

**Project Connect:**  
improving linkage between mental health & juvenile Justice

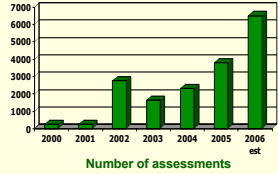
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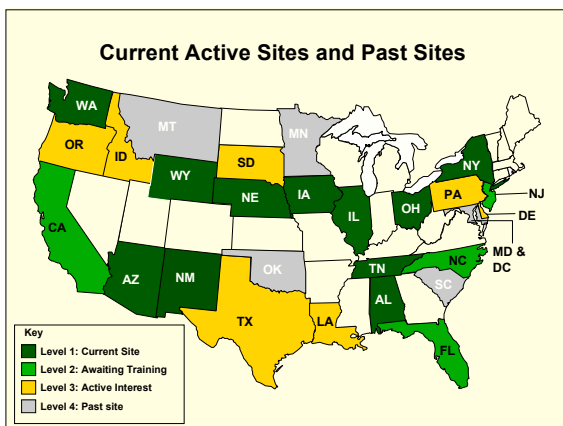
19th Annual Research Conference : a System of Care for Children's Mental Health – expanding the research base  
February 23, 2006

### The Center provides...

- Guidance regarding best practices for psychiatric assessment and referral to juvenile justice agencies
- Help incorporating sound assessments into practice, efficiently and safely
- To date we have provided consultation in 128 settings, in 21 states
- At the end of 2005, we had helped in assessment of 15,000+ youths



Number of assessments



### Presentation Objectives

- Describe the **content of existing standards for the assessment and management of suicide risk for youth in juvenile justice settings**, as well as discuss their limitations.
- Describe the **components of Project Connect**, a psychoeducational training to promote linkage and communication between POs and community MH providers, that is being utilized as a component of NYS Youth Suicide Prevention Program.
- Summarize **Project Connect preliminary evaluation findings** on justice staff's mental health knowledge, self-efficacy, and referral practices, and the linkage and communication between PO and MH linkage and community MH providers.

### When we began, defining the extent of mental health concerns was complicated by early studies' reporting of wildly varying rates of disorder

	MECA & SG (%) Community, 1996	Otto, 1992 (%) Range from several JJ reports
Mood Disorder	6.2	2-78
Anxiety Disorder	13.0	6-41
Substance Use Disorder	2.0	25-50
Attention Deficit Hyperactivity Disorder	10.3	0-46
Conduct Disorder		50-90

### 5 years of research documents consistency within settings, higher rates in secure placements, and elevated rates of internalizing disorders

	SE JAC (77.8% male) (n=903)	NE Probation Unselected JDs (66.7% male) (n=310)	TX Probation Intake (79.8% male) (n=991)	SW Detention (83.0% male) (n=772)	IL & NJ Correction (all males) (n=292)	SW Correction (all males) (n=188)
Any disorder	28.9	33.3	45.7	61.4	68.5	64.9
Anxiety Disorder	15.9	15.1	19.8	25.6	19.5	26.1
Mood Disorder	4.3	3.1	7.4	11.1	9.6	18.1
Disruptive Disorder	10.7	14.5	20.0	24.5	32.5	39.9
Substance Use Disorder	10.2	11.9	25.4	39.1	50.3	44.7
Recent suicide attempt (4 wks)	1.3	0.6	2.9	3.9	3.1	2.7
Lifetime suicide attempt	9.4	6.9	13.2	16.9	12.3	14.9

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- With increasing awareness of the extent of mental health and suicide concerns has come a series of guidelines for recommended management

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### Consensus Conference

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- Consensus Conference, sponsored by Columbia University, April 17, 2002
- GA Wasserman, P Jensen, SJ Ko, J Cocozza, E Trupin, A Angold, E Cauffman, T Grisso (2003) Mental Health Assessments in Juvenile Justice: Report on the Consensus Conference, *Journal of the American Academy of Child and Adolescent Psychiatry*, 42:752-761.
- Experts evaluated national survey of MH professionals and derived 6 recommendations

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### Consensus Recommendations

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- **Assess emergency risk via an evidence-based, scientifically sound MH assessment within 24 hours of admission.**
- **Provide an evidence-based, scientifically sound mental health screening and/or assessment for all youth as early as possible to determine mental health service needs.**
- **Base comprehensive mental health assessment on review of information from multiple sources; measure a range of mental health concerns.**
- Screen for MH service needs before youths return to communities.
- Screen for MH service needs at regular intervals during confinement.
- Provide training for staff appropriate to their assessment role.

