

Meadows Mental Health Policy Institute

Briefing: Mental Health Needs of Children and Youth in the Child Welfare and Juvenile Justice Systems – December 2014

Mental Health and Texas Children

Notable statistics regarding Texas children’s mental health include the following:

- Each year, 175,000 Texas children suffer from severe mental health needs. Of those, 50% will drop out of high school and they face double the risk for substance use as compared to children without such needs.
- One half of all mental illnesses begin by age 14.
- Suicide is the second leading cause of death for young people ages 10 to 24; nearly one in seven Texas high school students makes a suicide plan.
- Current public services:
 - Most people think about the Department of State Health Services (DSHS) when they think about the “Texas public mental health system.”
 - DSHS served just over 47,000 children and adolescents in SFY 2012.
 - 3.5 million Texas children and adolescents in poverty have Medicaid.
 - Medicaid served over 300,000 Texas children with behavioral health needs.
- Despite the availability of Medicaid, too many Texas children first receive mental health services through foster care, juvenile justice or special education.

Why Does Mental Health Matter in the Juvenile Justice System?

In the juvenile justice system, research has consistently documented that:

- Sixty-five to 70 percent of youth in contact with the juvenile justice system have a diagnosable mental health disorder;
- Over 60% of youth with a mental health disorder also have a substance use disorder; and
- Almost 30% of youth have disorders that are serious enough to require immediate and significant treatment.

What About the Child Welfare System?

Eighty percent (80%) of children involved with child welfare have emotional or behavioral disorders, developmental delays, or substance use problems requiring behavioral health intervention. Most children who enter the child welfare system have experienced significant trauma. For those who are placed out of their homes, the trauma of separation from their families and placement moves within the foster care system can lead to additional trauma. These vulnerable and at-risk children have a high prevalence of mental health needs.

Dual Status: Youth Touching Both the Child Welfare and Juvenile Justice Systems

Children and youth with “dual status” are not only notable for their prevalence, but also for their complexity. Dual status youth are:

- Younger at the time of their first arrest,
- Have higher rates of recidivism,
- Are detained more often and for longer periods of time,
- Experience more frequent placement changes,
- Are more likely to experience school failure, and
- Have more extensive mental health needs than “single system” youth.

Texas Behavioral Health Challenges

Overall. Key behavioral health challenges that the state of Texas is facing include an inadequate behavioral healthcare workforce, service capacity constraints, cross-payer challenges, and a lack of meaningful involvement of local regions at the state level. An overarching challenge that the state is facing involves determining how to align ever-increasing health purchasing across multiple funding streams to control costs and improve health outcomes.

Challenges for Judges. Judges and magistrates have a dual challenge: to protect public safety and to help young offenders turn their lives around. Virtually all of the youth who enter a courtroom will sooner or later return to society. How well we rehabilitate them while under court supervision is the key to reducing their likelihood to re-offend.

Judges and magistrates must make decisions but often do not have access to high quality information with which to make those decisions. The Bench should be able to expect a clear rationale for treatment recommendations, anchored in evidence-based assessment and a logical expectation of specific, relevant outcomes.

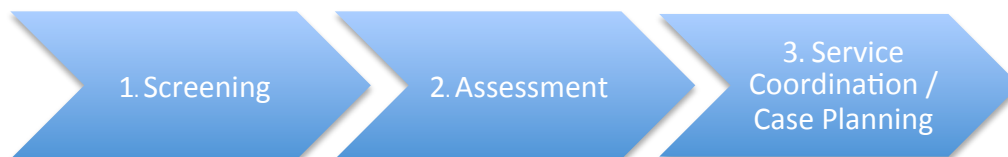
Challenges Within Child and Family-Serving Systems. Central goals of child and family-serving systems are to identify the kinds of support that each child or youth needs and to deliver these in the most timely, effective and efficient way possible. Unfortunately, we too often fall short of these goals as we try to function within a context of crisis and missed opportunities for prevention. There is a huge gap between what we know works and what we actually do.

Additional challenges include the difficulty to identify and treat children and youth in vulnerable settings like foster care, juvenile justice and even schools. Too often, we over-serve some children and youth, including some with little or no mental health needs. When we place these youth in restrictive settings with more disturbed children, they can actually get worse.

An Effective Approach

Effectively meeting the complex needs of these children and youth requires an approach that comprises a coordinated, individualized response with community-linked engagement and transition to other services/supports (as depicted in the following figure).

