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Collaborative Approach to Juvenile Justice Reform

An Analysis of Juvenile Justice Related Services in Allegheny County

by Jeffery Fraser

THE 15-YEAR-OLD

awaiting a petition hearing in Allegheny County Juvenile Court is charged with aggravated assault for a fight in school that at first involved fellow students, then spread to involve a teacher, who was injured. She is clearly a troubled adolescent. She's been shuttled between separated parents who've lived in different states. The fight bought her a 45-day suspension from school and more than a week in the county's Shuman Juvenile Detention Center. A psychiatric evaluation led to a diagnosis that includes oppositional defiant disorder, intermittent explosive disorder, disruptive behavior disorder and mood disorder.

Her immediate future promises to be difficult. But she won't face it alone. In her corner is her father, who is present for her court hearing, and Roslynn Zielinski, a mental health specialist, juvenile court liaison and team leader with Juvenile Justice Related Services (JJRS).

JJRS was created in Allegheny County more than a decade ago to ensure that adolescents in the juvenile justice system who are struggling with behavioral health issues receive coordinated services tailored to their individual needs. Human Services Administration Organization (HSAO), a private agency specializing in juvenile behavioral health, administers JJRS and the closely related Residential Treatment Facility Group (RTF Group) for the county Department of Human Services. Today, JJRS plays a key role in the collaborative approach taken by the behavioral health, child welfare and juvenile justice systems in the county to address this challenging population by offering services ranging from early screening and case management to helping to educate probation officers, judges, and others about the behavioral health system and treatment, coordinating appropriate planning/dispositions with Juvenile Probation, and facilitating the involvement of parents and guardians.

The father of the 15-year-old asks Zielinski whether a treatment plan is in place for his daughter. He's relieved to learn that it's been recommended she receive family-based services and be placed in a partial hospitalization program. He asks about the process. Zielinski fills him in. She answers his questions about insurance and paperwork. Zielinski tells him it's important his daughter make the transition from the juvenile detention center to home without disrupting her medications and reminds him to make sure she leaves the facility with them. In the meantime, she says, she'll arrange for new prescriptions that he can fill when his daughter returns home and will schedule her first visit to the behavioral health program. "I'm 100 percent grateful for all the work you've done so my daughter can get the help she needs," the father says.

Less than an hour later, Zielinski is in another courtroom overseeing another client, a 17-year-old who was back in the Shuman Detention Center on probation violations, which include being found in possession of a gun and skipping school. Previously, he'd been discharged from a residential treatment facility, sent home and assigned to a program that he had to attend every day following school. His mental health diagnosis includes conduct disorder, mood disorder, bipolar disorder and attention deficit hyperactivity disorder. JJRS and his probation officer agree that he needs a more structured environment if he's to turn his life around. They recommend sending him to Summit Academy in rural Butler County, Pa., a residential treatment program for youths involved in the juvenile justice system. In such cases involving placement, JJRS makes sure that appropriate discharge planning is done and carried out to increase the likelihood of youths successfully returning to their communities and not reentering the juvenile justice system.

Zielinski is summoned to the bench by Guido DeAngelis, a judge in the Allegheny County Common Pleas Court, Family Division, Juvenile Section. He asks her about the young man's treatment, participation and progress and she fills him in. He asks her about the young man's placement history, saying he's reluctant to send him to a less restrictive setting. Zielinski clarifies the young man's placement history and assures him the recommended program is a more structured environment.

The judge approves the recommendation, and then turns to the 17-year-old to deliver a brief message about seizing the opportunity to change the troubled path he's been following. He tells him he'll have 30 days at Summit Academy to demonstrate a willingness to do so, but if he fails, his next destination will be a state-run secure juvenile facility. He concludes by telling the young man that if he makes the effort to turn his life around, JJRS will help him succeed. "They're the biggest ally you have," the judge says. "Let these people help you."

Interviewed in his chambers, Judge DeAngelis says that in the course of working an estimated 480 juvenile petitions a year he's found JJRS to be an indispensible resource in helping him address the challenges that cases involving youths with behavioral health issues present, which include obtaining a psychiatric evaluation and diagnosis, establishing a continuum of treatment and making sure the care prescribed is carried out. "They're the most important and effective ally juvenile court has," he says. "I'll be quite honest, I don't know what I would do without them."

THE JJRS MODEL

For longer than a decade juvenile justice systems across the nation have seen increasing numbers of youths with behavioral health problems. Studies consistently find that behavioral health issues are far higher among adolescents in the juvenile justice system than are seen in the general youth population. A recent study, for example, reports that the prevalence of behavioral health problems among justice-involved youth in juvenile justice facilities ranges from 65 percent to 70 percent. And behavioral health problems are seen in about 50 percent of the non-residential juvenile justice population. By comparison, behavioral health concerns are found in about 20 percent of the general adolescent population in the United States.[i]

JJRS was created within the Allegheny County Department of Human Services (DHS) as a response to the realization that too many times the behavioral health issues of youths involved in the juvenile justice system were not being identified early and that establishing a continuum of appropriate treatment was too often a hit-or-miss proposition. Those circumstances did not evolve from a lack of concern over their well being. Rather, it was a product of complex, fragmented, behavioral health and juvenile justice systems and the lack of effective cross-system collaboration.