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### Timing of MH Screening & Assessment Recommendations

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graph LR
    Intake --> Detention
    Intake --> Community1[Community]
    Detention --> Adjudication
    Community1 --> Adjudication
    Adjudication --> Disposition
    Disposition --> Corrections
    Disposition --> Community2[Community]
    Corrections --> Aftercare
  
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Recommendation 1: Emergent Risk  
 Recommendation 2: Mental Health Service Needs  
 Recommendation 3: Mental Health Assessment Components  
 Recommendation 4: Community Re-entry  
 Recommendation 5: Re-assessment

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## Current standards for assessing and managing suicidality in juvenile justice settings

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### Steps in the identification and management of youth suicidality

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- Staff Training
- Identification
- Referral for evaluation/services
- Evaluation
- Housing
- Monitoring
- Communication
- Intervention
- Notification
- Reporting
- Review of status
- Critical incident debriefing

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### Organizations with age-specific standards

- Office of Juvenile Justice Delinquency Prevention (1994)
- Council of Juvenile Correctional Administrators: Performance-based Standards (2003)

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### Organizations without age-specific standards

- Organizations modifying adult standards for juveniles primarily make changes in language, not in content
  - National Commission on Correctional Health Care (2004)
  - American Correctional Association (2002)
- Organizations with general practice standards without consideration of age
  - American Association for Correctional Psychology (2000)
  - American Psychiatric Association (2000)
  - Federal Bureau of Prisons (2004)
  - Criminal Justice/Mental Health Consensus Project (Bazelon Center: 2002)
  - American Public Health Association (2003)

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### Need for age-specific standards

- Standards adapted for juveniles from adult standards, are likely to ignore important elements of managing suicidal youth
  - role of contagion in youth suicides
  - evidence-based treatments developed uniquely for youths
  - importance of family involvement
  - enlistment of others in monitoring (family, school)
  - differences between adults and juvenile facilities in time spent in group activities vs. isolation

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### Limitations in existing standards

- Importantly, existing standards relate to assessment and management of suicidality in **secure/confined settings**
- These provide little or no guidance for those working in courts, or in pre- or post-adjudicatory settings such as community probations or aftercare

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### Existing standards provide insufficient detail for deriving concrete procedures

- While most indicate that staff should be alert for risks, standards fail to define those risks and how they differ by age, ethnicity, or gender
- While most endorse systematic screening, only a single set of juvenile standards provides guidance on the choice of screening instruments, or how to base referral decisions on the results of screening

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### Decisions when considering standards for adoption

- Many state agencies have adopted some version of these standards
- In choosing which standards to consider, agencies should begin with those created especially for juveniles
  - increase specificity and concreteness
  - ensure that all steps in process are addressed
  - prepare applications for youths in community settings

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### Implementing standards lowers suicide risk

- OJJDP's 2000 Juvenile Residential Facility Census (n=3690 facilities)
- Facilities with universal screening within first 24 hrs of intake reported significantly fewer serious suicide attempts (OR=.45,  $p<.01$ ),
  - regardless of facility size or whether youth come from another facility within the system
- Detention centers, privately owned facilities and those without on-site MH care reported significantly more serious attempts

CA Gallagher & A Dobrin (2005), JAACAP, 44(5):485-493

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### Current identification and management procedures for suicide risk directed only to the tip of the iceberg

- Self- and agency report agree that 2-3% of incarcerated youth will attempt suicide every 4 weeks, relative to an estimated *yearly* rate of 9.0% in the general adolescent population
- Recommendations and procedures do not apply to most juvenile justice youths
  - Most juveniles with justice contact are not confined, but managed in their communities
  - Nationwide, only 16% of cases petitioned (9% of those arrested) result in secure placement, with the remainder returned to their communities

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### Elevated risks for suicidal behavior

- Risks for suicidal behavior, identified from general population studies, are elevated in justice youth
  - History of aggressive or antisocial behavior
  - Access to weapons
  - Co-occurring mood and substance use disorders
  - Increased school difficulties
  - Youth's not living with parents
  - Stress of arrest/ incarceration may increase family conflict, and thereby increase attempt risk

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### Limitations in previous studies of correlates of suicidal behavior in incarcerated youths

- Sanislow, Grillo, Fehon, Axelrod, & McGlashan, 2003
- Morris et al., 1995
- Penn, Esposito, Schaeffer, Fritz, & Spirito, 2003
- Rohde et al., 1997
- Only one examines the relative contributions of substance use and mood symptoms to suicidal behavior
- Studies do not consistently examine diagnosis (vs. symptom counts), despite stronger associations with suicide attempt
- Studies do not examine interactions between gender and other risks, or lack power to do so systematically
- All examined youth in secure settings

