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**Collaborative Approach to
Juvenile Justice Reform**

*Executive Summary of Juvenile Justice Related
Services in Allegany County*

by Jeffery Fraser

Among the more daunting challenges facing juvenile justice systems across the nation is the need to identify, understand and appropriately accommodate increasing numbers of youths with behavioral health problems.

More than a decade ago, Juvenile Justice Related Services (JJRS) was created within the Allegheny County Department of Human Services (DHS) to address this challenging population in response to the realization that early identification of their behavioral health issues and establishing a continuum of appropriate treatment were inconsistent, at best.

The collaborative approach from which JJRS evolved helped position Allegheny County to be selected for the John D. and Catherine T. MacArthur Foundation's Models for Change initiative, which is focused on promoting juvenile justice system reform. JJRS soon emerged as a catalyst for reform in the county. Those efforts benefitted from a broad base of support within the county as well as from Models for Change grants and technical assistance and the Comprehensive Systems Change Initiative, a MacArthur Foundation-supported initiative of the National Center for Mental Health and Juvenile Justice to promote coordinated, continuous systems of care in juvenile justice that address that mental health needs of youths.

THE JJRS MODEL

Several characteristics of JJRS enable it to make significant contributions to improving how juvenile justice youths with behavioral health needs are addressed in Allegheny County.

- **Key Points of Entry.** JJRS service coordinators are at every point where youths enter the juvenile justice system to identify those in need of behavioral health evaluation. Key points of entry include county Juvenile Probation intake offices, the Shuman Juvenile Detention Center and the regional offices of the Community Intensive Supervision Program (CISP), an alternative to incarceration that allows certain youths to live at home while attending structured and supervised after-school and evening 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 administered voluntarily that is intended to indicate the possibility of behavioral health issues and the need for more thorough evaluation.
- **Service Coordination and Monitoring.** JJRS service coordinators manage the cases of youths identified as having behavioral health issues. Their oversight and treatment coordination extends across systems and programs. Their responsibilities range from developing appropriate treatment plans in coordination with Juvenile Probation to monitoring youths assigned to placement facilities and, upon their release, ensuring a smooth transition to their communities and the continuation of services.
- **Education and Technical Assistance.** JJRS provides information on behavioral health issues and the county behavioral health system to juvenile justice stakeholders, including judges, probation officers, CISP staff, juvenile detention center staff and families of youths in the juvenile justice system. This is done through formal training and other means, including staffing juvenile court proceedings to help judges make informed decisions related to youths with behavioral health issues.

- **Parent Participation.** JJRS embraces a philosophy of engaging parents and other family members in all phases of planning and treatment as part of a comprehensive effort to improve outcomes. This involves sharing information with parents, including parents in decision-making roles, showing respect and support and other practices that have proven successful. From July 2009 through June 2010, for example, parents or guardians were present for 86 percent to 92 percent of the critical interagency sessions held to discuss planning and treatment for youths with behavioral health issues who are in the juvenile justice system.
- **Staffing and Supervision.** The Human Services Administration Organization (HSAO), which administers JJRS, hires experienced staff with diverse backgrounds ranging from psychiatric inpatient care and residential treatment to behavioral health and experience in the child welfare system. Staff members receive extensive ongoing training. Low staff turnover rates and continuity of leadership are also hallmarks of the organization.

BUILDING BLOCKS

JJRS and the multi-system collaborative environment grew from a deliberate process that was neither easy nor quick. Several factors were critical to the process.

- The DHS director, Juvenile Probation administrator and juvenile court judges were among those firmly committed to the idea of a lasting, collaborative partnership to address youths with behavioral health issues.
- Maintaining a focus on improving the well being of those youths was important in mitigating resistance.
- Extensive cross-systems training helped staff better understand and appreciate each other's systems, regulations, points of view, responsibilities and challenges.
- Officials recognized 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 had helped create was the fact it was developed amid a series of reforms in the late 1980s and into the 1990s that had a profound impact on juvenile justice, child welfare, child behavioral health and the provision of human services in Allegheny County and across Pennsylvania.