The collaborative approach that resulted helped position Allegheny County to become one of three Pennsylvania counties selected in 2004 for The John D. and Catherine T. MacArthur Foundation's Models for Change initiative, which focuses on promoting juvenile justice system reform. Grants and technical assistance from this initiative supported and further developed the work that JJRS spearheaded. That work was enhanced under the Comprehensive Systems Change Initiative (CSCI), a MacArthur Foundation-supported effort of the National Center for Mental Health and Juvenile Justice to help states and counties develop or improve a coordinated, continuous system of care that fully addresses the mental health needs of youths in the juvenile justice system. Models for Change aimed to create replicable models for reform that effectively hold young people accountable for their actions, provide for their rehabilitation, protect them from harm, increase their life chances, and manage the risk they pose to themselves and the public. JJRS being one of those replicable models used the resources CSCI provided to further assist in identifying youths with mental health needs in contact with the juvenile justice system, diverting them to appropriate services outside of the juvenile justice system or from further penetration into the system.

Significant steps have been taken to implement a more effective, collaborative approach to youths with behavioral health issues. This collaborative approach has been embraced across systems by juvenile justice, child welfare and behavioral health in Allegheny County. JJRS has played a prominent role in that transformation.

Several characteristics have enabled JJRS to make significant contributions to improvements in the way youths with behavioral health needs are addressed in juvenile justice.

KEY POINTS OF ENTRY

JJRS service coordinators are present at every point where children enter the juvenile justice system to identify those in need of behavioral health evaluation. This practice has proven critical to improving the early identification of those with behavioral health issues and more quickly arriving at diagnoses and treatment plans to address those issues and prevent adolescents from slipping deeper into the juvenile justice system, with the goal of having them successfully remain in their communities.

Key points of entry include Juvenile Probation intake offices. In Allegheny County, Juvenile Probation is responsible for processing the cases of youths who are referred by law enforcement to juvenile court in addition to supervising youths at home, school, in their communities and in court ordered placements, making sure they follow court orders and repay their victims, arrange opportunities for youths to develop competency skills and other duties.

Other key points of entry where JJRS has a presence include the county's Shuman Juvenile Detention Center and the regional offices of the county's Community Intensive Supervision Program (CISP), an alternative to incarceration that enables eligible youth to live at home while attending mandatory, structured and supervised after-school, evening and weekend programming.

SCREENING

JJRS works to ensure that youths are screened to determine their need for behavioral health treatment, regardless of the portal through which they enter the juvenile justice system.

The typical initial screen is the Child Behavioral Checklist, a simple screening tool that is administered voluntarily. It is intended to indicate the possibility of behavioral health issues and the need for more thorough evaluation. The widespread use of this initial screen is done with support from the John D. and Catherine T. MacArthur Foundation. Other assessments include the Massachusetts Youth Screening Instrument-2, which is given to youths entering the Shuman Juvenile Detention Center.

SERVICE COORDINATION AND MONITORING

JJRS service coordinators manage the cases of youths identified as having behavioral health issues. Oversight and treatment coordination extends across systems and programs and includes, for example, regular triage sessions at the Shuman Juvenile Detention Center and case review meetings at all regional CISP offices.

Their responsibilities include developing an appropriate treatment plan in coordination with Juvenile Probation, making sure prescribed services are provided; monitoring progress; ensuring that critical information regarding each youth is conveyed to, and understood by, intervening agencies and providers; monitoring youth assigned to placement facilities; and, upon their release, ensuring a smooth transition to their communities, and the continuation of services and other necessary measures to help youths remain in their neighborhoods and avoid reoffending.

EDUCATION AND TECHNICAL ASSISTANCE

JJRS provides critical information on behavioral health issues and the county behavioral health system to a wide range of juvenile justice stakeholders, including judges, probation officers and supervisors, CISP staff, juvenile detention center staff and families of youths involved in the juvenile justice system.

The goal is to enhance their understanding of behavioral health and the supports available to youths with behavior health issues. JJRS service coordinators, for example, are present in juvenile court proceedings to provide information as questions arise so judges are better informed about such issues as a youth's progress in treatment, community alternatives and the capacity of various placement facilities to address behavioral health issues.

JJRS also provides formal behavioral health training for probation officers and other stakeholders.

PARENT PARTICIPATION

JJRS embraces a philosophy that includes engaging parents and other family members in all phases of planning and treatment as part of a comprehensive effort to improve the outcomes of youths with behavioral health issues.

Practices that enhance parent participation include clearly explaining the JJRS role in oversight and how parents can participate in planning, assessment, treatment and discharge; respecting parents' knowledge about their child and the key role they play as part of treatment team; and maintaining certain standards in dealing with families, such as promptly responding to phone calls, keeping parents informed in a timely manner and providing honest and accurate information.

These and other JJRS practices have resulted in parents participating in 86 percent to 92 percent of critical juvenile justice meetings involving their children.

