyses informed the facilitators' understanding of Taunton's juvenile justice and behavioral health systems and permitted the development of a preliminary map for discussion during the workshop. During the mapping exercise, workshop participants were asked to provide feedback on the existing gaps, resources and opportunities at each of the critical intervention points. The exchange that ensued was the launching point for the discussions leading to the development of a strategic plan of action for addressing priority areas for change.

Taunton, MA Map

The final Taunton, MA map can be seen on the following page:

Taunton, MA

PIN: Parents Information Network

A resource package for parents

Family Partners: parents who have/had a child with behavioral health problems partner with other parents going through the same experiences

Mental Health, SA Diversion

No arrest. Parents notified

INITIAL CONTACT

No PC. Released

Police Officers

110 Officers

75% CIT Training – 14 hours each

Misdemeanor

See Magistrate for PC Hearing

PC

Clerk's Review

Pre-arraignment

*Screening JPAST risk screen

Felony

See Judge for Paper Review

CLERK'S REVIEW

1st & low-level crime diverted to DA Program

JUDICIAL PROCESSING

School Resource Officers (SRO's)

2 in the public high school

Handle truant kids

- Specialized guidance and school counselors
- School-court collab – discuss CRA communication
- School-JJ case conference
- Youth CCIT – Community CIT – School, Family
- CCBC Counselors drop off number that can call
- CBHI services respond within 45 min

Plead out/Dismissal

Continue case "without finding"

JBAPT

Refer to CDHI

Child found "Not Delinquent"

Competency Evaluation

Arraignment

Trial

DISPOSITIONS

Bail warning

Child found "Delinquent"

File Case

Detained if family cannot pay bail

DA request bail

Probation (Counseling)

Suspended Sentence

Commitment/Detention

Released if family can pay bail or find bondsman

Taunton, MA Systems Map Narrative

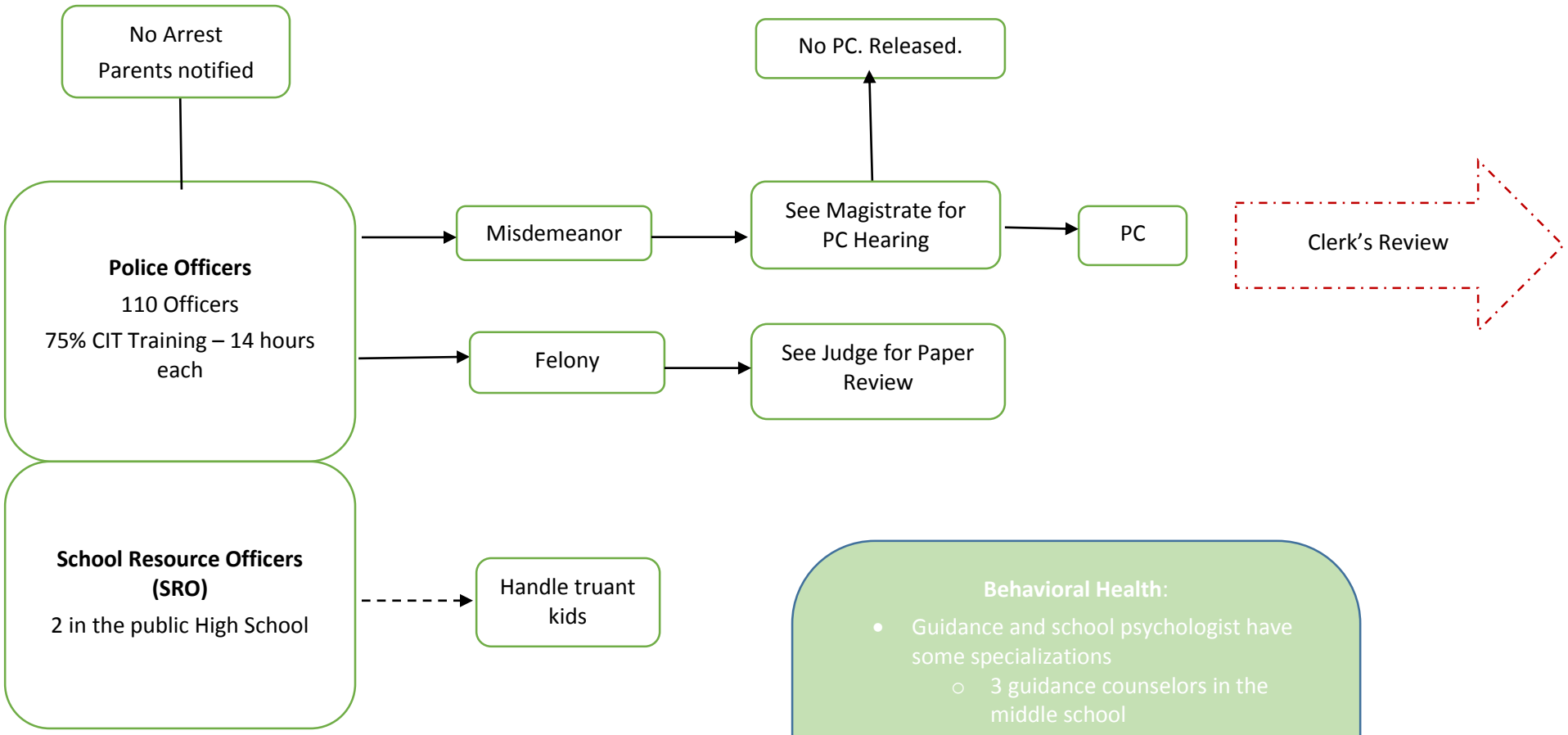
Intercept 1: Initial Contact

As illustrated on the following page, the typical point of entry into Taunton's juvenile justice system is through contact with law enforcement. Police officers may encounter youth while on patrol or following a dispatch call. Youth may also come into contact with the system through an outstanding court warrant, at the request of their parent or guardian, or following a referral from a School Resource Officer (SRO).

Once contact has occurred, youth face a variety of possible consequences and interventions, depending on the type of offense committed (misdemeanor, felony, status offense), and whether or not it is their first offense or a repeat offense. The level of cooperation the youth exhibits with the officer, and whether or not the youth is in the midst of a mental health or substance use crisis may impact the next steps. Following contact, police officers have a number of options available to them including:

- **Non-Arrest**: Youth can be given a verbal warning before being released to their parent or guardian, with or without recommendations for services. Police officers may also issue a warrant and order the youth in to Court or summon the youth to appear in front of a Magistrate for a Probable Cause hearing. If no probable cause is found, the youth will be released. If probable cause is found, the youth must move on to the clerk's review. Youth who are truant may be returned to school. School Resource Officers may also appear at the child's home and discuss the well-being and behavior of the child with his/her guardian(s).
- **Arrest**: After law enforcement has taken a youth into custody, the parents are notified and, in many cases, the youth is released to their parent or guardian. If the youth has committed a felony, they must immediately appear before a judge for a paper review.
- **Crisis**: When police come into contact with a youth who is in the midst of a mental health crisis or under the influence of alcohol or drugs, the youth may be taken to an emergency room/ hospital for treatment and/or observation if they have private insurance. If the youth has MassHealth insurance, CBHI services are available. About 96% of the time, mobile crisis will respond within 45 minutes to wherever the youth is located.

