

## Screening Within Juvenile Justice to Identify Service Needs Across the System of Care

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## Cross System Needs of Youth

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- At least one in five youths served by the juvenile justice system have a mental health disorder, even when conduct disorder is excluded (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).
- The Juvenile Access and Assessment Center (JAC) is the point of access for services for adjudicated juveniles in Detroit-Wayne County.
- Correct Course receives prosecutors' referrals for enrollment as an alternative to prosecution.
- The JIFF screening tool provides the basis for agreeing to alternative services, determining the need for more critical and intensive services, and selecting a service type to more specifically meet the needs of each youth and family.
- Youths are then assigned to a Youth Assistance Program (YAP) and other Mental Health Services.

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## Role of JIFF & CAFAS in a System of Care

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    graph TD
      MH[Mental Health] --> JIFF{Front Line use of JIFF.  
Does JIFF indicate need for additional evaluations?}
      JJ["Juvenile Justice  
(or child welfare,  
education, etc)"] --> JIFF
      JIFF -- Yes --> CAFAS1[CAFAS Evaluation by Mental Health Staff]
      JIFF -- Yes --> JIFF_Yes[Consultant reviews JIFF & gives recommendation regarding need for evaluation.]
      JIFF -- Yes --> CAFAS2[CAFAS Evaluation by Juvenile Justice Staff]
      JIFF -- No --> CAFAS1
      JIFF -- No --> CAFAS2
      JIFF_Yes --> CAFAS1
      JIFF_Yes --> CAFAS2
  
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## What is Correct Course?

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- Correct Course is an alternative to adjudication
- Youth are referred to Correct Course for Juvenile Inventory For Function (JIFF) assessment
- Completion of the Youth Assistance Program means no record
- For first time offenders, low risk offenders
- Youth benefit from:
  - A skills assessment
  - Youth Assistance Program
  - No juvenile record
  - Timely, appropriate needs based services

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## JIFF

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- Developed for juvenile justice, child welfare, educational settings, primary care
- Assesses youth's functioning across settings
- JIFF is self-administered, via computer, with the questions and response options "read" to the youth or caregiver
- Youth and caregiver versions available
- Used to determine need for mental health
- Pros
  - Does not require professional to gather data or administer
  - Does not require formal training
  - Can be used to generate a Service Plan
    - Skills-based and reaches across agencies and services
    - "Cross-walks" to CAFAS (facilitates referral to mental health)
- Downside:
  - Screens only, does not require clinical assessment by professional

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### JIFF: Q & A

- **How?**
  - A brief interview in the youth and caregiver's own words
- **Purpose?**
  - To connect families and youth to resources in community
  - To identify youth in need of more intensive supports or evaluations
  - To assist in generating an integrated service plan to track services across the "system of care"
  - To assess outcome

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### Q & A: Informant Versions

- **Who is the informant?**
  - Two versions
    - Caregiver Informant
    - Youth Informant
  - Parallel forms with some differences in wording and organization of questions
- **Do I have to administer both versions?**
  - No
  - Separate versions because in some settings the youth is most readily available while in others, it is the caregiver
  - This is a screening instrument, so further evaluation can be justified by either informant – caregiver or youth
- **Reading level: 2<sup>nd</sup> to 3<sup>rd</sup> grade for youth version; 3<sup>rd</sup> to 4<sup>th</sup> for caregivers**

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### JIFF Subscales

	<b>At School/ Your Job</b>		<b>Your Feelings</b>
	<b>At Home</b>		<b>Dealing with Bad Feelings</b>
	<b>Family Life*</b>		<b>Alcohol &amp; Drugs</b>
	<b>You &amp; Your Friends</b>		<b>Thinking</b>
	<b>You &amp; Your Neighborhood</b>		<b>Your Health</b>

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Copyright 2008 Kay Hodges, Ph.D. \*In caregiver version, Family Life follows Home section. In caregiver version, it is the last section.