STAFFING AND SUPERVISION

JJRS staffing standards, training and supervision are also key characteristics related to its success. JJRS, for example, hires staff who bring to the agency a depth of experience and diverse backgrounds, which range from psychiatric inpatient care and residential treatment to behavioral health and experience in the county's Children, Youth and Families system. "We hire people who have years of experience in the field," said Debra Freeman, HSAO executive director. "They are dedicated to the field – they are not trying it out to see if they like it. They've been around."

Staff members receive extensive ongoing training. Each staff member takes at least 40 hours of training every year on issues in the behavioral health and/or the juvenile justice fields. Supervision is extensive. JJRS has practiced an "open door" policy since its inception, giving staff members access to any supervisor any time they are available. And supervisors are readily available, Freeman said. "Our supervisors supervise. They don't have 90 percent of their time tied up in administrative work. They're free more than 90 percent of the time to focus on the six people they supervise. Their job is to take care of those people so they can go out and do their jobs." In addition to daily access to supervisors, there are regular formal supervision meetings, as well as group supervision sessions, which enable staff to share resources and experiences.

Another factor is the continuity of leadership within JJRS. Freeman, for example, has been the executive director of HSAO from the day it was created.

Officials make sure the JJRS mission is clearly understood by all who work at the agency, as well as the fact that their work is part of a collaborative network that includes behavioral health, juvenile justice, youths and their families and others. An emphasis on respect is another characteristic. "We value our staff," Freeman said. "How we treat staff is how we want them to treat families. We expect our staff to be respectful to families, kind and empathetic. So we treat them same way."

Such steps have led to a workplace that is highly supportive of staff and understands the difficult nature of working with youths involved in the juvenile justice system who have behavioral health issues. One measure of that success is the low turnover rate within JJRS. In the past five years, the few who have left the job did so for reasons that included promotion, having children and other changes in their personal lives, Freeman said. None expressed dissatisfaction with the job or agency, or said that burnout was a factor in their decision to leave.

BUILDING BLOCKS

The evolution of JJRS and the multi-system collaborative environment it is a key part of was a deliberate process that was neither easy nor quick. Lessons learned from its evolution from concept to practice identified several factors as being critical for achieving success.

- Top officials of Allegheny County's human services and juvenile justice systems were firmly committed to the idea of establishing a lasting, collaborative partnership to better address the needs of youths with behavioral health issues. This commitment at the top of the leadership ladder proved essential to keeping the effort on course, particularly during the early stages of development, when changing the long-standing tradition of working independent of one another was the most challenging.

- Maintaining a focus on improving the well being of the youths in question was important in mitigating resistance.

- In addition, extensive cross-systems training helped staff better understanding and appreciate each other's systems, the regulations they work under, their points of view, responsibilities and challenges.

- Finally, there was recognition that such a fundamental change in approach would take years, perhaps as long as a decade, to become the widely accepted way of doing business.

Also influencing JJRS, its approach and the collaborative environment it has helped create in Allegheny County was the fact it was developed in the wake of reforms in the late 1980s and 1990s that had a profound impact on juvenile justice, child welfare, child behavioral health and the provision of human services.

Today, for example, juvenile justice in Pennsylvania is guided by the principles of Balance and Restorative Justice, which in 1995 redefined the basic mission of the juvenile justice system as a more balanced approach that includes efforts to rehabilitate delinquent youths and build their competencies while protecting the community and holding them accountable for their offenses.

And in Allegheny County, efforts to reform the delivery of human services and embrace innovative practices gained momentum in the 1990s with the establishment of the Department of Human Services and the hiring of its new director, Marc Cherna.

FROM 'YOUR KID' TO 'OUR KID'

The introduction of residential treatment facilities, in particular, would advance efforts to stitch together a collaborative approach to address the population of children in the juvenile justice system in need of behavioral health services that today is at the heart of the way JJRS does business. Today, as part of its work, JJRS stays involved with youths in placement to make sure that appropriate discharge planning is done and carried out, that services continue when youths are returned to their communities and that the transition, in general, is smooth one – all of which are steps taken to help youths remain in their communities and avoid reentering the juvenile justice system.

In 1994, the RTF Group was created under the direction of the Allegheny County Office of Behavioral Health to be the single point of contact for the county's behavioral health, child welfare and juvenile justice systems.

"When we started residential treatment facilities in Pennsylvania, we approached Juvenile Justice because we knew there were a number of children in their system who had severe mental health problems," says Georgianne Palaoro, administrator of Children/Adolescent Behavioral Health Services in the Allegheny County Department of Human Services Office of Behavioral Health. "We said that if we are going to do this and place these kids in mental health facilities, let's create one group of service coordinators that will oversee all of our kids in these facilities, whether they're juvenile justice, Children, Youth and Families (CYF) or mental health only. They'll do referrals. They'll do the feedback to probation officers, CYF, the court. They will usher children through the RTF system and back home with a discharge plan and services.

"And that worked very well. Juvenile Justice then said, 'We have kids who aren't in RTFs, what can you do for us?' So, we came up with an intensive service coordination idea and began to build that."