Initial Contact



Behavioral Health:

- Guidance and school psychologist have some specializations
  - 3 guidance counselors in the middle school
- School-Court collab – discuss CRA communication
- School-JJ case conference
- Youth CCIT – Community CIT – School, Family
- CCBC Counselors drop off number that can call
- CBHI services respond within 45 min in a crisis situation

Intercept 2: Clerk's Review

The clerk's review process in Taunton, MA is illustrated on the following page.

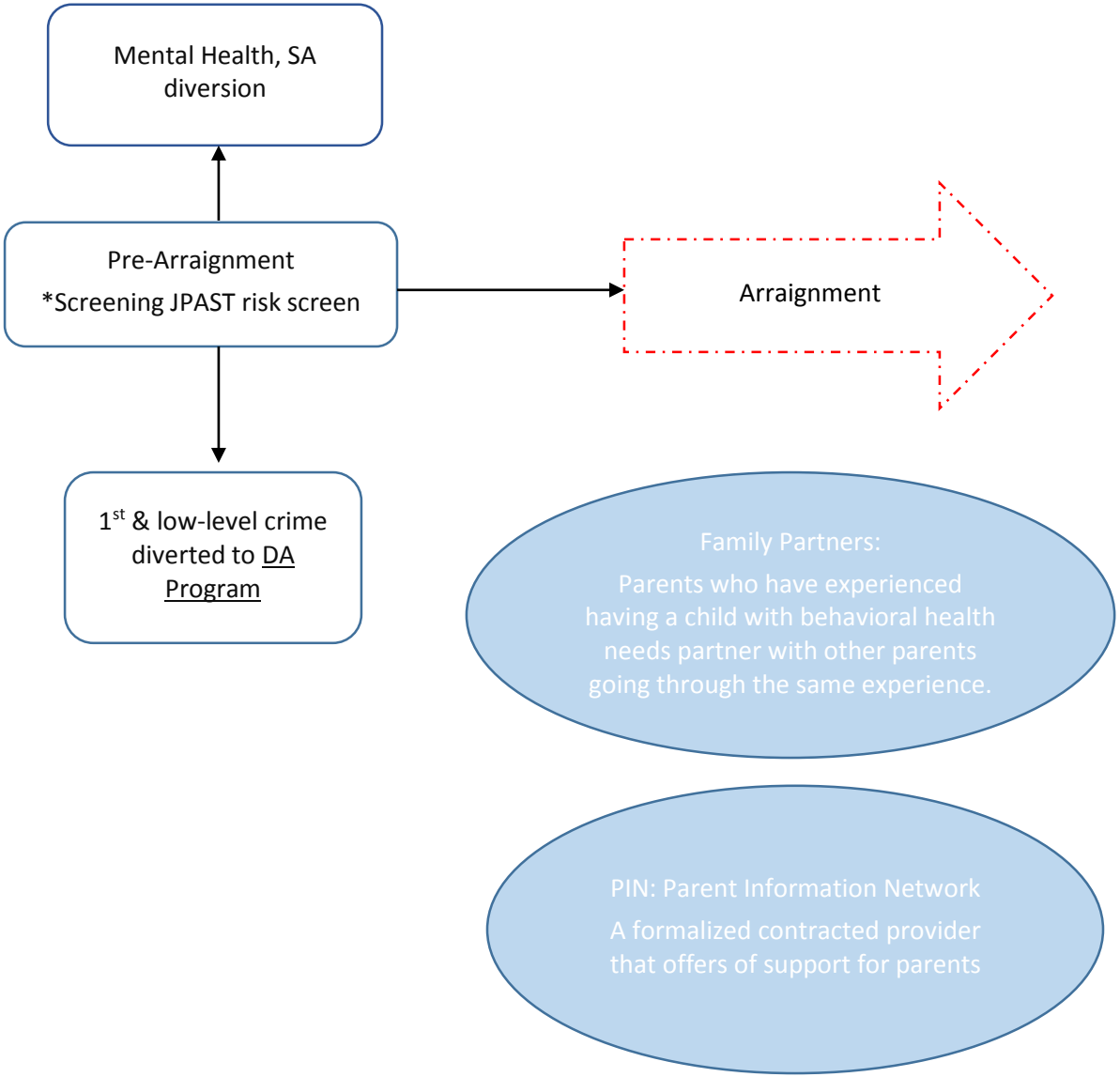
Once probable cause has been established, a youth proceeds to a pre-arraignment hearing. Here, the youth is screened for failure to appear using the JPAST. There are two opportunities for diversion during pre-arraignment:

- Behavioral Health Diversion
- If the crime committed was a first offense and a low-level offense, the youth can be diverted into one of the District Attorney's diversion programs

If the juvenile does not qualify for one of these diversion opportunities, he or she will move on to arraignment. When officially arraigned, the child must see a probation officer. At this point in the system, counsel is appointed and the juvenile justice record officially begins.

Beginning at the clerk's review, two resources are available for families to inform and assist them in the child's judicial process. They are the Parents Information network (PIN) and Family Partners.