Coordinated, individualized response



Community-linked engagement and transition



Screening and Assessment

Screening and assessment targets two primary domains and two different questions:

1. **Mental health:** Identify children and youth with mental health needs that place them or others at risk of bad outcomes, addressing the question, “do youth require further assessment or treatment?”
2. **Juvenile justice:** Identify the potential for serious reoffending and/or continued delinquent behavior, addressing the question, “is the risk sufficiently great that some sort of intervention is necessary?”

A juvenile justice risk assessment seeks to answer two questions:

1. A juvenile justice screening determines if a youth is at a relatively low or high risk of reoffending (youth at low risk will do better the less we do for [to] them).
2. A juvenile justice assessment determines what factors in a youth’s life likely contribute to offending or delinquent behavior.

There are two main purposes to mental health screening:

1. Identify youth (early) who might require an immediate response;
2. Sort, or triage, to identify youth with a higher likelihood of having needs requiring special attention.

The purpose of mental health assessments is to gather a more comprehensive and individualized profile of a youth. Assessments are performed selectively in order to verify the

presence of mental health needs, inform diagnoses, and inform planning for mental health interventions.

Effective mental health assessments ensure that youth are directed to proper levels of service intensity and/or restrictiveness (which are not the same thing). For example, time in restrictive settings predicts bad outcomes. The efficiency of mental health assessments ensures that youth receive the right services.

There are many good screening and assessment tools. Two examples of good screening tools include the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2), which identifies potential mental health problems for youth entering the juvenile justice system, and the Ages and Stages Questionnaire (ASQ), which screens for developmental and social-emotional delays in early childhood.

Good assessment tools included the following:

- Child and Adolescent Needs and Strengths (CANS),
- Achenbach Child Behavior Checklist (CBCL), and
- Juvenile risk assessments such as Washington State Juvenile Risk Assessment (including versions like the Youth Assessment and Screening Instrument [YASI], the Positive Achievement Change Tool [PACT], etc.).

Assessment Barrier: Communication and Disconnection

Child and family-serving systems are complex; they are collections of well-intentioned people and programs with different pressures, priorities, perspectives and expertise. We frequently lack a common language to talk with each other about how to meet child, youth and family needs. These communication disconnects can lead to youth receiving few or no services because their needs have been under-identified, or receiving the wrong services, such as staying too long in inappropriate or restrictive settings.

Too often, opportunities for communication, collaboration and intervention are missed. Without effective tools and strategies for communication within and across systems, we don't know whether we are providing the right kinds of treatment, in the right amounts and at the right times, to the children and youth we serve.

Crossing the Communication Barrier: The CANS

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making (including level of care and service planning), facilitate quality improvement initiatives, and allow for the monitoring of outcomes. The CANS is the most widely used common assessment strategy for monitoring well-being in the child

serving system in North America. Versions of the CANS are currently used in 37 states (including Texas) in child welfare, mental health, juvenile justice, autism and other developmental challenges, and early intervention applications.

Coming from communication theory, the CANS is a “communimetric” measure developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans (including the application of evidence-based practices). The CANS is easy to learn and well-liked by parents, providers and other partners because it is easy to understand and useful for both case planning and system performance monitoring. In addition, the CANS is an open domain tool that is free for anyone to use.

Decision support applications include the development of specific algorithms for levels of care, including residential treatment, intensive community services, and traditional outpatient care. Algorithms can be localized for sensitivity/application to varying service delivery systems and cultures.

Algorithms are complexity indicators, with high levels of care or intensity of service tied to greater levels of complexity (i.e., more needs to address across multiple dimensions). The applications of CANS-based decision algorithms have documented dramatic impacts on service system effectiveness and efficiency.

A growing body of research demonstrates that use of decision models based on the CANS results in improved outcomes by better matching children to placements and level of intensity of care.

- In Illinois, use of a decision model for residential treatment resulted in savings of \$80 million a year in residential treatment in the late 1990’s.
- In Philadelphia, use of a decision model for Treatment Foster Care reduced lengths of stay dramatically and saved the city \$11 million in the first year of use.
- Wisconsin’s algorithm is particularly interesting because it separates placement from intensity of care so that a child would not necessarily have to move because of escalating needs/complexity.

Some settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment.

- A rating of ‘2’ or ‘3’ on a CANS need suggests that this area must be addressed in the plan.
- A rating of a ‘0’ or ‘1’ identifies a strength that can be used for strength-based planning, while a rating of ‘2’ or ‘3’ identifies a strength that should be the focus of strength-building activities.

