JJPOC Recommendations for Improving Coordination between the Juvenile Justice and Behavioral Health Systems

Behavioral Health Recommendation #1

It is recommended that the juvenile justice system infrastructure and integration be enhanced to address the behavioral health needs of all youth, including those who are involved with, or at risk of involvement with, the juvenile justice system.

The Diversion, Incarceration, and Recidivism workgroups each forwarded goals relating to the improving access to behavioral health services and supports for youth. Enhancing integration of the juvenile justice and behavioral health systems will help facilitate the implementation of these proposed actions. Consequently, Behavioral Health Recommendation Area 1 has the potential to contribute directly to all three of the stated JJPOC goals to increase diversion by 20%, reduce incarceration by 30% and reduce recidivism by 10%.

Target of Change	Juvenile Justice and Behavioral Health Systems
Problem	The Judicial Branch's Court Support Services Division (CSSD), the Department of Children and Families (DCF), and the Department of Corrections (DOC) oversee elements of the juvenile justice system. Several agencies (e.g., DCF, CSSD, CSDE, DSS, OEC, DDS, DMHAS) fund and oversee the delivery of various behavioral health services to youth and their families. The result is a complex and fragmented system that is difficult to navigate for youth and their families, which compromises engagement and reduces the potential impact of treatment for justice-involved youth with behavioral health needs.
Recommendation Summary	It is recommended that the juvenile justice system infrastructure and integration be enhanced to address the behavioral health needs of all youth, including those who are involved with, or at risk of involvement with, the juvenile justice system. Youth in the juvenile justice system with behavioral health needs will benefit from further integration at the systems level by: enhancing coordination of the JJPOC and Behavioral Health Plan Advisory Board; supporting the full implementation of the Children's Behavioral Health Plan; further investing in the community-based behavioral health system; ensuring integration of data across systems; and implementing a comprehensive outcome measurement plan.
Potential Impact	Strategies to enhance integration across the behavioral health and juvenile justice systems are consistent with PA 15-185 and PA 13-178. Integration at the systems level will help achieve the aims of the JJPOC and the Children's Behavioral Health Plan and better address the needs of at-risk and justice-involved youth. The potential impact of better system integration is increased system capacity for cost- effective and coordinated service delivery and optimal outcomes for youth. Enhancing system capacity and integration has the potential to significantly contribute to the stated JJPOC goals to increase diversion by 20%, reduce

	incarceration by 30%, and reduce recidivism by 10%.
Rationale	Research indicates that the presence of significant disconnects between the behavioral health and juvenile justice systems can result in poor outcomes and high costs. Behavioral health services provided in the juvenile justice system are often limited and inadequate. Focus groups and interviews conducted for this report consistently identified the importance of enhanced collaboration among the agencies that collectively serve youth with behavioral health needs and youth in the juvenile justice system.
Recommendation I	Detail: System Infrastructure and Integration
Policy/Legislative Action	 Form a law and policy working group of the JJPOC to examine and provide implementation guidance to support system integration and associated recommendations Provide funding to the Behavioral Health Plan Advisory Board to support administrative functions, planning and implementation, and coordination with the JJPOC Legislation to ensure reinvestment of cost savings, associated with reduction in deep-end juvenile justice and behavioral health placements, to the community-based behavioral health system Legislation to facilitate integration of data across behavioral health and juvenile justice systems including development of common identifiers across systems and examination of long-term outcomes for system-involved youth. Ensure full compliance with all relevant federal and state regulations pertaining to confidentiality, privacy, and security of data. Ensure state agencies providing behavioral health services to justice-involved youth complete a detailed fiscal analysis (already underway through the BH Plan Advisory Board) Establish reimbursement policies to create incentives for providers to deliver evidence-based practices to justice-involved youth and demonstrate outcomes
Practice Change Actions	• Better integration of the JJPOC and the Children's Behavioral Health Plan Advisory Board, while maintaining the autonomy of each group to pursue their respective charges
Implementation Implications	Significant effort will be required during the implementation phase to address barriers that may stand in the way of system integration as described in the report.

Behavioral Health Recommendation #2

It is recommended that an integrated system be developed that provides an effective array of services and supports that identify and address service needs at the earliest possible point, prevents deep-end behavioral health and juvenile system involvement, coordinates care across systems, and fully addresses the needs of system-involved youth.

The Diversion, Incarceration, and Recidivism workgroups each forwarded proposed actions relating to improving access to behavioral health services and supports for youth. This will require enhancements to the behavioral health service system for youth at risk of juvenile justice involvement, youth who are diverted from early points in the juvenile justice system to the behavioral health system, and youth who are involved at various points in the juvenile justice system including secure placements. Consequently, implementing Behavioral Health Recommendation Area 2 has the potential to contribute directly to all three of the stated JJPOC goals to increase diversion by 20%, reduce incarceration by 30% and reduce recidivism by 10%.