Clerk's Review



Intercept 3: Judicial Processing

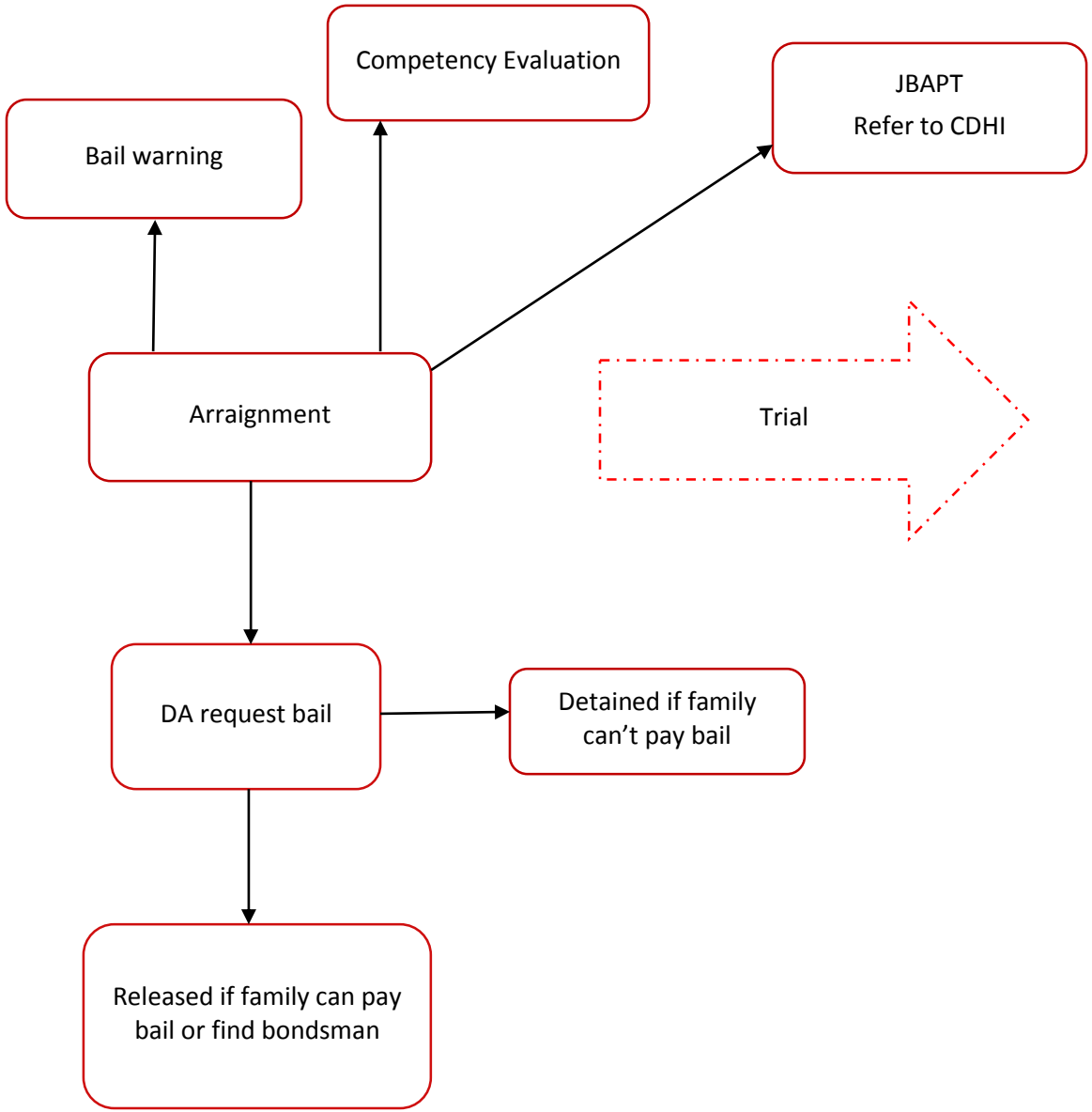
The judicial process in Taunton, MA is illustrated on the following page.

Upon arraignment, there are three possible opportunities for diversion:

- The child may be released on a bail warning
  - A bail warning releases the child from custody. If the child violates the conditions of bail, he or she will be committed to a DYS facility. If the child adheres to the conditions, the charges will be dropped.
- A competency evaluation is available pre-adjudication
- JJ-BHAPP screening – refer child to CBHI services

In addition, the District Attorney has the option to request bail. If the family is able to pay the bail or find a bondsman, the juvenile is released pending the next court date. If the family cannot pay the bail, the juvenile will be detained pending the next court date, and will remain physically separated from those sentenced to detention.

Judicial Processing



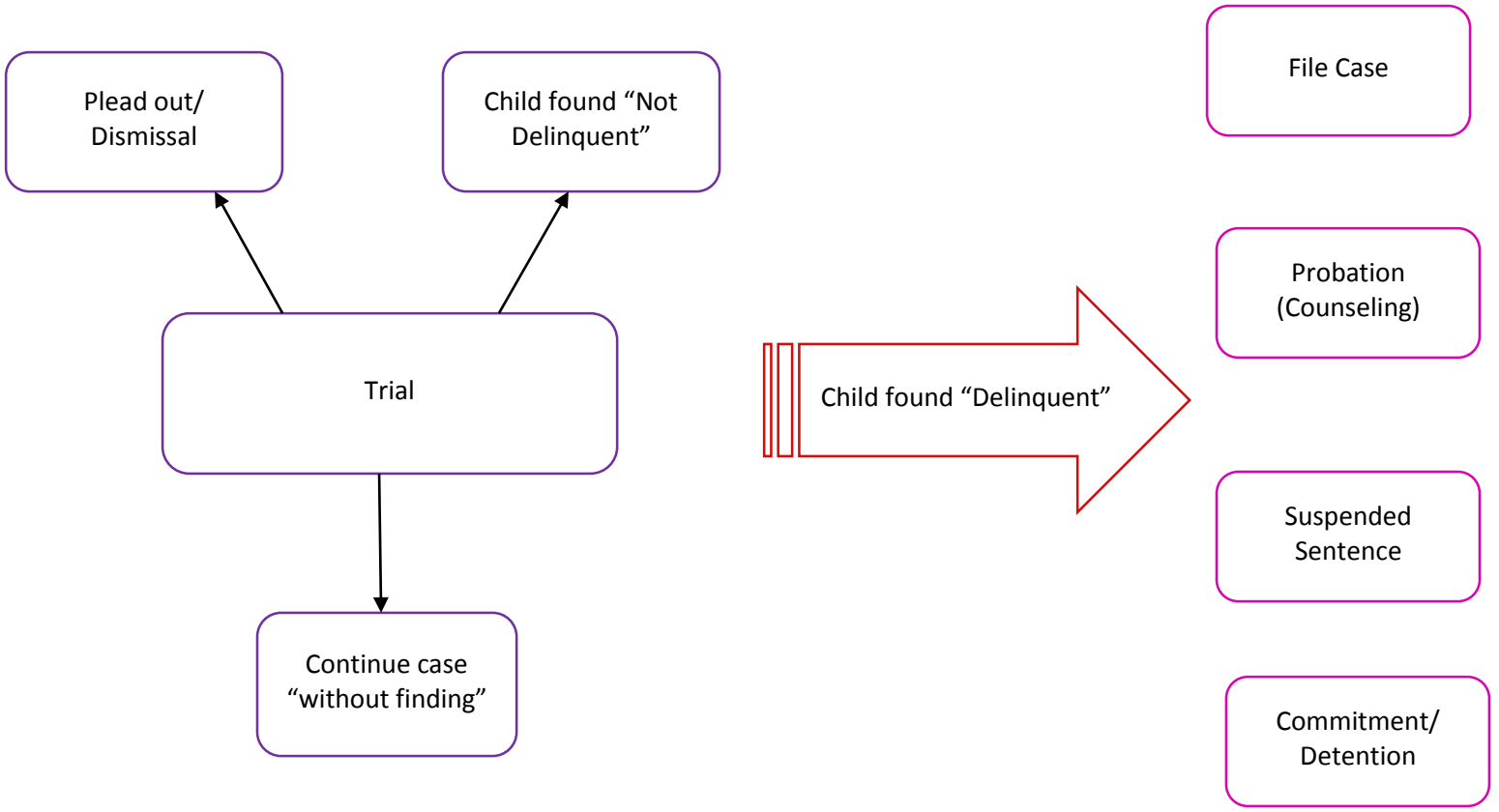
Intercept 4: Dispositions

The dispositional process in Taunton, MA is illustrated on the following page.