HSAO was created in 1999 as a private-sector provider agency whose contracts with the county today include administering JJRS and the RTF Group, which is seen as a model in Pennsylvania for its inclusion of parents in treatment planning and its vigilance in monitoring the quality of treatment from referral to discharge and beyond. Both JJRS and the RTF Group greatly expanded their reach under HSAO, whose staff brings a diverse range of experience to their work, including backgrounds in psychiatric inpatient care, residential treatment, foster care and adoption, mental health forensics, independent living, and CYF, and behavioral health and intellectual disability case management.

COLLABORATION WIDENS

The 1990s brought a decline in children's access to state mental hospitals and an increase in efforts to create community-based mental health services for children in need of treatment. For juvenile justice and child welfare, the shifting landscape meant it was more important than ever that staff understand and be able to effectively navigate a complex behavioral health system they were largely unfamiliar with.

In response, the DHS Office of Behavioral Health placed staff in CYF offices to serve as a liaison with the office, provide technical assistance to child welfare caseworkers and improve their understanding of behavioral health issues and the resources available to address them.

Freeman witnessed the early forays of behavioral health staff into CYF offices. "At first, they didn't really want us in their offices. We'd go week after week after week and just sit there. Nobody would talk to us or use our technical assistance. But then someone would eventually ask for help. Then, when we were able to show that we could help them do what they needed to do for children in their caseloads, they became more open."

It was a pattern that would be repeated when it was decided to have staff provide technical assistance on behavioral health issues to the Office of Juvenile Probation. "The experience was very similar," says Freeman. "We just went there and, at first, very few people would talk to us or use us. But we kept coming back.

"I think it's important to understand that, from our side of the table, it was difficult to go into the room and not have people ask you anything – but the key was that we were persistent. We kept going back to their offices, kept trying to put ourselves in positions where we could show them that if they used our expertise, and we worked together, outcomes could be better for the kids, which is what everyone wanted, and their job and our job would be a little easier."

For probation officers, one of the incentives for such a collaborative approach was the fact that dealing with youths in need of behavioral health services made their job decidedly more difficult. "When I was a probation officer, I had a lot of kids who had drug and alcohol and mental health issues," says Mary Hatheway, assistant administrator with Allegheny County Juvenile Probation and a 26-year veteran of juvenile court. "Finding out about agencies, providers that my kids could get services from, took a lot of legwork and there was no one to help you. You had to figure it out yourself. And you either did it or you didn't. We all didn't work our caseloads the same way."

At the time, it was not uncommon for youths in need of behavioral health attention to go unidentified "or never get dealt with." Those youths, she says, were among the most likely to return to the juvenile justice system.

"Did we struggle with the process? Yes," says Freeman. "But we eventually made in-roads. People started to talk with us, ask questions when there was a service they didn't understand, make referrals through us. We started to work together."

SUPPORT, STABILITY AND REFORM

Administrative support for this multi-system collaboration was critical, particularly from former Juvenile Probation Administrator James Rieland, who retired in 2009; DHS Director Cherna; Patricia Valentine, DHS deputy director, Office of Behavioral Health; Palaoro; and the Juvenile Court judges.

"We are fortunate in our county to have good working relationships with the court," says Cherna. "Relationships are everything in this business and we've made the effort to develop them. We've also had the good fortune of having stability over a long period of time, which allows you to build on those relationships, get to know people, build trust and have continuity in the system you're building. You don't have that kind of traction when there is rapid turnover."

JJRS emerged during a period of reform that redefined the human services and juvenile justice systems in Allegheny County.

Consolidation of government in Allegheny County led to the creation of the Department of Human Services in 1997 and an era of reform characterized by system integration, transparency and innovation. Five county human services agencies were reorganized into four DHS program offices, including CYF and the Office of Behavioral Health. Efforts of focus included improving access, becoming more consumer driven, and finding ways to more effectively serve children and families whose needs transcend systems and agency boundaries. The centralization of financial, human resources and management operations furthered reduced fragmentation.

"Most people we serve have multiple needs," says Cherna. "But they were walking into a very fragmented system through multiple doors. There was minimal coordination to help them with their multiple needs in a holistic way. If they didn't walk in through the right door, they didn't get the services."

Today, DHS serves 225,000 people each year in a county of 1.2 million residents. Although still a work in progress, reform built on openness to new ideas, integration and multi-system collaboration has led to innovative initiatives and earned Allegheny County standing as a national model for human services. Those efforts include taking a comprehensive multiple-system approach to identifying youths with behavioral health concerns and providing the option of treatment rather than incarceration. Some examples include making evidence-based practices such as Multi-Systemic Therapy and Multi-Dimensional Treatment Foster Care available to youths involved with juvenile probation who have behavioral health concerns. There has also been crisis intervention training for police officers to enable them to better understand youths they may encounter who are having a behavioral health crisis.

"There was a need identified – a lot of delinquent kids had mental health needs and they weren't getting served," says Cherna. "We've been expanding services in that area. And we work with the court. It's better for kids that way. You get better outcomes. And that's what we are here to do."