### Organization of Questions within Subscales

- Questions are organized within domains of functioning (subscales).
- Subscales start with asking about **strengths** first, followed by questions about potential problems.
- Open-ended questions provide an opportunity for the youth to "tell their side of the story."
- On the caregiver version, at the end of each subscale, the caregiver rates the child's needs.
  - Example: How much does your child need help in school? Scale is 0 to 5

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**At School**

Would anyone at school say that you:

Hit others?

Threaten others (or other people are afraid of you)?

Do not do what you are told?

Disobey rules?

**At Home**

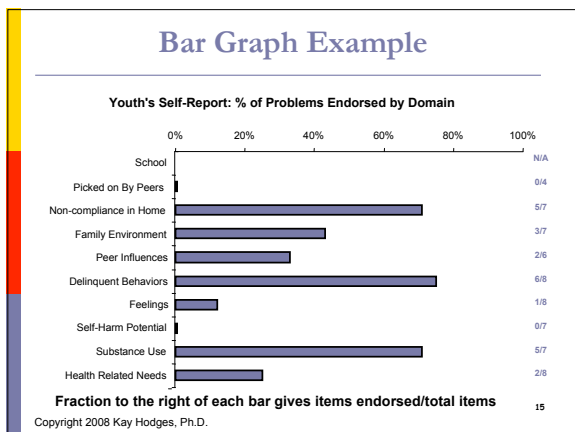
This section asks questions about how you are doing in the home that you live in now.  
What is the best thing about your home or your family?

Go Ahead

### JIFF Service Plan

Priority	Goal	Services
HIGH	Pursue GED or Return to School	Education_GED ABLE
HIGH	Increase Monitoring of Activities in the Home	MH_Home-Based Programs for Delinquent Youths
HIGH	Eliminate Alcohol Use	SU_Teen Substance Use Education Program
HIGH	Eliminate Drug Use	JJ_Drug Services

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### Example "Pre-Programmed" Goals for School

- Address Academic Needs
  - Improve Attention or Reduce Impulsivity
  - Improve Poor Grades
  - Cease Aggression or Intimidation and Increase Appropriate Expression of Feelings
  - Improve Social, Interpersonal, or Physical Skills
  - Increase Behavioral Compliance at School
  - Increase School Attendance
  - Pursue GED or Return to School

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### Family Court Chief Prosecutor

- It is working...here is how it works for us...
- Traditional Role of Assistant Prosecutor
  - Chief Law Enforcement Officer of County
  - Gatekeeper of JJ cases into system
- This Program is Unique
  - Non-traditional role of assistant prosecutor
  - Attorneys dedicated to program
    - Accurate screening is critical
    - What we look for
  - Types of cases referred to Correct Course Program
  - Partnership as the foundation

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### Value of JIFF for Prosecutor

- Why is important
  - Standardized information
  - Faster processing from charge to service
  - Identifies service needs
  - Engages youth and family in participation
  - Catches concerns at early stages – ages
  - Emphasizes youth responsibility & community safety
  - Fosters communication between agencies

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### What the JIFF tells the Prosecutor

- JIFF mirrors what Prosecutor sees
- Identifies Concerns regarding prior JJ contact
- In-custody vs Not-in-custody cases
- Fits youth exhibiting "gateway" behaviors
  - SA use
  - Negative peer association
  - Assault behaviors emerging
  - Non-compliance at home
  - Non-compliance at school

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### JIFF Application Producing Results

- Access to Mental Health – Substance Abuse Treatment
- Access to Wrap-around and PMTO
- Reduces unnecessary detainment & improves system efficiency
- Initial Outcomes Good - Low recidivism thus far

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### Summary of JIFF Findings

Is the JIFF Working as Intended?  
Is the JIFF Useful in Juvenile Justice?

Data to date from Juvenile Justice in Wayne County January, 2008

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### Sample Description

- N = 723 youths
- Age Range: 8 – 19, Mean: 14.99
- Gender: 71% Male
- Race
  - African American, 69.6%
  - Caucasian, 24.1.0%
  - Other, 6.4%
- Custody Status
  - In custody: 62.4% in detention
  - Not in custody: 36.2% of youth were petitioned and JIFF administered at the end of court appearance. First offenders only.

