

# **Strengthening Collaboration Between the Behavioral Health and Juvenile Justice Systems to Improve Reentry Outcomes**

Panelists:

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# The Council Of State Governments Justice Center

Corrections



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Reentry



Substance Abuse



Youth



**National nonprofit,  
nonpartisan**  
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officials

**Represents all  
three branches of  
state government**

**Provides practical  
advice** informed by the  
best available evidence



# the NATIONAL REENTRY RESOURCE CENTER

— A project of the CSG Justice Center —

- Authorized by the passage of the Second Chance Act in April 2008
- Launched by The Council of State Governments in October 2009
- Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice



# **Strengthening Collaboration Between the Behavioral Health and Juvenile Justice Systems to Improve Reentry Outcomes**

## **Framing The Conversation Considerations and Collaborations**

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Senior Associate

National Center for Mental Health and Juvenile  
Justice

# Framing the Conversation

## Focus Upon Facility to Community Reentry Phase

- Period of high vulnerability in first months of reentry
- Opportunity for identifying BH needs prior to reentry
- Points along reentry trajectory for doing or updating screening/assessment

# Framing the Conversation

## Considerations:

- **Disproportionate Mental Health and Substance Use Disorders Among JJ Youth**
- **High rates of Co-Occurring MH and SU Disorders (COD)**
- **High rates of exposure to childhood adversities (ACES)**
- **Critical need for proactive engagement with families/primary caretakers**
- **Critical need for proactive engagement with BH providers**

# Three Key Collaboration Strategies

**Proactive planning with community-based BH providers as routine part of reentry planning while youth are still in facility care**

**As part of proactive reentry planning, specific attention to issues of “continuity of care” for BH needs identified during facility care**

**Training of JJ professional and line staff in behavioral health needs of youth, and training of BH providers about JJ system and common needs of JJ-involved youth and families**

# Related Domains

- **Addressing issues of confidentiality and information-sharing among JJ system, BH providers, professionals providing community-based JJ supervision, courts, schools and others who we need to productively engage with youth and families**
- **Fostering evidence-based and “best practices” community-based BH practices for JJ-involved youth and families, especially those at higher risk for new JJ contacts (e.g., arrests, violations) or common conditions (e.g., COD, trauma-related challenges, family tensions or dysfunction).**



# Related Domains

- **Policies and practices that avoid returns to facilities-based JJ care due to technical violations of conditional release/community supervision**
- **Policies and practices that routinely track functioning or changes in youth before and after community reentry. This includes youth's risk level and criminogenic needs, with attention to their responsivity factors and circumstances, so as to match JJ youth with modality, intensity and duration of interventions**
- **Identifying key stakeholders to support successful community reentry programs and collaborations**

Massachusetts  
Department  
of Youth Services



**Behavioral Health  
and Juvenile Justice**

**7/29/2016**



# Behavioral Health

## MA DYS

**Youth committed to the Department and are transitioning from a residential placement to community supervision are linked to behavioral health services and additional supports through a series of state-wide processes.**



# Behavioral Health

**The Goal is to bring clinical progress achieved in residential treatment forward into the period of community reintegration and adjustment.**



# Behavioral Health

## Community Re-entry

**90-60-30 Process**



# Behavioral Health

**COMMUNITY REDESIGN**

**REGIONAL COMMUNITY COORDINATOR**

**REGIONAL FAMILY ENGAGEMENT  
SPECIALIST**



# Behavioral Health

**Quarterly Meetings with MBHP**

**Massachusetts Behavioral Health Partnership**

**Central Office and Regional Levels**



# Behavioral Health

## **REGIONAL INITIATIVES**

**FOCUS ON FAMILY ENGAGEMENT**

**ROXBURY YOUTH WORKS**

**BJRI TEAMS**

**JRI SMART TEAMS**

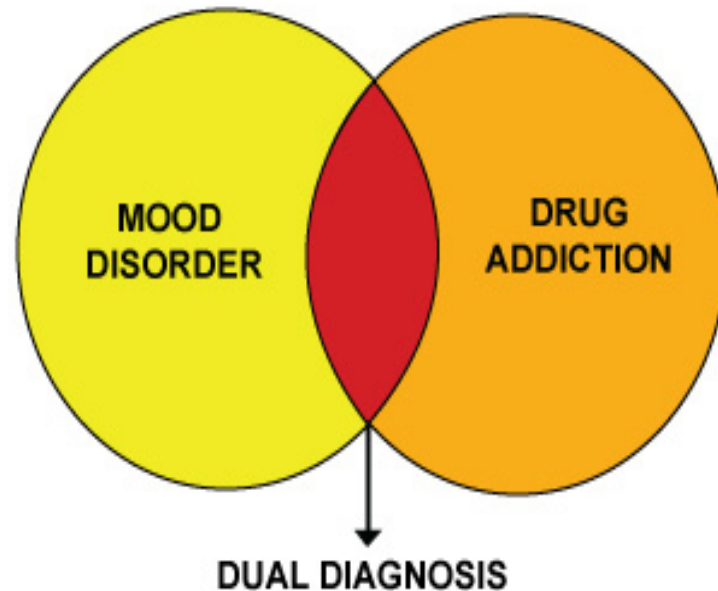


# Bridge to Recovery: Addressing the Substance Use Disorder and Mental Health Intersection

**Pamala Sacks-Lawlar MHA, CDP**  
**Behavior Health Administrator**  
**BTR Director**  
**WA. State Juvenile Rehabilitation**