The child may choose to plead out, or to continue with a trial. If the child chooses a trial, the judge has four findings to choose from. The child can be found "not delinquent," and he or she will be released. The charges can be dismissed. The judge may decide to "continue without finding" which places the juvenile on probation for a set period of time. If the juvenile does not violate the conditions of probation during this time, the charges will be dropped. The judge may also find the child delinquent. There are four possible dispositions if the child is found delinquent:

- File case
  - The case is put on hold for a set period of time. If the child violates the conditions of this disposition during that time, the court may open both cases and continue with proceedings.
- Probation (counseling)
  - The child remains at home and reports periodically to his/her probation officer. Conditions of probation often include counseling.
- Suspended sentence
  - The child is sentenced to a DYS facility, but the judge chooses to suspend the sentence for a certain period of time, so the child is not committed to the facility. If the child violates conditions, suspension is revoked and the child must then be committed to the facility. This is often coupled with probation.
- Committed
  - The child is sentenced to a DYS facility.

Dispositions



Section 3: Gaps and Opportunities

After moving through the map of each intercept point, the workshop participants were asked to list several gaps and opportunities they noticed were present in each of those intercept points. This list provides an understanding of the gaps in the system, as well as the opportunities for diversion:

Initial Contact

Gaps	Opportunities
➢ Probation Officer used to be at Taunton H.S. Lost one P.O. – County staffed at 6990 ➢ Middle Schools don't have SRO presence – court outreach, prevention, education Other local law enforcement has not received CCIT Training – Bristol County ➢ More services available for youth with MassHealth (CBHI services) vs. those without ➢ Some officers do not believe in diversion for youth with behavioral health disorders ➢ Lack of parental awareness and understanding of the need for good quality crisis assessment and where to get it. Crisis + Trauma ➢ Lack of parental acknowledgement that their child is in crisis – stigma	➢ More diversion happening from schools as a result of SROs and increased communication ➢ Good relationship between law enforcement and schools ➢ Catholic school, vocational school, Taunton H.S. ➢ Open Circles groups – used grant to bring in 3 behavioral health counselors ➢ Good partnerships and planning for youth across multiple local and state partners (case conferences) ➢ Youth Community Crisis Intervention Team ➢ Crisis Unit will come on scene (CCBC). Respond within 45 min ➢ 4 hr block in-service; 14 hr block pre-service – MH training for law enforcement ➢ CBHI teams up with law enforcement and educates parents ➢ Close to 1/3 of youth statewide have MassHealth ➢ Courts: over 88% of youth have MassHealth ➢ Over 80% BSAS youth have MassHealth ➢ BH screenings for well child visits for youth with MassHealth ➢ CBHI services try to understand parents' perspective ➢ Family partners employed in CBHI services ➢ Child Trauma Training Center - UMass

Clerk's Review

Gaps	Opportunities
➢ Family Resource Center not available in Taunton. Funding is sporadic at this point ➢ No formal diversion at this intercept for youth with behavioral health needs ➢ Not guided by research-based BH screenings and risk assessment tools	➢ FRC – will have MH clinics available regardless of insurance ➢ Diversion opportunities at clerk's hearings (informal)

Judicial Processing

Gaps	Opportunities
➢ Lack of Court Triage Unit – Taunton DCF, Schools ➢ Schools have resource needs to get someone to the court for Court Triage Unit ➢ DCF needs resources as well ➢ They would need to be in court all day	➢ DA office has a pre-arraignment diversion program ➢ Taunton will have mini-teams within the schools to discuss and plan for youth going to court ➢ Abatement or "stop gap"
At Arraignment:	
➢ Judges do not have much information at arraignment ➢ Defense counsel does not always get to speak to youth and family prior to arraignment – This might increase opportunities for diversion ➢ Prior to arraignment there are not currently formal screenings for BH issues ➢ Only a subset of youth after arraignment will get the MAYSI and be eligible for BHAPP. This affects negotiation ➢ Need local SA services for youth ➢ Groups that are youth focused ➢ High request for groups, but low demand – transportation is an issue ➢ Not much available for youth with autism ➢ 68A evals are only available post-adjudication ➢ Young people can be detained for up to 30 days to complete 68A evals ➢ Some youth stay in detention awaiting a hospital bed	➢ Probation meets with youth/families for 20-30 minutes prior to arraignment – gathers info ➢ MAYSI for youth involved in JJBAP ➢ Recent change in P.A. ➢ CBHI will connect youth diverted through probation services ➢ Parent Information Network (PIN) ➢ PIN educates and informs families on JJ system and BH needs ➢ Family Partners – connect to resources, advocacy, educate, support parents, link and support youth ➢ Partners with DPH for youth with medical issues and BH

Dispositions

Gaps	Opportunities
➢ No organized diversion at point of disposition ➢ Services in detention – youth are sitting there waiting for services with little information given to them about processes ➢ Limited BH services in detention ➢ Detention can aid in re-linking youth to services but discharge planning to new services is not done ➢ DYS not an intervention point – holding for next trial/court date ➢ Probation not notified of disposition conditions for youth ➢ Ask agencies to come in to do screenings/crisis services (DYS), but DYS cannot do it themselves	➢ Probation can supervise – informal diversion ➢ Crisis team comes to detention – possible hospitalization ➢ Crisis team has meds, evals, individual counseling, psychological education, S.A., and DBT groups ➢ MAYSI for all youth in detention ➢ DYS: half of youth detained awaiting probation violations – can something (treatment) be offered to them?

Additional gaps

- Treatment court – groups with a youth focus, Intensive Outpatient, things to do during the day, and transportation
- No designated ADA
- Children in need of therapeutic summer programs
- Resource directory
- Integrated co-occurring treatment
- Professional access of kids in schools
- Only one community based service – meet kids in community
- Evaluation results are not shared with cross-system partners

Section 4: Self-Assessment

In addition to service-level gaps, the Juvenile Justice Cross-Systems Mapping Workshop is designed to identify systems-level gaps. To aid in the process of prioritizing areas for change, workshop participants were asked to complete a Self-Assessment Survey. This survey allowed individuals, regardless of system affiliation, to score Taunton, MA in several areas pertaining to collaboration efforts, identification of behavioral health issues through screening and assessment, opportunities for diversion, and access to treatment. Participants were asked to rate the extent to which they agreed with a set of statements about Taunton's response to justice-involved youth with behavioral health needs, organized by the Blueprint's four Cornerstones. The statements reflect the Blueprint's recommendations for a model system. The assessment scale ranged from "Strongly Disagree" to "Strongly Agree." Options for "Not Applicable" and "Don't Know" were also available.

The Self-Assessment Survey results were collected and analyzed prior to the workshop. Those results were then used as the starting point for a discussion of the systems-level gaps and opportunities for change in Taunton, MA.

The following chart displays the average overall scores given by respondents for each Cornerstone. The results reveal important indicators of the attitude or perception of the group, which includes important stakeholders among the various agencies and departments serving justice-involved youth in Taunton. A total of 39 stakeholders completed a Self-Assessment Survey. Individual item means are provided in **Appendix C.**

Self-Assessment Survey Results and Key Findings

	1. Collaboration Score	2. Identification Score	3. Diversion Score	4. Treatment Score
Mean	2.86	2.64	2.54	2.63

What these self-assessment numbers suggest is that the stakeholders involved in the workshop thought that overall, the system was not functioning significantly poorly on any Cornerstone issue. However, it is evident that the stakeholders were noticeably less confident in the Diversion and Treatment aspects of Taunton's juvenile justice system than the collaboration and identification aspect.