The consequences of failing to collaborate with juvenile justice and intervene early and effectively to address the needs of youths with behavioral problems have long been clear, he says. "It's pay me now or pay me a lot more later. If you don't address these kids now you will see them in the county jail a few years later. We're trying to stop that progression."

The need for reform was also not lost on the county's juvenile court system. In 2004, Pennsylvania became one of four states involved in the John D. and Catherine T. MacArthur Foundation's "Models for Change" initiative, which seeks to improve juvenile justice in three areas: mental health, aftercare and reentry and disproportionate minority contact. Allegheny County is the only jurisdiction in the state to tackle all three.

The Comprehensive Systems Change Initiative was implemented to bring together decision makers from the juvenile justice and behavioral health systems to design strategies for better addressing the behavioral health needs of youths with an emphasis on identifying youths with behavioral health needs at all entry points through screening and assessment; diverting as many as possible from juvenile justice involvement or further penetration in the juvenile justice system; providing evidence-based services in the community; and, for those who enter the juvenile justice system, ensuring appropriate treatment services.

Like DHS, Allegheny County Juvenile Court has gained national recognition for its embrace of innovative concepts, including the use of mental health screening at various points where youths enter the juvenile justice system, a detention screening for all youths facing the possibility of secure detention and a pilot Multi-Systemic Therapy program.

And like DHS, Juvenile Court has become a willing partner in ongoing efforts to improve the way the needs of youths with behavioral health issues are addressed. "With any new initiative, we have Juvenile Probation at the table with us," says Kristen DeComo, DHS Mental Health/Juvenile Justice coordinator. "They're there, they're willing to try it and they're willing to partner with us. That's the kind of relationship that has been developed."

COVERING POINTS OF ENTRY

Placing Behavioral Health staff in CYF and Juvenile Probation offices were the first steps toward blanketing the portals through which children with behavioral health issues enter the juvenile justice system. This fundamental aspect of the JJRS approach makes it much less likely that youths with behavioral health needs can enter the juvenile justice system undetected.

More than a decade earlier, the lack of such intervention at juvenile justice points of entry meant that most adolescents were not being screened for signs of behavioral health concerns. Placements that were not appropriate for some youths' behavioral health needs were more likely to be made. Upon their release, important behavioral health information often failed to reach the community-based providers put in charge of their care. More often than not, the behavioral health needs of these youths were poorly monitored from beginning to end. "The idea was that we needed to have a behavioral health representation at every point of entry in order to screen, do evaluations and get these kids services," Freeman says.

One by one, JJRS covered these points of entry. At the Shuman Juvenile Detention Center, for example, a walk-in crisis center was established and regular triage sessions of JJRS cases are now regularly convened. Service coordination was built into all five of the county's CISP offices. In addition to Juvenile Probation intake and working with school-based probation, coverage has been extended to the "failure to comply" population. But establishing a presence at such entry points alone was not enough to achieve effective collaboration. Strong relationships built on trust were necessary if JJRS and Juvenile Probation, detention center, CISP and other juvenile justice staff were to effectively work hand-in-hand.

Several factors were required to establish those relationships, not the least of which was promoting respect for and an understanding of the systems JJRS was walking into. "You have to constantly remind your staff that they are guests of this other system, you have to respect the culture and you have to come in with a 'What can I do for you?' attitude," says Palaoro.

"Sometimes a probation officer, for example, will say to us, 'This kid's crime is so outrageous he's going away. We know he has serious mental health problems. Help us find a facility that can meet his mental health needs, because I can't allow him to return to the community.' We have to understand that first issue – the kid is going away – and understand we can't fight them on that. That's their call. Our call is how to support them in getting the mental health services the kid needs. Once they knew we respected their position, it became a much easier sell. Now they ask for our help – something they never would have done 10 years ago." Such collaboration has helped youths with behavioral health issues remain in community by ensuring appropriate treatment and by providing case management.

Another important factor in cementing those relationships was demonstrating the value of having behavioral health expertise at the table.

SOLVING PROBLEMS

An early opportunity to demonstrate that value surfaced at the Shuman Juvenile Detention Center in the closing weeks of 1999. The detention center was struggling with a high number of youths whose disruptive behaviors would result in them being sent to the hospital for evaluation under Section 302 of the Pennsylvania Mental Health Procedures Act. The section allows for certain parties, such as the detention center, to petition for an involuntary evaluation when observed behavior constitutes a clear and present danger to the individual and/or others.

Some of the youths had behavioral health concerns. Others did not. "Some became very sophisticated," says Palaoro. "If they wanted a few days out of Shuman, they acted up,"

In such cases, these youths would be transported to the hospital, then returned when it was determined their behavior was unrelated to mental illness. This was both disruptive to the youth, the center and staff. And it was expensive. Each adolescent sent for evaluation, for example, had to be transported and accompanied by a Shuman staff member or an Allegheny County deputy sheriff.

"Shuman called and said, 'We can't keep operating like this. Can you help?' We [the county] responded immediately," says Freeman.