HOW JJRS EVOLVED

The arrival of residential treatment facilities, in particular, advanced the collaborative approach in Allegheny County to addressing youths in the juvenile justice system in need of behavioral health services that today is at the heart of the way JJRS does business.

In 1994, the RTF Group was created under the direction of the Allegheny County Office of Behavioral Health as a single point of contact for the behavioral health, child welfare and juvenile justice systems. It enabled one group of service coordinators to work across systems to oversee children with behavioral health needs, make referrals, ensure proper discharge plans, and report progress and other developments to Juvenile Probation, child welfare and the court.

HSAO was created in 1999 as a private-sector provider agency whose contracts with the county include administering JJRS and the RTF Group. The success of the RTF Group's cross-system approach kindled interest in addressing other populations of youths in the juvenile justice system with behavioral health needs in a similar manner. At the time, juvenile justice and child welfare staff were under increasing pressure to understand and effectively navigate a behavioral health system that was growing more complex as children's access to state mental hospitals decreased and focus shifted toward community-based mental health services. In response, the DHS Office of Behavioral Health assigned staff to work as liaisons in CYF offices. The liaisons offer caseworkers technical assistance as well as help understanding behavioral health issues and the resources available to address them. A similar approach was later taken to provide technical assistance on behavioral health issues to the Office of Juvenile Probation.

In both cases, acceptance of behavioral health support within the agencies was slow to develop. But productive relationships eventually developed, in part because the support offered by behavioral health staff eased the workload of probation officers and others who previously had no guidance when having to navigate a behavioral health network that was unfamiliar to them.

SYSTEM-WIDE REFORM

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

Consolidation of county government led to the creation of the Department of Human Services in 1997 and an era of reform characterized by system integration, transparency and innovation. Reform included efforts to improve access, become more consumer focused, and to more effectively serve children and families whose needs involved multiple systems and agencies. The reforms that continue today helped earn Allegheny County standing as a national model for human services.

The juvenile justice system also embraced reform. In 2004, Pennsylvania became one of four states selected for Models for Change, which seeks to improve three areas of juvenile justice: mental health, aftercare and reentry, and disproportionate minority contact. Allegheny County is the only Pennsylvania jurisdiction to undertake improving all three. Concepts adopted include mental health screening at points where youths enter the system, screening of youths facing the possibility of secure detention and a pilot Multi-Systemic Therapy program.

POINTS OF ENTRY

Establishing a presence in CYF and Juvenile Probation offices was among the first steps toward blanketing the portals through which children with behavioral health issues enter the juvenile justice system. Previously, most adolescents were not screened for signs of behavioral health concerns. More often than not, their behavioral health needs were poorly managed and monitored from when they entered to when they left the system.

One by one, JJRS covered more of the points of entry. At the Shuman Juvenile Detention Center, for example, a walk-in crisis center was established and triage sessions of JJRS cases are now regularly convened. Service coordination was also built into the county's CISP offices. And coverage was extended to the "failure to comply" population.

Strong relationships built on trust proved necessary for JJRS, Juvenile Probation, detention center, CISP and other juvenile justice staff to effectively work together. Several factors were important to establishing those relationships, not the least of which was promoting respect for and an understanding of the systems JJRS was walking into. Another was demonstrating the value of having behavioral health expertise at the table.

PROBLEM SOLVING

The value of behavioral health support was demonstrated early at the Shuman Juvenile Detention Center, which had been 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. But the necessity of transporting them to the hospital for evaluation was disruptive to the youth, center and staff. Behavioral health staff provided a solution. They arranged for a mobile crisis unit staffed by the University of Pittsburgh Medical Center's Western Psychiatric Institute and Clinic to be used at the detention center to avoid unnecessary hospitalizations. Detention center staff were trained in behavioral health and treatment. Other measures were added later, including a permanent psychiatric walk-in clinic and a case manager with behavioral health expertise.

