

Commonwealth of Pennsylvania Mental Health / Juvenile Justice Joint Policy Statement

The Mental Health/Juvenile Justice (MH/JJ) Work Group of the Pennsylvania MacArthur Foundation Models for Change Initiative is comprised of representatives from the juvenile justice, mental health, child welfare, drug and alcohol, and education systems as well as families. Our vision is that by 2010 every county will have a comprehensive model system that: (1) prevents the unnecessary involvement of youth who are in need of mental health treatment, including those with co-occurring substance abuse disorders, in the juvenile justice system; (2) allows for the early identification of youth in the system with mental health needs and co-occurring disorders; and (3) provides for timely access by identified youth in the system to appropriate treatment within the least restrictive setting that is consistent with public safety needs. The MH/JJ Work Group's goal is to engender the systems change necessary to make this vision a reality, including minimizing barriers that impede county innovation.

This effort is prompted by the recognition that many youth in contact with the juvenile justice system have significant mental health and co-occurring substance abuse treatment needs. Youth with unidentified and untreated mental health and co-occurring substance abuse needs are unable to participate fully in their families, schools and communities, and are at high risk of becoming involved in offending behavior. Once in the juvenile justice system, untreated youth pose a safety risk to themselves and others. Moreover, they are hindered in their ability to participate in their own rehabilitation, be accountable for their actions, and develop competencies, in accordance with the principles of balanced and restorative justice (BARJ) as incorporated into Pennsylvania's Juvenile Act. In order to promote these purposes, the MH/JJ Work Group is committed to implementing policies that promote the early identification of youth with mental health and co-occurring substance abuse needs, appropriate diversion out of the juvenile justice system, and referral to effective, evidence-based treatment that involves the family in both the planning for and delivery of services. Concurrent with these efforts, the MH/JJ Work Group will work to ensure that safeguards are in place to avoid the misdiagnosis and/or overdiagnosis of youth in the juvenile justice system, as well as to protect youth's legal interests and rights.

The MH/JJ Work Group's commitment to cross-systems collaboration to achieve this vision is further premised on the understanding that no one system bears sole responsibility for these youth. Instead, these youth are the community's responsibility and all policy responses developed for them, on both the state and county level, should be collaborative in nature, reflecting the input and involvement of all child-serving systems as well as family members. This commitment is in line with the Pennsylvania Department of Public Welfare's requirement that counties annually submit Children's Integrated Services Plans.

The Fundamentals of a Comprehensive Model System

Our goal is to support every Pennsylvania county in developing, through a collaborative effort among all child-serving systems and families, a comprehensive system that features the key components of identification, diversion, short term interventions and crisis management, evidence-based treatment and continuity of care/aftercare planning for youth with mental health needs and co-occurring substance abuse issues. Such a system will integrate families into the planning for and delivery of services, and ensure that youth's legal rights are protected at all stages.

Screening and Assessment

1. Mental health and substance abuse screening is available as needed at key transition points in the juvenile justice system to identify conditions in need of immediate response.
2. Instruments used for screening and assessment are standardized, scientifically-sound, contain strong psychometric properties, and demonstrate reliability and validity for identifying the mental health and substance abuse treatment needs of youth in the juvenile justice system.
3. Safeguards ensure that screening and assessment is used to divert youth out of the juvenile justice system and into mental health and/or substance abuse treatment when appropriate, and information and/or statements obtained from youth are not used in a way that violates their rights against self-incrimination.
4. All youth identified as in need of immediate assistance receive emergency mental health services and substance abuse treatment.
5. All youth identified as in need of further evaluation receive a comprehensive assessment to determine their mental health and substance abuse treatment needs.
6. Youth are not subjected to unduly repetitive screening and assessment.
7. All personnel who administer screening and assessment instruments are appropriately trained and supervised.

Continuum of Services

Diversion

8. Youth and their families have timely access to evidence-based treatment in their communities, such that youth do not have to enter the juvenile justice system solely in order to access services or as a result of mental illness and co-occurring substance abuse disorders.
9. Diversion mechanisms are in place at every key decision-making point within the juvenile justice continuum such that youth with mental health needs and co-occurring substance abuse disorders are diverted from the juvenile justice system whenever possible and when matters of public safety allow, including into the dependency system as appropriate.
10. Juvenile justice professionals, including judges, prosecutors, defense attorneys and probation officers, receive training on how youth with mental health and co-occurring substance abuse disorders can be diverted into treatment.
11. Youth who have been diverted out of the juvenile justice system are served through effective community-based services and programs.
12. Diversion programs are evaluated regularly to determine their ability to effectively and safely treat youth in the community.