The Self-Assessment Surveys were further analyzed to reveal topic areas within each of the four Cornerstones with notably high or low scores. The four Cornerstones include: Collaboration, Identification, Diversion and Treatment. Collaboration refers to the need for improved collaboration between the juvenile justice and behavioral health systems. Identification represents the need for improved and systematic strategies for identification of behavioral health needs among youth in contact with the juvenile justice system. Diversion speaks to a call for more opportunities for youth to be appropriately diverted into effective community-based behavioral health treatment. Finally, Treatment recognizes the need for youth in contact with the juvenile justice system to have access to effective services and supports to meet their needs.

The survey questions and average scores are included in **Appendix C**. The following key results from these data were found:

Cornerstone 1: Collaboration

The Collaboration Scale included eleven items meant to assess the degree to which collaboration exists between the juvenile justice and behavioral health systems.

Highest Scores:

- Item 1.1: There is cross-system recognition that many youth involved with the juvenile justice system are experiencing significant behavioral health problems, and that responsibility for effectively responding to these youth lies with both the behavioral health and juvenile justice systems. (Avg. Score=3.54)
- Item 1.2: The juvenile justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of identification and service problems at each stage of justice processing. This might include legislation, blended funding streams, interagency taskforces or case management teams. (Avg. Score=3.19)

There was consensus that the juvenile justice and behavioral health systems recognize that many youth in the juvenile justice system are experiencing significant behavioral health problems. Similarly, respondents felt the two systems are currently engaged in collaborative planning efforts to improve identification and services for the target population. This is promising because it suggests that stakeholders believe there is recognition of the problems and some efforts have begun to address them.

Lowest Scores:

- Item 1.9: Through collaborative efforts, behavioral health services are easily accessed at every point of contact with the juvenile justice system. (Avg. Score=2.14)
- Item 1.10: The juvenile justice and behavioral health systems evaluate any program or service delivery strategy (serving their youth population) for efficacy and demonstrated effectiveness. (Avg. Score=2.4)

The lowest score highlighted a lack of collaborative effort between the behavioral health and the juvenile justice systems to assure that youth have the opportunity to be assessed at every point of contact and failure to evaluate programs or service delivery strategies serving youth populations for effectiveness and demonstrated efficacy. The lack of services at the early levels of contact with the justice system was a recurring concern during the workshop. These responses highlight concerns that youth often have to penetrate deeply into the system before appropriate services are available. Item 1.10 also addresses that many programs continue to be suggested without significant assessment of their efficacy or appropriateness.

Cornerstone 2: Identification

This ten-item scale assessed the participants' perspective on whether systematic strategies for identification of behavioral health needs among youth in contact with the juvenile justice system were being utilized.

Highest Scores:

- Item 2.8: Prescreen information is never used in any way that might jeopardize a minor's legal interests. (Avg. Score=3.17)
- Item 2.7: Screening and assessments are only administered by appropriately trained staff. (Avg. Score=3.05)

The highest scoring items supported the premises that screening and assessments are only administered by appropriately trained staff and are not used in any way that may jeopardize the minor's legal rights.

These items collectively speak to the system's response on the need for screening of youth. Respondents supported the premise that organizations are appropriately attending to the need for valid instruments and are thoughtful and deliberate about how to use information acquired in screens.

Lowest Scores:

- Item 2.10: Screening and assessment instruments that have been adapted and tested for cultural competency, gender differences, and language accessibility were selected and implemented. (Avg. Score=2.18)
- Item 2.1: At each point of contact with the juvenile justice system, youth are systematically screened for behavioral health needs. This includes the earliest point of contact such as school resource officers, family requests to the court for TDOs, or initial police contact. (Avg. Score=2.19)

The lowest scoring items suggest that behavioral health assessments are not properly adaptable to the different populations of justice-involved youth, and these assessments are not administered at every point of contact.

Cornerstone 3: Diversion

Diversion is a seven-item scale that measures the degree to which participants believe there was a need for more opportunities for youth to be appropriately diverted into effective community-based behavioral health treatment.

Highest Scores:

- Item 3.3: There are effective community based services and programs available to service youth who are diverted into treatment. (Avg. Score=2.96)
- Item 3.1: There are procedures in place to identify youth who may be eligible for diversion. (Avg. Score=2.84)

The scores on these two items reflect that in general, opportunities exist to divert youth whose behavioral health needs are identified from the juvenile justice system in Taunton. Furthermore, effective services and programs seem to be available within the community for youth who are in need of treatment.

Lowest Scores:

- Item 3.4: Diversion mechanisms are in place at virtually every key decision making point within the juvenile justice processing continuum (i.e., pre-adjudication diversion and post-adjudication diversion). (Avg. Score=2.17)
- Item 3.5: There are diversion programs in use that offer alternatives to traditional incarceration for serious offenders with behavioral health needs. (Avg. Score=2.25)

The lowest scoring item in this section related to whether diversion programs exist at every key decision-making point in the system. This item highlights the fact that even though diversion programs exist, there are points in the system where those programs are available and others where youth are not being properly diverted. In addition, the Self-Assessment Survey results indicate that there may be certain populations of youth with behavioral health needs for whom diversion options do not exist. Participants at the workshop discussed how to achieve a system with "no wrong door" so that youth will always reach the proper settings and receive the appropriate services.

Cornerstone 4: Treatment

Treatment is a nine-item scale that reflects whether youth in contact with the juvenile justice system have adequate access to effective treatment to meet their needs.

Highest Scores:

- Item 4.4: Qualified behavioral health staff, employed by juvenile justice or under contract through the behavioral health system, provide the behavioral health treatment to youth in the juvenile justice system. (Avg. Score=3.0)
- There are gender specific services and programs for girls involved with the juvenile justice system. (Avg. Score=2.81)

The highest scoring item in this section recognized collaboration between behavioral health and juvenile justice to provide treatment to youth with behavioral health difficulties. This response is promising because it underscores the fact that there are qualified behavioral health providers available in the system.

Lowest Scores:

- Item 4.1: Justice involved youth with behavioral health needs are always afforded access to treatment. (Avg. Score=2.28)
- Item 4.2: Regardless of setting, all behavioral health services provided are evidence-based. Evidence-based practices (EBPs) are defined as standardized and manualized interventions with demonstrated positive outcome based on repeated rigorous evaluation studies. (Avg. Score=2.39)

The lowest score emphasizes the lack of availability of behavioral health treatment. Evidence-based practices are not standardized across all settings. Families are not being properly educated on their child's behavioral health/judicial process and therefore, are not being given the opportunity to be engaged or involved in that process. These responses suggest that stakeholders should consider concentrating efforts on developing more services dedicated to educating and supporting the families of the youth, setting standard procedures for working with a child with behavioral health issues, and increasing access to treatment.