The changes brought significant improvement. Previously, as many as 10-15 youths were sent to the hospital for evaluation on Section 302 petitions every month. In 2001, the first full year after implementing the changes, only six Section 302 petitions were filed for youths in the detention center.

SCREENING UPON ENTRY

JJRS also improved its ability to identify youths with behavioral health issues as it expanded its reach to various points through which they entered the juvenile justice system. A grant from the 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 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. Today, 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. Incentives were added to encourage youths to participate, such as reducing fines and court costs for those who agree to be screened.

As a result of this practice, more youths are being identified early and prescribed treatment and services for behavioral health issues that otherwise might go undiagnosed and contribute to driving them deeper into the juvenile justice system.

WORKING WITH PROBATION

JJRS continues to play a critical role in the multi-system collaboration in Allegheny County that has significantly improved the way juvenile justice addresses youths with behavioral issues. Of all of its working relationships within the juvenile justice system, none is more important than its partnership with Juvenile Probation, the gatekeeper of the juvenile justice system, which each year receives more than 6,000 referrals – charges filed against youths by police.

Behavioral health issues can present a complex set of challenges for probation officers and influence the outcomes of youths, including recidivism and their ability to get and hold a job, pay restitution and stay in school.

Juvenile Probation officials report they now have a better understanding of behavioral health and the behavioral health system. Probation officers are also better able to address those issues because of their relationship with JJRS and the services it offers, which include early screening, case management, training and technical assistance.

JJRS-administered screening with the CBCL, for example, quickly led to the identification of more youths with behavioral health issues. The CBCL was first administered in August 2006, and by the end of that year, 19 behavioral health referrals were made. In 2007, referrals increased to 109, followed by 182 in 2008. In the first six months of 2010, referrals totaled 282.

WORKING WITH CISP

For nearly a decade, the CISP had been a blind spot with the juvenile justice system in terms of youths with behavioral health issues. Behavioral Health and JJRS did not have access to an important population: the young men, ages 10-18, involved in CISP, the acclaimed juvenile justice program created as an alternative to incarceration and re-entry program for those returning from institutional placements. Rather than being sent to state-operated facilities far from their home, CISP allows the young men to live at home and attend school in their neighborhood by providing mandatory, structured and supervised after-school, evening and weekend programming.

Beginning with one of five CISP sites, JJRS and CISP staff began collaborating on ways to address the young men in the program. One early improvement was having youths treated by a therapist at the facility itself. Previously, they were taken from the facility to be treated at home, which disrupted their participation and progress in program.

Other JJRS practices, such as screening with the CBC and regular triage sessions of JJRS cases, are today among the steps taken to identify those with behavioral health issues and address their needs across the CISP network. JJRS staff, for example, attends CISP staff meetings, which allows for an informal sharing of information about adolescents with behavioral health issues.

JJRS AS A JUDICIAL RESOURCE

Behavioral issues present Juvenile Court judges with challenges ranging from basic questions, such as whether a youth has been adequately evaluated, to deciding how to satisfy juvenile justice requirements while providing treatment that will best help a youth succeed.

For years, Allegheny County judges too often faced such challenges without access to behavioral health histories, prior treatment and outcomes, available treatment options and other critical information. Whether a youth received a timely evaluation, for example, was a hit or miss proposition and without such an evaluation, treatment would often be delayed.

Judges report that the presence of JJRS staff in the courtroom has resolved most of those issues. JJRS staff routinely attend court hearings of youths with behavioral health issues. They provide judges with a level of behavioral health expertise that previously had not been available to them, which has proven critical in helping the court determine a working diagnosis, establish a continuum of care and monitor a youth's progress.

As with Juvenile Probation, CISP and others, this relationship was developed over time to where today JJRS is seen as a trusted, critical partner in the highly regarded collaborative in Allegheny County to address the needs of youths with behavioral health issues who become involved in the juvenile justice system.



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