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### Little is known of suicide risk among justice youths who are managed in the community

- Risk is likely to also be elevated relative to the general population of adolescents
- In a population sample, youths reporting suicide attempt were 10+ times more likely to have prior police contact (Fergusson & Lynskey, 1995)
- Risk of suicide among adolescents involved with either the juvenile justice or child welfare systems was 5 times as high as those in the general adolescent population (Farand, Chagnon, Renaud, & Rivard, 2004)
- Recent examination of all youth suicides (<18 yrs) in Utah showed that **80%** had been in contact with the juvenile justice system in the 12 months prior to death (Gray et al, 2002)

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### Regardless of setting, suicide protocol need to be better defined

- Based on our national MH practices in JJ survey (2002)
  - In probation settings, fewer than half of respondents could identify someone responsible for assessing suicide risk
  - Almost 30% of PO's felt it was inappropriate or only sometimes appropriate to assess suicide risk
  - In almost 16% of JJ settings, non-MH staff conduct the MH assessment
  - 13% of MH staff have a bachelor's degree or lower

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## In 991 recent juvenile probation intakes in Texas...

- *Do risks identified from community studies also differentiate attempters and non-attempters in a probation intake sample?*
- Factors associated with suicide attempts paralleled those identified from general population samples
- Significantly more common in girls, those with violent crimes or more prior offenses, and those who also reported a mood or SUD
- Mood disorder was more strongly associated with recent attempt than was SUD
- 45.8% of recent attempters (but only 8.5% of non-attempters) were positive for 3+ risks (MDD, SUD, female, 3+ priors, violent offense)

GA Wasserman & LS McReynolds, *Suicide risk at juvenile probation intake, S & LTB, in press*

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## Service delivery implications

- Great progress has been made in last 10-15 years in the identification and management of suicide risk for incarcerated youth
- Unfortunately, migration of these efforts into juvenile justice community settings has been slow
- Results highlight the importance of suicide screening in **community-based justice settings**

GA Wasserman & LS McReynolds, *Suicide risk at juvenile probation intake, S & LTB, in press*

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## Project Connect

Connecting probation officers with community mental health providers

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## Implementing NY's Adolescent Suicide Prevention Plan

- SAMHSA grant to G Wasserman, PhD, Child Psychiatry (3y, Total \$1 million +)
- Collaboration with NYS OMH, NYS Division of Probation and Correctional Alternatives, and Columbia University's TeenScreen
- Providing/evaluating gatekeeper training on identification and management of suicide risk in juvenile probation cases in 4 NY counties
- Tracking implementation and referral of TeenScreen participants in NYS

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## Project Connect

- 2-day didactic training of probation officers to improve their knowledge of mental health issues, mental health practices, and the mental health referral system
- Couple training with systematic use of Voice DISC to identify youth at risk
- Training should result in anticipated changes in knowledge, self-efficacy, and probation practices
- In turn, this should result in improved probation and mental health outcomes for referred youth.

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## Key features of Project Connect

- Measure PO referral practices
  - Tracking referral from probation to MH
  - PO/provider communication
  - Youth service engagement
- Assess youth outcomes
  - Monthly behavioral rating from PO and providers (re: youth progress)
- Develop county MH resource guide
  - Ex. Crisis center, referral protocols, agency descriptions

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## Goals and Objectives

- Enhance probation officers' knowledge of:
  - Suicidal behavior and correlated risks
  - Specific mental health disorders
  - Evidence-based treatments for these disorders
  - Community mental health resources for youth
- Coach probation officers on how use
  - Effective screening techniques for identifying youth
  - Effective communication techniques for referring youth with mental health conditions
- Assist probation officers to implement new skills and knowledge into practice

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## Course Overview

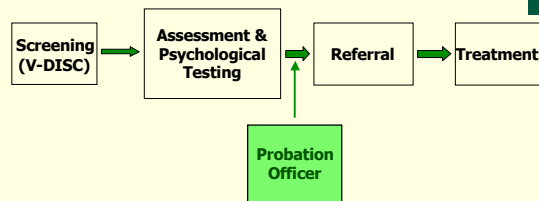
- Goals and Objectives of Project Connect
- Suicide and the Justice System
- Specific Disorders
- Screening and Assessment Practices in Juvenile Justice
- The Mental Health System: What to Expect
- Linking youth with mental health concerns to service providers
- Working with Parents
- Human Subjects Training
- Course Review

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- A series of slides illustrates **S**creening, **A**ssessment, **R**eferral and mental health **T**reatment practices in juvenile justice settings