Arrangements were made to use a mobile crisis unit staffed by the University of Pittsburgh Medical Center's Western Psychiatric Institute and Clinic at the detention center in an effort to avoid unnecessary hospitalizations. Training was also arranged for detention center staff to improve their understanding of behavioral health and treatment.

As the number of hospitalizations began to decline, long-term solutions were explored. A permanent psychiatric walk-in clinic was established at the detention center, a case manager with behavioral health expertise was assigned to the facility and today triage sessions to review JJRS cases are held on a regular basis.

The changes brought quick results. Before the interventions were put in place, as many as 10-15 youths a month were being sent to the hospital for evaluation on Section 302 petitions. After the walk-in clinic opened in April 2000, the numbers began to decline. From January to June 2000, a total of 17 youths were sent out of the detention center for evaluation on "302s," according to DHS Office of Behavioral Health data. From July to December of that year, that number dropped to only three. In 2001, the first full year following the changes, Section 302 petitions were filed for only six youths housed in the facility.

"It was a rather simple fix for a problem that was disrupting a whole detention center," says Freeman. "It immediately reduced the number of kids going in and out of the hospital. It identified another area where kids were being impacted and their needs were not being adequately addressed. And it gave probation officers more information that they could use to select an appropriate placement."

EDUCATION, TRAINING, UNDERSTANDING

One of the obstacles to collaboration was that decades of working in insulated silos had left those in behavioral health, child welfare and juvenile justice with little understanding of systems other than their own. This knowledge gap ranged from what services were available to youths to the basic responsibilities of each system. Its byproducts could include suspicion, misconceptions and resistance to changing to a more collaborative way of doing business.

Assigning HSAO staff to CYF and Juvenile Probation offices was a step toward improving that understanding. But more intensive measures were considered necessary and cross-system training evolved into what has become a regular practice.

HSAO, for example, is involved in the training of Juvenile Probation officers. General training focuses on topics such as the behavioral health system, how to access it, signs of behavioral health concerns to look for and who to call when those signs are seen. In turn, HSAO staff receives training related to other systems, including Juvenile Probation and CYF.

"These systems are so complicated that if everyone had to understand in great detail everyone else's system we would be buried and never be able to move," says Freeman. "I need to fundamentally understand the juvenile justice system and its core responsibilities. I don't need to know how to do their paperwork and they don't need to know how to do mine. But there's no excuse for anyone not to understand the basics of each other's system."

Cross-system training is also important for sustaining the collaborative practices that have taken years to develop and mature. "We want to institutionalize the process so that it's not an option for someone new coming in to decide whether or not it will continue," says Patricia Valentine, DHS deputy director, Office of Behavioral Health. "It's a cross-system practice that is institutionalized and it's the way Allegheny County does business. That's what you teach them when they come in the door."

SCREENING AT THE FRONT DOOR

As JJRS expanded its reach to various points through which youths enter the juvenile justice system, its capacity to identify those with behavioral health issues grew with it.

A grant from the John D. and Catherine T. MacArthur Foundation enabled JJRS to add a staff position devoted to screening youths as they entered the justice system using the Child Behavior Checklist (CBCL). The screening tool is used to screen for indications of behavioral health issues. Any youth who "flags" on the CBCL is referred for further evaluation to determine a definitive diagnosis and treatment needs.

The CBCL is administered to youths who agree to be screened, including "failure to comply" youths, extended-service youths, those on consent decrees, first-time adjudicated youths and those placed in CISP.

In addition, incentives were created to encourage youths to agree to be screened. Fines and court costs are reduced by half for youths who agree to be screened and do not flag, and for those who agree to screening, flag on the CBCL, complete an evaluation and follow prescribed treatment.

"With the funding, we were able to explore a screening tool that would identify youth early on who were either undiagnosed or on the brink of having a mental health issue," says Jeanine Rasky, the DHS director of Systems Integration. "Now, we're identifying individuals who we otherwise wouldn't have caught. And that's important. We want to reach them as soon as possible so they don't penetrate the system for the wrong reason. We've seen young people enter the juvenile justice system whose undiagnosed or untreated mental illness exacerbates the situation causing them to fail to adjust. Untreated symptoms of their illness can drive them further into the system. We want them to get appropriate treatment and services as soon as possible."

RESOLVING DIFFERENCES

Another screening tool, the Massachusetts Youth Screening Instrument-2 (MAYSI-2), is used to screen youths who enter the county's Shuman Juvenile Detention Center. Allegheny was among the first counties to adopt this practice. But implementation proved to be more challenging than anyone anticipated due to an unexpected setback.

Planning for implementation had been a collaborative effort involving key members of the county's behavioral health and juvenile justice systems, except one – the Office of the Public Defender. "We never thought about whether the public defender should be part of the project," says Freeman. "So, we get up to Shuman and the public defender basically threatens to shut down the project."

Without the input of the Office of the Public Defender, those collaborating on the MAYSI-2 project were denied insights that could have alerted them to fact that the screening process raised serious legal questions related to self-incrimination. Can behavioral health information candidly offered in a behavioral health screen later be used against a youth in court?