# The Intersection is clear!

Substance use Disorder and Mental health are inter-related and providing comprehensive behavioral health services in Juvenile Justice setting can reduce stigma and discrimination, be cost effective and lead to improved patient outcomes.



# What is Co-Occurring Disorders?

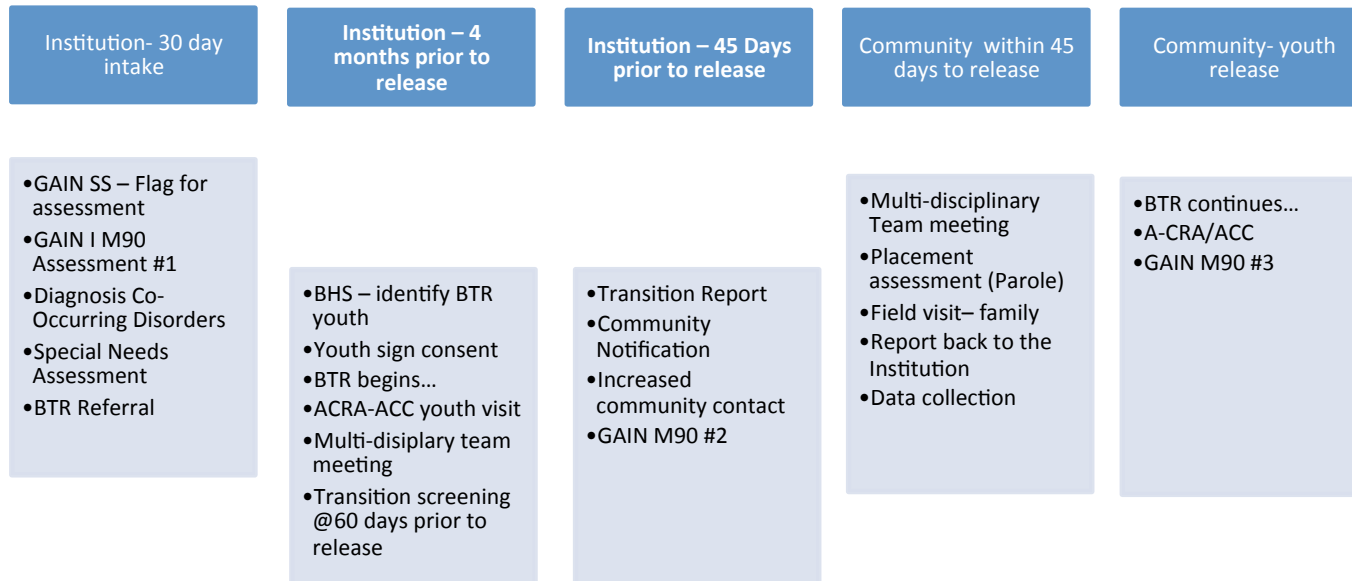
The term co-occurring disorders (COD) refers to co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders.

COD exist “when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from [a single] disorder”

# Screens and Assessments

- ▶ GAIN SS
- ▶ GAIN I
- ▶ Adolescent Substance Use Assessment (ASUA)
- ▶ Integrated Treatment Assessment (ITA)
- ▶ GAIN M-90

# BTR Flow Chart



# Evidence-Based Programs/ Promising Practices

In the Bridge to Recovery (BTR) Program, Behavioral Health Specialists use numerous evidence-based tools and practices that can help make treatment a success. Treatment includes:

- ▶ Matrix Model
- ▶ Focused on Integrated Treatment (FIT)
- ▶ ACRA-ACC
- ▶ Dialectical Behavioral Therapy (DBT)
- ▶ Family Integration Transitions (FIT)
- ▶ Aggression Replacement Training (ART)

# Training and Community Collaboration

- ▶ Behavioral health services for juveniles have been fragmented, inefficient and disconnected. These services must be individualized and encompass all aspects of the youth's life to ensure successful reentry into their communities.
- ▶ Successful Youth Reentry for these youth is based on a strong continuity of care, effective treatment services, efficient case management practices, comprehensive education, vocation and employment programs, inclusion of family, community-based connections and a youth voice.

# Questions and Answers.....



# Thank You

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