Short-Term Interventions and Crisis Management

13. Secure detention facilities and shelter care programs have services adequate to provide short-term interventions and crisis management to youth with mental health needs and co-occurring substance abuse disorders, in order to keep them safe and stable while awaiting a permanent placement.

Evidence –Based Treatment

14. Assessment data is used to develop comprehensive treatment plans for adjudicated youth as part of their disposition.
15. Representatives from all relevant child serving systems (i.e., juvenile justice, child welfare, mental health, substance abuse, education, etc.) and families engage in the development and implementation of comprehensive treatment plans.
16. If diversion out of the juvenile justice system is not possible, youth are placed in the least restrictive setting possible with access to evidence-based, developmentally-appropriate treatment services. Such services are tailored to reflect the individual needs and variation of youth based on issues of gender, ethnicity, race, age, sexual orientation, socio-economic status, and faith.
17. Qualified mental health and substance abuse personnel are in place to provide treatment to youth in the juvenile justice system.
18. In-state capacity provides support for evidence-based treatment programs and their proliferation.
19. Mechanisms are in place to continually measure and evaluate the effectiveness of various treatment modalities, as well as the quality of service delivery.

Continuity of care/aftercare

20. Representatives from all relevant child serving systems (i.e., juvenile justice, child welfare, mental health, substance abuse, education, etc.) and families are engaged in the development and implementation of comprehensive treatment plans to ensure continuity of care as youth move to new juvenile justice placements, appropriate aftercare when youth are released from placement to the community, and to aid in the youth's transition to adulthood.

Family Involvement

21. Families engage with all relevant child-serving systems in the development and implementation of comprehensive treatment and aftercare plans for their children.
22. All services are child-centered, family focused, community-based, multi-system and collaborative, culturally competent and offered in the least restrictive/intrusive setting as possible, and these CASSP principles are followed in all treatment planning and implementation.

Funding

23. Sustainable funding mechanisms are identified to support all services identified above as comprising the continuum of care, particularly for screening and assessment, evidence-based treatment practices, and cross-training of professionals from the various child-serving systems.

Legal Protections

24. Policies control the use of pre-adjudicatory screening and/or assessment information, as well as information gathered during post-disposition treatment, to ensure that information is not shared or used inappropriately or in a way that jeopardizes the legal interests of the youth as defendants, including their constitutional right against self-incrimination.

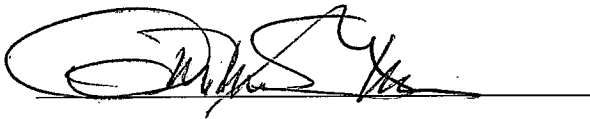
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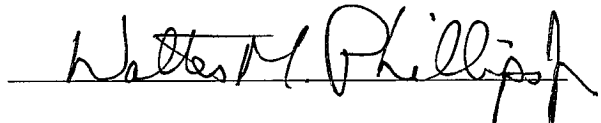
Hon. Estelle B. Richman, Secretary
Pa. Department of Public Welfare



Dr. Gerald L. Zahorchak, Secretary
Pa. Department of Education



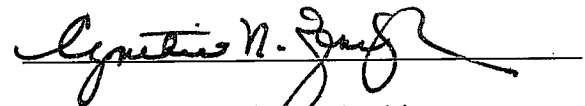
Hon. Arthur E. Grim, Chairman
Pa. Juvenile Court Judges' Commission



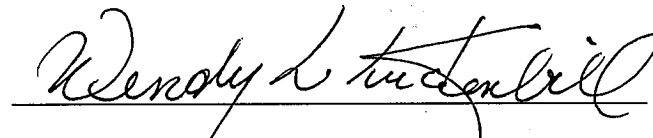
Hon. Walter M. Phillips, Jr., Chairman
Pa. Commission on Crime and Delinquency



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Note: This policy statement is based, in part, on many of the principles and recommendations found in *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System* (Draft January 2006) developed by the National Center for Mental Health and Juvenile Justice at Policy Research Associates, Inc. with support from The Office of Juvenile Justice and Delinquency Prevention. *BLUEPRINT FOR CHANGE* can be found at www.ncmhji.com.