System-Level Gaps, Resources and Opportunities Identified

Using the results of the Self-Assessment Survey as the starting point, workshop participants engaged in an exercise to identify and discuss system level gaps and opportunities for change. The groups' contributions during the workshop are captured in the following charts:

Cornerstone 1: COLLABORATION **The need for improved collaboration between the juvenile justice and behavioral health systems**	
GAPS	**OPPORTUNITIES FOR CHANGE**
▪ There has been a lack of collaboration and compromise between the juvenile justice system and behavioral health services in efforts to increase access of behavioral health services to justice involved youth. ▪ The two systems do not typically evaluate the services they provide to the youth.	▪ Probation department and unions negotiate.

▪ There has been a lack of family involvement/recognition in the youth's justice and behavioral health process. ▪ Agencies have historically not taken advantage of opportunities to apply for joint funding or to blend their funding streams when feasible. ▪ Agency staff are lacking in access to cross training on co-occurring disorders which often leads to an uncoordinated effort to manage these youth.	

Cornerstone 2: IDENITIFICATION **The need for improved and systematic strategies for identification of behavioral health needs among youth in contact with the juvenile justice system**	
GAPS	**OPPORTUNITIES FOR CHANGE**
▪ Screening - Concern has been expressed that providers are not currently using screening tools to their full capacity. - Because of the variations in tools used across agencies, it appears that some organizations do not know the assessment tools used by others, which can create problems when youth move back and forth across systems. - Screening tools need to be used systematically throughout each point of contact. - Screening tools have not yet been properly adapted to fit the cultural diversity of youth in the justice system. ▪ Emergency services are only available for a select group of juveniles.	▪ Inter-agency coordination could produce a marked reduction in redundant screening and create a mechanism to train and inform staff on screens being implemented by other agencies. ▪ There is currently a state law requiring everyone working with the youth (except defense counsel) to make the judge aware of the need for behavioral health services (1927.10). However, some stakeholders feel that this law has had minimal impact on behavioral health service provision in the juvenile justice system. There is an opportunity to use this law to engage judges, DAs, parents and others to increase efforts to identify youth in need.

Cornerstone 3: DIVERSION **The need for more opportunities for youth to be appropriately diverted into effective community-based behavioral health treatment**	
GAPS	**OPPORTUNITIES FOR CHANGE**
▪ Not enough diversion opportunities are available at each decision making point. ▪ Families - Substantial consensus existed around the need to improve family engagement efforts. Currently, in many cases, parents are uninvolved in treatment efforts. Part of the reason parents are finding it difficult to get involved is the lack of a family resource center nearby for parents to bring youth	▪ Several workgroup participants recognized that the Denver system does not have a "true" diversion program, as all of the diversion programs are located within the justice system. An opportunity exists to develop a dialogue on the potential benefits of creating earlier diversion programs that sit outside of juvenile justice. PIN and Family Partners are providing high quality services for youth and family engagement. These

before delinquent incidents occur and to develop a proactive stance on their child's behavior issues. ▪ Funding - There is a need to increase the options of blending agency funding for diversion programs. Boulder, CO currently has such a model and has experienced success with it.	programs relieve the responsibility from other juvenile justice workers. ▪ As increasing cultural competence is an umbrella goal across all reform efforts, stakeholders have the opportunity to use this moment of change to invest in a long- term model to further educate staff around cultural competency.

Cornerstone 4: TREATMENT **The need for youth in contact with the juvenile justice system to have access to effective treatment to meet their needs**	
GAPS	**OPPORTUNITIES FOR CHANGE**
▪ Effective Programs - The amount of services available to youth already in the system is very scarce to begin with. - Individual counseling is one of the few services available to justice involved youth. ▪ There are a lack of effective re-entry programs for youth. ▪ Gender/Trauma - The current options for gender-specific treatments are inconsistently implemented, leaving female youth without appropriate intervention options. - The current options for trauma-oriented interventions are limited and not well-validated. ▪ Cultural Competence - Across the entire treatment system, the level of cultural competence of service providers does not meet expectations.	▪ DMC - It is known that most of the minority youth in the deepest level of the juvenile justice system likely have behavioral health issues. Therefore, with better access to behavioral health services for these youth, there is an opportunity to decrease the number of minority youth who penetrate deep into the system due to unmanaged behavioral health issues. - There was discussion about a free shuttle from Taunton to other counties for families who require treatment but do not have the means for transportation. ▪ Gender/Trauma Specific Interventions - The questions about access and treatment fidelity for gender specific and trauma-focused interventions provides a moment to review and re-conceptualize the model to determine how to better serve these populations.

Section 5: Strategic Plan

Selection of Priorities for Change

Following the completion of the mapping process and Self-Assessment Survey, the training facilitators reviewed the list of potential areas for change, and narrowed that initial list down to a manageable number of priorities through a voting process. The participants were asked to identify which areas deserved the most attention using three different colored dots: red, orange and green. Red signified each individual's top priority, orange signified their second priority, and green signified their third priority. Each participant received one dot of each color.

After all participants had cast their vote for their top priorities, the facilitators calculated the votes and based on the results, the participants selected the following four top priority areas for change:

1. Behavioral health screening should be done earlier in the process
2. Increase the amount of services for non-MassHealth kids
3. Cross-training and collaboration
4. Increase amount of resources/services available for young people during the day (Intensive Outpatient Treatment, sports, vocational, etc.)

The participants were split into four groups, each focusing on one of the four priority areas. They listed the specific objectives of that particular priority, steps that should be taken to ensure the execution of this action plan, what people or group(s) should be responsible for following through with the action plan, and when this plan will be completed.

Strategic Plan

The following Action Plan chart represents the four overarching priority areas that were chosen. The chart is broken down into multiple objectives with a description of the action steps, as well as the designation of a lead person for overseeing and coordinating the effort(s).

Priority Area 1: Behavioral Health Screening Earlier in the Process & MOU to Protect Confidentiality				
	Objective	**Action Steps**	**Who**	**When**
1.1	▪ Answer key questions: What early point? Who? ▪ Explore possibility of police and/or community provider role	▪ Talk to Probation ▪ Talk to DA		
1.2	▪ Explore possibility of ALPS role for domestics	▪ Find out if they are doing MAYSI		
1.3	▪ Explore court role pre-arraignment	▪ Educate probation ▪ Look for alternate, low-cost resource to administer MAYSI (court clinic)		
1.4	▪ Ways to protect confidentiality	▪ Talk to Bridgewater State University to identify interns		