Importance of Sound Implementation

Adopting any tool or intervention is meaningless without quality implementation. Too often, we adopt screening or assessment tools, and train staff to use them, without realizing much benefit. A systemic approach is required in which tools are incorporated into a “system” – the way we work – and used in supervision and decision-making.

The following questions should be considered prior to implementing screening or assessment tools:

- When will a given tool be used?
- What are the decision points and purpose for use?
- How will information from screening and assessment be used in decision making?
- What happens (*and, equally important, doesn't happen*) when a youth screens “high”?
- How will information guide case planning?
- How will change be monitored?

What Works in Terms of Treatment?

Whenever safe and appropriate, youth with mental health needs should be prevented from entering out-of-home placement or the juvenile justice system in the first place. For youth who do enter the system, the first option should be effective treatment within the community. For those few who require restrictive placement, it is important to ensure that they have access to effective services while in care to help them re-enter society successfully. Whenever appropriate, the family should be the locus of intervention.

What Does Research Say?

Children with even the most severe mental disorders often can live at home and succeed in community settings like school. Ideally, interventions:

- Are provided primarily in the family's home and community;
- Are designed around the goals of the family and child;
- Are integrated with primary care;
- Are available when needed, including after-school, in the evenings, and on weekends;
- Give children the opportunity to practice life skills and make positive choices while engaged in community activities; and
- Strengthen the family's and child's network of social support.

Effective Interventions

Effective interventions are community-based, restorative, skill-building, family-centered and coordinated. In addition, effective, evidence-informed interventions and treatments are primarily designed for use in the community, not institutional settings.

- Restrictive does not equal intensive
- Interventions like residential treatment facilities and inpatient psychiatric services are not effective for most children and may do more harm than good.

There are many effective interventions, including the following:

- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
- Parent Child Interaction Therapy (PCIT)
- Parent Management Training
- Brief Strategic Family Therapy (BSFT)
- Functional Family Therapy (FFT)
- Multidimensional Treatment Foster Care (MTFC)
- Multisystemic Therapy (MST)
- Family Integrated Transitions (FIT)
- Wraparound Planning Coordination
- Triple P—Positive Parenting Program (Triple P)
- Trust-Based Relational Intervention (TBRI)

Case Planning

Case planning should flow directly from assessment, target high risk (youth and life domains), and provide a clear rationale for treatment recommendations as well as logical expectations of specific, relevant outcomes. Youth and family should be involved in formulating goals and recommendations. Planning should also incorporate transitions across levels of care and placement.

Evidence-Based Practice

Evidence-based practice (EBP) can mean too many things. Evidence based “practice” does not equal evidence based “programs”; evidence-based programs are a collection of practices that are done within a set of known parameters (philosophy, values, service delivery structure, and treatment components).

Service should emphasize principles of evidence-based practice that provide the most effective services to youth and their families. Since it is not often practical for the majority of services provided to youth to be formal “evidence based programs,” it is important to take a practical approach.

Children, youth and families should receive care that meets their needs. Research evidence tells us that some practices work better than others. The goal should be to provide services and supports that are based on sound research and experience about what works to effectively reduce problem behaviors, and move away from the idea that “Problem A gets Treatment B.”

To do this, it is helpful to think about decisions in terms of ALL the evidence (youth, family, community, system) – not just a simple IF-THEN of treatment selection. Careful monitoring of fidelity and outcomes can be used to build and maintain integrity of services.

Importance of Understanding Trauma

Judges in family, treatment or problem-solving courts know that many youth and adults who appear before them have experienced violence or other traumatic events. In fact, the experience of trauma among people with substance use and mental health disorders, especially those involved with the justice system, is so high as to be considered an almost universal experience.

A trauma-informed approach acknowledges the prevalence and impact of trauma and attempts to create a sense of safety for all participants, whether or not they have a trauma-related diagnosis. Becoming trauma-informed requires a re-examination of policies and procedures that may result in participants feeling a loss of control in specific situations, training staff to be welcoming and non-judgmental, and modifying physical environments. It also involves minimizing perceived threats, avoiding re-traumatization, and supporting recovery. There is often minimal cost involved in implementing trauma-informed principles, policies, and practices.

Several evidence-based services and interventions exist to effectively treat trauma. It should be noted that trauma-informed care is different from trauma-specific care – the former is a framework, the latter a focused practice. These practices are designed to help youth understand how their past experiences shape their behavior and responses to current events. Trauma-specific services can also help youth (and adults) develop more effective coping strategies to address the impact of trauma.