Targeting Juvenile Behavioral Health Needs

Screening and Assessment

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Collaborating to Achieve and Communicate Positive Public Health and Public Safety Outcomes

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Goals of Presentation

• To briefly review the prevalence of diagnosable mental health disorders in juvenile justice youth to highlight the need for identification and response
• To distinguish screening and assessment
• To discuss potential points of screening and ways of optimizing pragmatic outcomes of assessment
• To discuss policy and practice implications of different approaches to screening and assessment
Large numbers of youth in the juvenile justice system are experiencing mental health disorders

<table>
<thead>
<tr>
<th>Prevalence of Mental Disorders - Findings From Recent Studies</th>
<th>Positive Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCMHJJ (2006)</td>
<td>70.4%</td>
</tr>
<tr>
<td>Teplin et al. (2002)</td>
<td>69.0%</td>
</tr>
<tr>
<td>Wasserman et al. (2002)</td>
<td>68.5%</td>
</tr>
<tr>
<td>Wasserman, Ko, McReynolds (2004)</td>
<td>67.2%</td>
</tr>
</tbody>
</table>
## Types of Disorders by Gender (n=1437)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Overall</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Disorder</td>
<td>70.4</td>
<td>66.8</td>
<td>81.0</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>34.4</td>
<td>26.4</td>
<td>56.0</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>18.3</td>
<td>14.3</td>
<td>29.2</td>
</tr>
<tr>
<td>Disruptive Disorder</td>
<td>46.5</td>
<td>44.9</td>
<td>51.3</td>
</tr>
<tr>
<td>Substance Abuse Disorder</td>
<td>46.2</td>
<td>43.2</td>
<td>55.1</td>
</tr>
</tbody>
</table>
Many of these youth experience multiple and severe disorders

- More than half (55.6%) of youth met criteria for at least two diagnoses

- 60.8% of youth with a mental disorder also had a substance use disorder

- About 27% of justice-involved youth have disorders that are serious enough to require immediate and significant treatment
Many youth with mental health problems appear to be inappropriately and unnecessarily involved in the juvenile justice system

- 67% of incarcerated youth with high mental health needs were committed for non-violent offenses
  (Texas Juvenile Probation Commission, 2003)

- 36% of families report placing children to access mental health services (National Alliance for the Mentally Ill, 2001)

- 2/3 of juvenile detention facilities hold youth unnecessarily because of lack of available mental health services
  (Congressional Committee on Government Reform, 2004)
Mental Health services in the juvenile justice system are often inadequate or unavailable

- 25% of all juvenile detention centers reported providing no or poor mental health treatment for youth in their care
  (Congressional Committee on Government Reform, 2004)

- Series of investigations of secure juvenile facilities have documented poor training, inadequate clinical services, inappropriate use of medications (etc.)
  (U.S. Department of Justice, 2005)
As a result, there is a growing sense of crisis surrounding the large numbers of youth in the justice system with unmet mental health needs.

- Mental health is “the number one emergent issue as far as juvenile justice is concerned” (Coalition for Juvenile Justice, 2000).

- Youth must be diverted “to avoid the unnecessary criminalization of non-violent juvenile offenders with mental illness” (President’s New Freedom Commission, 2003).
There are a number of trends, services and strategies that are developing to support the better identification and treatment of these youth

- Use of mental health screening and assessment procedures
- Spread of evidence-based interventions and promising practices
- Implementation of collaborative state and local mental health/juvenile justice programs
Heterogeneity of MH - JJ Populations

High Functional Impairment

- Intensive mental health case management and comprehensive services (e.g., mental health, special education) coordinated with good routine supervision
- Intensive supervision closely integrated with intensive mental health case management and specialized evidence-based interventions (e.g., MST, FTT, Therapeutic Foster Care)

Low Functional Impairment

- Good routine supervision coordinated with good routine mental health services
- Intensive supervision coordinated with good routine mental health services (programs based on RNR principles)

Criminogenic Risk

Low Risk

High Risk
Elements of a Juvenile Justice Response

• Screening
  – Brief MH screening at intake point
  – To identify youth with potential MH-SA needs

• Assessment
  – More detailed evaluation of youth “screened in” (as follow-up)
  – To determine individualized current and long-range needs

• Services
  – Interventions to meet the needs of youth
    • Emergency, crisis and stabilization services
    • Community-based mental health services (Evidence-based!)
    • Specialized, evidence-based interventions for youth with chronic or high risk histories
Screening in Juvenile Justice Settings*

*I would like to acknowledge the support of Dr. Thomas Grisso in the preparation of this presentation.
Target Population: Dimensions to Consider