Priority Area 2: Identify Services for non-MassHealth kids				
	Objective	**Action Steps**	**Who**	**When**
2.1	▪ Increase commercial insurance accountability. The services they say they offer aren't available	▪ Advocate with: ▪ ABH (Associates for Behavioral Health) ▪ Mass insurance Com ▪ Research advocacy groups ▪ Get hard data about money saved with CBHI to share with commercial insurance. ▪ MCE's meet with commercial insurances to share CBHI successes.	▪ Legislature and insurance commission ▪ Aimee ▪ Susan ▪ (ask this whole group) ▪ Lorna, Kelly, Lauren ▪ Susan & MBHP	▪ Next week and ongoing
2.2	▪ What is already available?; How do families access?	▪ Increase community awareness ▪ ***DMH eligibility ▪ List of providers for insurance companies (website) ▪ DCF may have resources ▪ Re-instate a state agency/inter-agency problem solving/brain storming team. ▪ Assist families with accessing MassHealth as secondary. ▪ Ensure private practitioners know about DMH resources (South Shore Coalition of Independent Therapists) ▪ Ask Rachel Davis to add DMH eligibility to website	▪ Deryk ▪ David ▪ Lauren & Kelly ▪ Lauren & Kelly – Lorna ▪ Lauren	▪ Next week and ongoing

Priority Area 3: Cross-training and Collaboration				
	Objective	**Action Steps**	**Who**	**When**
3.1	▪ Training re: ▪ Court process – handouts/flow charts	▪ Regular meetings/trainings ▪ Formal trainings: Police; Edu; Tx	▪ CCIT	▪ Monthly, 1 hour: adult meeting & youth meeting
3.2	▪ Understanding roles of community resources ▪ Clarification of systems: ▪ DCF ▪ Schools ▪ DMH ▪ Find responsibilities and limitations	▪ Site visits/shadowing ▪ Needs assessment/Community Resource Mapping	▪ System of Care meetings	▪ Monthly meetings
3.3	▪ Identify players and roles	▪ Provide written information ▪ Tools/flow charts ▪ Handouts ▪ Workbooks		
3.4	▪ Understanding of roles available	▪ Identify financial resources		
3.5	▪ Who needs cross-training? ▪ Players ▪ Peer-peer ▪ Juvenile-judicial			

Priority Area 4: Resources for Young People During the Day				
	Objective	**Action Steps**	**Who**	**When**
4.1	▪ Prosocial and educational	▪ Group activities in the schools ▪ Vocational training ▪ Physical activity (sports) ▪ Academic support	▪ School system, educational advocates/DCF, peers, YMCA, youth center	▪ When funding allows
4.2	▪ Mentoring/community support	▪ One-on-one services, meeting youth where they are	▪ CSA's, YMCA, Boys & Girls Clubs, Youth Center	
4.3	▪ Clinical Treatment ▪ Substance use ▪ Co-occurring ▪ Mental health ▪ Behavioral health	▪ Stabilization in community – Decrease hospitalizations	▪ Licensed providers, Alateen	
4.4	▪ Employment training/work	▪ Resumes, interviews, finding jobs, volunteer work, internships	▪ Youth career center, Schools	
4.5	▪ Teen parenting skills	▪ Daycare, necessities	▪ Youth center	
4.6	▪ Life skills	▪ How to pay bills, do laundry, money management, cook, clean, transportation, sex education	▪ School, DCF, mentors, peers, youth center	
4.7	▪ Legal advocacy	▪ Collaboration with court professionals to educate kids on system and avoiding the system	▪ Court persons, youth center, DYS	▪ Anytime, as soon as person/people available

Section 6: Conclusion

Taunton has already implemented a number of efforts to take advantage of opportunities to improve the interactions between youth with mental health needs and juvenile justice system representatives. For instance, with the help of DMH funding of the CCIT program, the police department has made serious efforts to train over half of the city's police officers on crisis intervention techniques for individuals with mental health issues. There is a developing focus on early diversion and the community has a few prominent diversion programs including a diversion program through the District Attorney's office. On the other hand, several workshop participants expressed concern that the system does not provide for any "real" front-end diversion that allows youth to completely avoid the juvenile justice system. Furthermore, there are key areas that received near consensus agreement that fundamental improvements were necessary to achieve access to effective services. These include early screening and linkage to mental health services to avoid deeper penetration into the justice system (and avoid using the juvenile justice system involvement as the entrée to acquire mental health services), the prioritization of resources and supports for families, the development of simple mechanisms for routine cross-training and information exchange between those systems and programs serving this juvenile population and, finally, some focus throughout the system on issues related to cultural competence.

The mapping process identified the gaps and strengths in the current systems' operations, while the self-assessment surveys were instrumental in highlighting the priority areas for change. Having discussed the priority areas for change, the group was able to assign the implementation of several action steps to existing stakeholder mechanisms. Among these, the potential lightning rod for progress involved the existence of a family resource center that could serve as a broker to help youth and families navigate the various systems and gain meaningful access to services.

Many of these initiatives will necessitate the presentation of a topic or proposal to a wider group in a bid to secure buy-in, funding contributions and/or additional perspectives that could move the process along. Workshop participants were willing to assign themselves specific responsibilities of contacting senior agency members or representing the consensus of the workgroup on particular issues that were discussed during the day. Several small groups or pairs assumed responsibility for next steps in place of formal subcommittees.

The commitment of the Juvenile Action Planning workgroup, in the form of the participating members and the agencies they represent, to tackle the priorities established during the Cross-Systems Mapping exercise, is an essential first step in a true systems-change process. Activities to be developed, implemented, and/or overseen by this committee are itemized under the four priority areas for change within the Action Matrix.

Appendix A: Agenda

Thursday, May 21, 2015

8:30 a.m. **Registration and Networking**

9:00 a.m. **Opening Remarks**

Welcome and Introductions

Overview of the Agenda: Goals and Tasks

9:30 a.m. **Systems Mapping – Completing a Cross-System Map of Programs and Services**

Participants will review a preliminary systems map and identify additional services and programs to be included.

* 15 minute break around 10:30 a.m. *

11:30 a.m. **Systems Mapping – Identification of Programs/Services Gaps and Priorities**

Initial comments by systems representatives on the results of the mapping and major service/program gaps

12:00 p.m. **LUNCH**

12:45 p.m. **Overview of the Blueprint for Change: The Four Cornerstones**

Brief overview of the NCMHJJ's Blueprint for Change as a framework for assessing and identifying systems level gaps and priorities.

1:00 p.m. **Cornerstone 1: Collaboration**

Self-assessment results: Strengths and gaps

1:30 p.m. **Cornerstone 2: Identification**

Self-assessment results: Strengths and gaps

2:00 p.m. **Cornerstone 3: Diversion**

Self-assessment results: Strengths and gaps

2:30 p.m. **Cornerstone 4: Treatment**

Self-assessment results: Strengths and gaps

3:00 p.m. **BREAK**

3:15 p.m. **Development of Initial List of Gaps and Possible Priorities**

Facilitated discussion of gaps in services and programming, and identification of possible areas for reform.

Service/Program Level Gaps & Systems Level Gaps

3:45 p.m. **Identify Priorities**

Participant exercise to narrow down the list of gaps and identify the top five to seven areas to focus on during the Action Planning process.