The episode provided another lesson in how delicate and complicated the process can be to build multi-system collaboration and shift attitudes on responsibility from "your child" to "our child."
"One of the most challenging issues you have with something like that," says Valentine, "is aligning the priorities and responsibilities of different systems with the interests of the child and family. Here was an example of how different systems sometimes have conflicting priorities."

Only when the state legislature amended Pennsylvania's Juvenile Act in 2008 was the issue raised in Allegheny County resolved. Today, the state's revised Juvenile Act prohibits statements or incriminating information obtained during a screening or evaluation to be used against a youth in a subsequent delinquency hearing or criminal trial.

"It was certainly something we never anticipated," says Palaoro. "I don't think anyone did until one public defender walked in and said, 'This is my issue: It's not that I don't want my kid to get screened or to get help. But I don't want him to have additional charges.' At first, we thought, don't be silly. Later we realized he wasn't being silly. He was doing his job."

'I CAN'T IMAGINE DOING BUSINESS WITHOUT THEM'

Today, JJRS stands as the safety net that more than a decade ago did not exist in Allegheny County for children with behavioral health issues who break the law and enter the juvenile justice system. Its presence at the doors leading to juvenile justice, its screening of youths for signs of behavioral health issues, its case management and other services make it much more likely these youths will be indentified and treated and less likely they will fall through the cracks unnoticed and penetrate the system deeper.

As part of a highly regarded collaborative approach to addressing the needs of youths with behavioral health problems, the role JJRS plays is critical. And in some cases, it has served as catalyst for improved practices, such as efforts to increase parent and family participation in planning and treatment.

The perspectives of Juvenile Court, from probation to judges on the bench, offer insight into the how JJRS contributes to the multi-system collaboration that was more than a decade in the making.

JUVENILE PROBATION

Juvenile Probation is the gatekeeper for the juvenile justice system in Allegheny County. The 115 probation officers responsible for handling the cases of youths who break the law, guided by the principles of Balanced and Restorative Justice with an emphasis on diversion. Probation receives more than 6,000 referrals a year – charges filed by police departments in the county against youths.

At any given time, there are roughly 4,400 youths active in the system who are under some type of court supervision or have hearings pending. Most do not have behavioral health issues. But those who do can present a complex set of challenges for probation officers assigned to their cases.

"When we look at our goals and our outcomes, we look at recidivism, kids who reoffend, kids who get job, pay restitution, kids who stay in school – that's what we are concerned about," says Russell Carlino, Allegheny County Juvenile Probation administrator. "We're not about treating mental health issues. But we know that in many cases with kids who have mental health issues, we have to have those issues addressed before they can get to a point where they can do community service or pay restitution or do well in school."

Today, he says, "we're doing much better at that," due in large part to the relationship Juvenile Probation has developed with HSAO's JJRS unit, in particular, and the services it offers, including early screening, case management, training and technical assistance. In fact, says Carlino, "I can't imagine doing business now without them."

The JJRS-administer screening with the CBCL, for example, quickly led to the identification of more youths with behavioral health issues. Use of the CBCL started in August 2006. From that point to the end of the year, 19 behavioral health referrals were made. In 2007, the first full year using the CBCL, referrals increased to 109, followed by 182 in 2008. In the first six months of 2010, referrals totaled 282, according to Juvenile Probation records.

"HSAO does a lot of other things for us," says Juvenile Probation Assistant Administrator Hatheway. "They help probation officers understand the mental health system, mental health diagnoses, medications. They also support the families of kids with mental health problems, help them get involved in the system and to do what they need to do. All of that helps the kids and helps us."

Such services solved many of the problems that probation officers had long struggled with before the juvenile justice and behavioral health systems began taking a collaborative approach to addressing youths with behavioral health issues.

"When I was a probation officer, I had kids who had mental health issues, but they weren't addressed to the extent that they are today," says Carlino, a 21-year veteran of Juvenile Probation. "We weren't good at identifying those issues. Probation officers have never been experts in identifying mental health issues. We didn't have a formal screen. If there were issues, they would surface after kids penetrated our system – when they went to placement and were seen by a psychiatrist.

"We also didn't have as many services available. And if there were services available, we weren't always aware that they were out there."

The relationship with HSAO, in general, and JJRS, in particular, "didn't happen overnight," Carlino says. "It took a lot of work, a lot of interaction over the years. They are in the court, in our field offices. They talk with probation officers on the phone, meet with them in person and give us feedback. And we do the same." Developing an understanding of each system's role and priorities was a time-consuming challenge. "It sounds simple, but that took years to hammer out. It was a challenge I think we both struggled with a little bit. We didn't want to turn over the whole plan to HSAO. For us, mental health is just a slice of the pie.

"We measure outcomes," Carlino says. "Probation officers are evaluated on how well they collect restitution, how many kids are in community services, how many kids reoffend, how many are engaged in school or working. They know that mental health issues need to be addressed before they can be successful. The way we explained it to our staff was: You all have kids with mental health issues. Now, you don't have to figure out what the mental health issues are or what is the best place to get your kids treatment. Just get HSAO involved and have them work on it.