• Clinical
  – Severity
  – Co-occurring Disorders
  – Specific link between psychiatric disorder and misconduct leading to system involvement

• Criminal Justice
  – Charge levels
  – Risk of Recidivism

• SocioDemographic
  – Gender
  – Race and Ethnicity
  – Insurance/Housing Status
  – Age
Why Defining Your Target Population is Key

• To be on the same page with partners
• To ensure program intervention is responsive to risk, needs, and responsivity
• To ensure efficient allocation of scarce resources
• To achieve collaborative goals and objectives
**Target Population: Common Challenges**

- Target population is defined too broad
- Target population is defined too narrow
- Different systems use different typologies
- Target population needs do not line up with available services
Target Population Defined: Now What?

- What do they need?
- What is available to meet their needs?
- Where will you identify them?
- How will they be screened/assessed?
- Who will do the screening/assessment?
- How will they be enrolled?
- And then........
Some sites where screening may be helpful

- Prevention programs
- Intake probation offices
- Diversion programs
- Detention centers
- Reception into juvenile corrections
- Re-Entry programs from longer-term incarceration
Use of Mental Health Screening

- Identifies youths who might have mental health needs

- Acts as early warning for emergencies

- Assists in deciding need for a more detailed and individualized assessment

- Should be done with a research-based mental health screening tool
Key Elements of Research-based Screening Tools

- **Routine-feasible**
  can be done with every youth, easy and brief—e.g., 10-15 min.—and require staff training but not clinical skills

- **Standardized**
  always done exactly the same way

- **Relevant**
  identifies the types of behaviors, feelings or thoughts that you wish to identify as “mental health concerns”

- **Valid**
  research-based evidence that it measures what it is supposed to

- **Youth-appropriate**
  age range, language translations
Examples of Screening Tools

- **Multi-focus tools**
  - **MAYSI-2:** Massachusetts Youth Screening Instrument-Second Version
    - 52 yes-no items, self-report
    - Six scales: substance use problems, anger, depression, somatic complaints, suicide ideation, thought disturbance
  - **GAIN-SS:** Global Appraisal of Individual Need- Short Screen
    - 15-item checklist, self-report
    - Contribute to three categories: substance use, mental health, aggression
Examples of Screening Tools (cont.)

• **Single-focus** tools
  
  • **SASSI**: Substance Abuse Subtle Screening Instrument
    
    – 72 true-false items, self-report
    
    – Indicators of symptoms, risks, and attitudes related to substance abuse

  • **TSC-C**: Trauma Symptom Checklist-Children
    
    – 54-item self-report
    
    – Presence of acute or chronic post-traumatic symptoms
MAYSI now used system wide in 39 states

Grisso, 2006
Inappropriate uses of screening in juvenile corrections intake

• One should **not** presume that screening...
  
  – Provides a diagnosis
  
  – “Screens in” **all** youths with mental disorders
  
  – “Screens in” **only** youths with mental disorders
  
  – Is adequate for treatment planning

• Not a substitute for assessment
Screening as a Process: Ten Steps for Developing a Mental Health Screening Program
Ten Suggested Steps

1. Review needs and options
2. Review practical matters
3. Educate program staff
4. Select method and procedure
5. Develop “decision rules” and “response policies”
Ten Suggested Steps (cont.)

6. Build resources for responding to “screened in” youth

7. Develop information sharing policies

8. Pilot and train

9. Engage data-basing

10. Monitor and maintain
Suggestions for Assessments

• Use mental health professionals familiar with:
  – Best practices in mental health assessment
  – Youth and families involved with juvenile justice systems
  – Services accessible through child/family serving systems

• Use of assessment format that also specifically gathers and presents information about any links between a mental health disorder and the misconduct leading to juvenile justice system involvement
Suggestions for Assessments

- Assessment formats that:
  
  - Describe functional capacities and characteristics of youth and not just a diagnosis
  
  - Where relevant, rely upon best practices in risk assessment
  
  - Identify strengths/protective factors as well as risk factors
  
  - Offer rationale and recommendations for kind of intervention, level of intensity of intervention, setting for the intervention
  
  - Yield a treatment plan that integrates multiple dimensions (e.g., peers, family, school/vocational, juvenile justice and community safety) and is linked to risk and protective factors
Selecting Juvenile MH Screening Tools

Sources of information

  www.NCMHJJ.com

- Grisso, Vincent & Seagrave: *Mental Health Screening and Assessment in Juvenile Justice* Guilford Press, 2006
Resources on Juvenile Forensic Assessments and MH Treatment


Thank You For All Your Hard Work With Youth and Families!

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