Target of Change	Behavioral health service delivery system, community-based providers, police, schools, JRBs, secure facilities
Problem	Youth with behavioral health needs are at elevated risk to become involved in the juvenile justice system, and youth who are already involved in the juvenile justice system have high rates of behavioral health needs. It is important, therefore, to: a) ensure that youth in the community with behavioral health needs are identified early so as to prevent juvenile justice system involvement whenever possible, and; b) ensure that youth with behavioral health needs in the juvenile justice system have access to appropriate levels of behavioral health care to meet their needs.
Recommendation Summary	It is recommended that an integrated system be developed that provides an effective array of services and supports that identify and address service needs at the earliest possible point, prevents deep-end behavioral health and juvenile system involvement, coordinates care across systems, and fully addresses the needs of system-involved youth.
	Research has clearly established a significant overlap of behavioral health needs among justice-involved youth, so there is a need to ensure the presence of a comprehensive array of effective behavioral health services including screening and assessment, programs and initiatives for youth diverted from the juvenile justice system, and effective services for youth who are involved at various points in the juvenile justice system. Those services should be evidence-based, trauma- informed, and culturally and linguistically appropriate.
Potential Impact	Given the prevalence of behavioral health needs among justice involved youth, ensuring access to a comprehensive array of services and supports may result in earlier identification of behavioral health needs, lower rates of involvement in the

	juvenile justice system, coordinated service delivery, improvements in behavioral health functioning, reductions in the need for secure confinement or placement in other restrictive settings, and reductions in recidivism. Enhancing behavioral health services for all youth at various points of involvement in the juvenile justice system (from diversion through youth in secure placements) has the potential to significantly contribute to the stated JJPOC goals to increase diversion by 20%, reduce incarceration by 30%, and reduce recidivism by 10%.	
Rationale	Research indicates that emotional and behavioral dysregulation associated with significant behavioral health conditions, including trauma exposure, can place youth at an increased risk for juvenile justice involvement. Given the high prevalence of behavioral health concerns among youth in the juvenile justice system, and efforts to reduce contact with the juvenile justice system, an array of effective behavioral health services and supports is required.	
Recommendation Detail: Service Delivery		
Policy/Legislative Action	• Examine grant funds and Medicaid reimbursement rates to expand service capacity, retain highly-qualified staff, and deliver evidence-based practices to a larger population of youth regardless of system involvement.	
Program Actions	 Promote screening for behavioral health concerns in school and community settings to intervene early and prevent juvenile justice system involvement. Use common screening measures throughout community and juvenile justice systems, screen for substance use and suicidality, and ensure access to case management and care coordination. Promote social, emotional and behavioral functioning and deliver evidence-based prevention activities in home, school and community settings in order to reduce rates of juvenile justice involvement and deep-end placement. Screen for behavioral health concerns upon intake to detention, CYFSCs, and secure facilities while ensuring the full protection of youths' legal rights. Ensure probation officers have access to trained and licensed behavioral health clinicians for full biopsychosocial assessment, as indicated for youth who screen positive for behavioral health concerns. Expand the capacity of JRBs to ensure statewide coverage, accept referrals from police and schools for youth outside the juvenile justice system, and implement restorative justice programming Enhance capacity of multiple programs and services within the behavioral health system (see full report) in order to meet the needs of at-risk youth and youth diverted from the juvenile justice to the behavioral health system. If the state moves toward the closing of secure facilities (e.g., CITS, Pueblo), first scale up a network of smaller, community-based secure therapeutic environments before these facilities are closed. 	

Practice Change Actions	 Work with schools to reform disciplinary procedures and practices to reduce arrest, expulsion and suspension; implement graduated response models of school discipline; train school personnel and School Resource Officers to recognize and manage behavioral health needs; implement school-based restorative justice practices; and develop MOAs with police and Emergency Mobile Psychiatric Services (EMPS). For youth in secure facilities, implement existing recommendations (from Georgetown University, the National Center for Mental Health and Juvenile Justice, and other sources) pertaining to the delivery of trauma-informed care, positive youth development activities, suicide prevention, and post-discharge transitions to community-based settings. For youth at CJTS and Pueblo, ensure transition planning begins early in placement so that youth are able to transition to a stable living environment with access to home, community, and educational supports.
Implementation Implications	Implementing enhancements to the behavioral health service system to prevent juvenile justice system involvement and address the needs of justice involved youth will require coordination of multiple partners in those systems including the JJPOC and Behavioral Health Plan Advisory Board, state agencies, providers, families and youth, and researchers/evaluators. Additional funding or reinvestment of existing funding may be required.