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## The Role of the PO in the S.A.R.T Process



As POs, you will want to remain informed and proactive during the entire assessment and treatment process

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- Other slides present information on specific mental health profiles and psychosocial and medication treatments for common disorders

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- Other aspects of curriculum describe specific practices to be used in that county office for referring youth, particularly suicidal youth, to mental health services
- Together with probation directors and local OMH providers, referral procedures are systematized before training

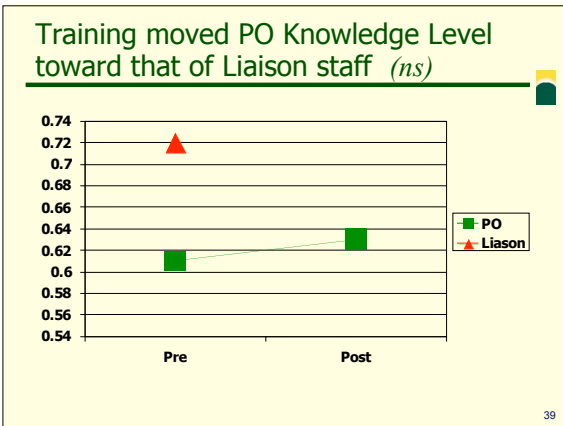
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- Next, the curriculum covers working with families and mental health providers
  - Barriers to linkage
  - Overcoming barriers
- Finally, the curriculum considers issues pertaining to human subjects in the program evaluation process

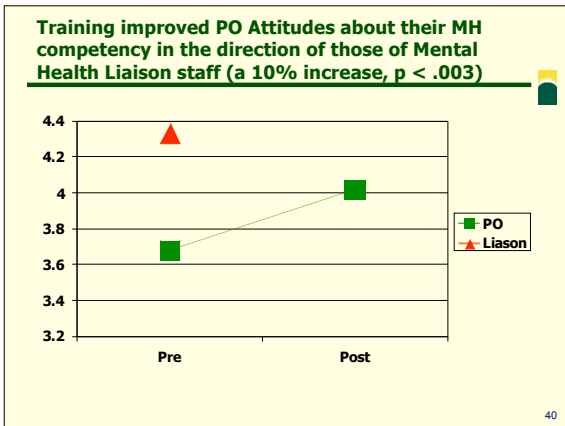
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- ### Project Connect: preliminary evaluation results
- Results based on pilot for **40** probation staff in Jefferson County, AL (12 hour, 2 day training)
  - Mental health liaison staff attended a part of the training
    - In AL, these are staff assigned to each county who facilitate all aspects of probation/mental health integration
    - Although these are bachelor's level, non-clinicians, we hoped that training would move PO's competency in this direction

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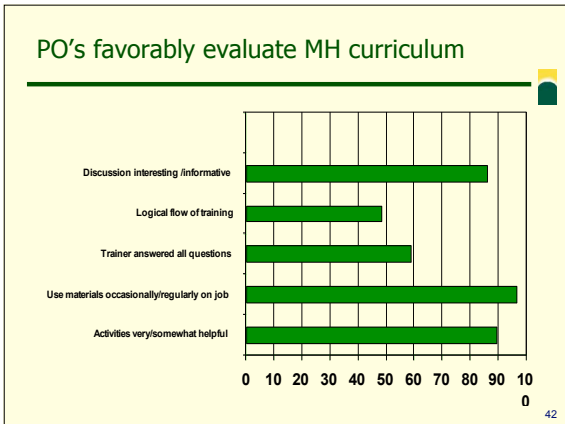
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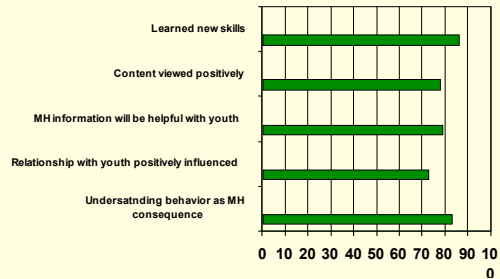
- ### MH Competency Attitude Items that improved > 10%
- If a youth under your supervision exhibits a symptom of anxiety, how well are you prepared to identify it?
  - If a mental health problem occurs in the course of supervising a youth on your caseload, how well prepared are you to identify it?
  - How well do you think you understand a youth's behavior within the broader context of his/her mental health concerns?

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### Training likely to positively impact POs' relationship with youths



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### Next Steps...

- Track impact of training and better identification procedures on mental health and referral practices
- Measure the impact on parental engagement and perceived burden as well as family's satisfaction with probation services

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