"We developed a good rapport with HSAO, a much better understanding of what they do and what the mental health world is all about. And they developed a better understanding of how probation operates. Now, we're pretty good at working mental health into the probation plan. It took us a long time to get there, but we now understand how to factor that in, how to address it within the context of what's appropriate from a delinquency point of view."

WORKING WITH CISP

Since 1990, the Allegheny County Juvenile Court has operated the Community Intensive Supervision Program for youths involved in the juvenile justice system as an alternative-to-incarceration program and a re-entry program for those returning from institutional placements. Rather than being sent to state-operated facilities far from their home, CISP allows male youths ages 10-18 to live at home and attend school in their neighborhood by providing mandatory, structured and supervised after-school, evening and weekend programming in five Allegheny County communities.

CISP is widely recognized as a model juvenile justice program. But in terms of youths with behavioral health problems, it was another blind spot in the juvenile justice system until JJRS and CISP staff began collaborating on ways to address that troubled population about six years ago. "We didn't have access to those kids," says Angela Moffe, JJRS supervisor. "It wasn't a population identified as one to be looked at for possible mental health issues." One reason was that CISP wasn't intended to be a destination for youths with high-end behavioral health issues.

The CISP in the City of Pittsburgh's Garfield neighborhood was the first to sit down with JJRS and work out a collaborative arrangement. One early improvement to come from those discussions was having youths treated by a therapist at the facility itself, rather than at home. "We had been pulling kids out of the center to get their treatment," says Moffe. "But because they were at home getting services, they were getting penalized because they were not progressing through the program."

Other JJRS practices, such as screening with the Child Behavioral Checklist and regular triage sessions of JJRS cases, are today part of the steps taken to identify those with behavioral health needs and address youths with behavioral health problems across the CISP network. JJRS staff, for example, attends bi-weekly CISP staff meetings, which allow for an informal sharing of information about adolescents at the centers whose cases they are following.

What is learned can range from simple advice on how to contact a child's estranged parent to accounts of behavior that might alert JJRS staff to a possible problem. At one meeting at the Garfield CISP in March 2010, for example, Moffe and Aaren Smoot, a JJRS service coordinator, discovered that the center had been sent a young man previously in placement who wasn't known to JJRS – information which would lead them to explore to make sure the youth had an appropriate discharge plan and whether behavioral health treatment had been prescribed. "It's assumed he gets a discharge plan," says Smoot. "But that's not always the case."

The idea is to keep youths with behavioral health issues on the path to progress, says Moffe. "It's a good forum for that. It helps to get the CISP perspective on what is going on with the kids, and for us to talk about what we have in place and if there are any barriers."

A LONG-NEEDED JUDICIAL RESOURCE

Youths with behavioral problems pose a number of challenges for Juvenile Court judges who preside over their cases. These range from basic questions, such as whether the youth has been adequately evaluated for behavioral health issues, to deciding how to satisfy juvenile justice requirements while providing treatment that will give a youth the best chance of success. As challenging as these issues are, they are far more daunting when judges must work without access to behavioral health history, prior treatment and outcomes, available treatment options and other critical information.

That was too often the case when Kim Berkeley Clark came on the bench in 1999. In most cases, there was nobody in the courtroom with the expertise to answer behavioral health questions when they arose. "You had to pick up the phone and call someone and hope that they were there," says Clark, an Allegheny County Common Pleas Court Family Division judge.

Timely evaluations, for example, "were hit and miss." Delayed evaluations resulted in delayed treatment. "If a kid needed an RTF they had to have an evaluation that recommended that. It just can't be Judge Clark's opinion."

Today, the presence of JJRS staff in the courtroom has resolved most of those issues, she says. "They always have someone in the court. So if you have questions about mental health or where we are in the process with a kid they are there, able to answer them."

Judge Guido DeAngelis has experienced similar outcomes working with JJRS to address the challenges that youths with behavioral health issues present. The first, he says, is arriving at a working diagnosis to begin the process of finding the best treatment options for each juvenile offender. Another is stabilizing the juvenile. "Once we do that, or during the course of stabilization, the next challenge becomes coordination of what is necessary to address the child's needs. And from a mental health standpoint that includes coordinating who will render the service, determining how it will be paid for, who is in position to make the referral and so forth."

"What we look to do is to get a collaborative effort, including cooperation from all counsel, to determine what our resources are and how they can be best used for the child."

The role HSAO's JJRS staff play in that process is significant, Judge DeAngelis says, particularly in establishing a continuum of care, providing oversight and offering a level of behavioral health expertise that for years had not been available to judges on the bench.

"They have knowledge, experience, a network and insights that I trust. They are prepared. They talk to psychiatrists. They make referrals. They understand the child. They're patient. They speak with the parents and work with them, which is important. They're forthright with the court, always follow court orders and don't promise what they can't deliver. They make suggestions. They've even been able to resolve problems at times when the lawyers lacked suggestions. HSAO would step in, suggest a solution and take it upon themselves to resolve it. They're just very effective."

[i] National Center for Mental Health and Juvenile Justice (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study. *NCMHJJ Research and Program Brief* (June 2006), pp 1-2. www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf

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