4:15 p.m. **Wrap-Up**

Review

4:30 p.m. **Adjourn**

Appendix B: Participant List

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Appendix C: Self-Assessment Results

Taunton Self-Assessment Survey

1. At what point in the juvenile justice system do you work?		
Answer Options	**Response Percent**	**Response Count**
Initial contact	19.4%	6
Intake	19.4%	6
Judicial Processing	22.6%	7
Disposition	19.4%	6
Re-entry	19.4%	
Other (please specify)	54.8%	17
answered question		**31**
skipped question		**1**

Cornerstone 1: Collaboration

	Strong Disagree	Disagree	Agree	Agree	Mean
1) There is cross-system recognition that many youth involved with the juvenile justice system are experiencing significant mental health problems, and that responsibility for effectively responding to these youth lies with both the mental health and juvenile justice systems.	3.6%	3.6%	28.6%	64.3%	3.54
2) The juvenile justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of identification and service problems at each stage of justice processing. This might include legislation, blended funding streams, interagency taskforces or case management teams.	0.0%	14.8%	51.9%	33.3%	3.19
3) The juvenile justice and behavioral health systems systematically engage and involve family members and caregivers.	3.8%	26.9%	53.8%	15.4%	2.81
4) The juvenile justice and behavioral health systems systematically engage and involve schools and education institutions.	3.8%	19.2%	53.8%	23.1%	2.96

5) The juvenile justice and behavioral health systems systematically engage and involve child welfare.	0.0%	10.7%	67.9%	21.4%	3.11
6) The juvenile justice and behavioral health systems systematically engage and involve social services providers.	0.0%	3.7%	77.8%	18.5%	3.15
7) My community has identified and blended existing funds to support an integrated approach and jointly funded cross-systems effort to serve justice involved youth with behavioral health disorders.	17.6%	17.6%	64.7%	0.0%	2.53
8) The juvenile justice and behavioral health systems systematically engage and involve other community-based partners.	0.0%	15.4%	69.2%	15.4%	3.00
9) Through collaborative efforts, behavioral health services are easily accessed at every point of contact with the juvenile justice system.	19.0%	47.6%	33.3%	0.0%	2.14
10) The juvenile justice and behavioral health systems evaluate any program or service delivery strategy (serving their youth population) for efficacy and demonstrated effectiveness.	10.0%	45.0%	40.0%	5.0%	2.40
11) Cross-training is provided for juvenile justice and behavioral health staff.	0.0%	42.1%	52.6%	5.3%	2.63

Cornerstone 2: Identification

	Strong Disagree	**Disagree**	**Agree**	**Agree**	**Mean**
1) At each point of contact with the juvenile justice system, youth are systematically screened for behavioral health needs. This includes the earliest point of contact such as school resource officers, family requests to the court for TDOs, or initial police contact.	19.0%	42.9%	38.1%	0.0%	2.19
2) Whenever a behavioral health screen is conducted, the process includes an emergency screen and a general screen.	12.5%	43.8%	37.5%	6.3%	2.38
3) There are procedures in place to access immediate, emergency behavioral health services for youth at any point of contact with the juvenile justice system (e.g. linkages, existing procedures, MOUs, 24 hour hotline numbers or other established methods).	4.3%	17.4%	60.9%	17.4%	2.91
4) Behavioral health assessments are conducted routinely and expeditiously whenever a screen	10.5%	52.6%	31.6%	5.3%	2.68

	indicates any such need for justice involved youth.					
5)	Standardized instruments with demonstrated reliability and validity are used for the identification of both mental health and substance abuse treatment needs among the juvenile justice population.	5.6%	33.3%	55.6%	5.6%	2.61
6)	Risk assessments are performed in conjunction with screening and assessments to inform referral recommendations that balance public safety with behavioral health treatment needs.	4.8%	23.8%	52.4%	19.0%	2.86
7)	Screening and assessments are only administered by appropriately trained staff.	0.0%	15.8%	63.2%	21.1%	3.05
8)	Prescreen information is never used in any way that might jeopardize a minor's legal interests.	16.7%	0.0%	33.3%	50.0%	3.17
9)	Behavioral health screens and assessments are performed routinely as youth move from one point in the system to another (e.g., from pretrial detention to court).	0.0%	68.8%	25.0%	6.3%	2.38
10)	Screening and assessment instruments that have been adapted and tested for cultural competency, gender differences, and language accessibility were selected and implemented.	27.3%	27.3%	45.5%	0.0%	2.18

Cornerstone 3: Diversion

		Strong Disagree	Disagree	Agree	Agree	Mean
1)	There are procedures in place to identify youth who may be eligible for diversion.	10.5%	68.4%	15.8%	5.3%	2.84
2)	There are programs available in your community to divert youth for behavioral health treatment.	9.1%	22.7%	50.0%	18.2%	2.77
3)	There are effective community based services and programs available to service youth who are diverted into treatment.	4.3%	17.4%	56.5%	21.7%	2.96
4)	Diversion mechanisms are in place at virtually every key decision making point within the juvenile justice processing continuum (i.e., pre-adjudication diversion and post-adjudication diversion).	27.8%	33.3%	33.3%	5.6%	2.17
5)	There are diversion programs in use that offer alternatives to traditional incarceration for serious offenders with behavioral health needs.	25.0%	31.3%	37.5%	6.3%	2.25

6)	Diversion programs are regularly evaluated to determine their ability to effectively and safely treat youth in the community.	27.3%	18.2%	36.4%	18.2%	2.45
7)	Evaluation results are regularly shared across youth serving systems.	13.3%	46.7%	33.3%	6.7%	2.33

Cornerstone 4: Treatment

		Strong Disagree	Disagree	Agree	Agree	Mean
1)	Justice involved youth with behavioral health needs are always afforded access to treatment.	16.7%	44.4%	33.3%	5.6%	2.28
2)	Regardless of setting, all behavioral health services provided are evidence-based. Evidence-based practices (EBPs) are defined as standardized and manualized interventions with demonstrated positive outcome based on repeated rigorous evaluation studies.	22.2%	22.2%	50.0%	5.6%	2.39
3)	The responsibility for providing behavioral health treatment to justice involved youth is shared between the juvenile justice and behavioral health systems.	9.5%	19.0%	57.1%	14.3%	2.76
4)	Qualified behavioral health staff, employed by juvenile justice or under contract through the behavioral health system, provide the behavioral health treatment to youth in the juvenile justice system.	0.0%	22.2%	55.6%	22.2%	3.00
5)	Families are fully engaged, involved and informed.	10.0%	45.0%	40.0%	5.0%	2.40
6)	The juvenile justice and behavioral health systems each use procedures and services that are designed to be trauma sensitive and trauma responsive.	15.8%	21.1%	42.1%	21.1%	2.68
7)	The services and programs provided by the juvenile justice and behavioral health systems are culturally sensitive and designed to meet needs of youth of color.	6.7%	26.7%	53.3%	13.3%	2.73
8)	There are gender specific services and programs for girls involved with the juvenile justice system.	0.0%	25.0%	68.8%	6.3%	2.81
9)	There are procedures for discharge planning from juvenile justice supervision with linkage for continuing access to behavioral health services upon release.	7.1%	28.6%	57.1%	7.1%	2.64