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### Q1. Is there a lack of bias and are results consistent with literature?

Answer: Yes

- Race
  - No bias (Caucasians report more substance use)
- Gender
  - Consistent with literature
  - Girls report more family concerns and emotional symptoms (e.g. depression, self harmful potential)
- Custody Status
  - In Custody (IC), compared to Not in Custody (NIC) youth, report more school problems, negative peer influences, gang involvement & substance use

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### Q2: Are youth willing to report problems?

Answer: Yes.

These youths report problems consistent with the literature. Furthermore, disproportionate need for referral for specific services is not present.

- School
  - 51.5% report truancy
  - 84% report having a D or an F on their last report card
  - 53% report being suspended from school
  - 26% report being expelled from school
- Noncompliance at Home
  - 30% to 35% admit to leaving home without permission, missing curfew, or going forbidden places
- Substance Use
  - 25% to 30% confirm alcohol use
  - 35% to 42% confirm use of other drugs

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### Q2: Are youth willing to report problems? Continued...

- **Mental Health Related Needs**
  - 15% confirm feeling depressed "all the time" or "a lot"
    - 8% report self harmful thoughts
    - 5% report suicide attempt
  - 15% report feeling anxious "all of the time" or "a lot"
  - 18% to 27% report past trauma
    - Of these traumatized youth, 32% to 54% report still being bothered by the past trauma
- **Family Environment (behavior by others in home, not youth)**
  - 24% report discord in the home
  - 10% to 15% report domestic violence, others being drunk or doing drugs, physical illness, and possible mental illness.
- **Health Related Needs**
  - 7% to 30% report various needs (e.g., needs to see a doctor, dentist, eyes checked, sex education, smoking cessation services)

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### Q3: What is the correspondence between youth and parent report?

**Answer: In general, caregivers' report of problems is similar to the youths' report (based on 328 matched pairs of youth and caregivers)**

- **However, caregivers do tend to endorse more problems than youths do**
- **Notable exceptions, in which youths tend to endorse more problems than caregivers:**
  - Fire setting
  - Aggressive, threatening behavior in the community
  - Self harmful thoughts and suicide attempts
  - "Still bothered" by past traumas
  - Undesirable behavior by others in the home - domestic violence, use of drugs or alcohol, and other "child welfare" concerns

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### Q4: Do caregivers want help for their children and their families?

- **For each subscale, caregivers rated their need for help**
- **Rating ranged from:**

0 1 2 3 4 5

No Help Needed Help Very Much Needed

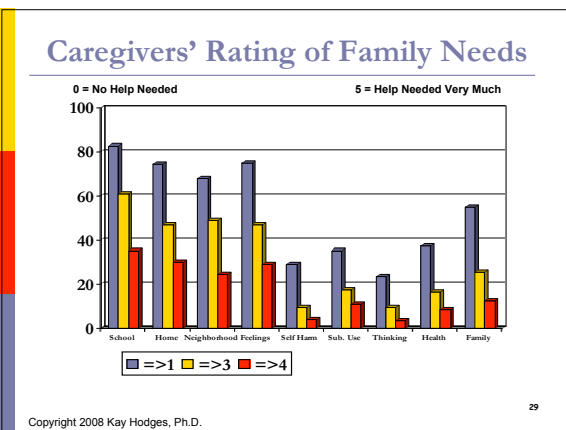
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### Q4: Do caregivers want help for their children and their families?

**Answer: Yes.**

- **Caregivers report, on the JIFF Burden of Care scale, that the youths' problems interfere with:**
  - Work responsibilities
  - Family functioning
  - Attending to the needs of their other children
- **When asked to rate their youths' need for help:**
  - 68% to 83% express some need for help (rating >0) in:
    - School
    - Home
    - Behavior in the neighborhood
    - Youths' feelings
  - 50% to 60% express a definite need for help (rating = >3)
- **When asked to rate their families' need for therapy**
  - 55% express some need (rating = >0)
  - 25% express a definite need (rating = >3)

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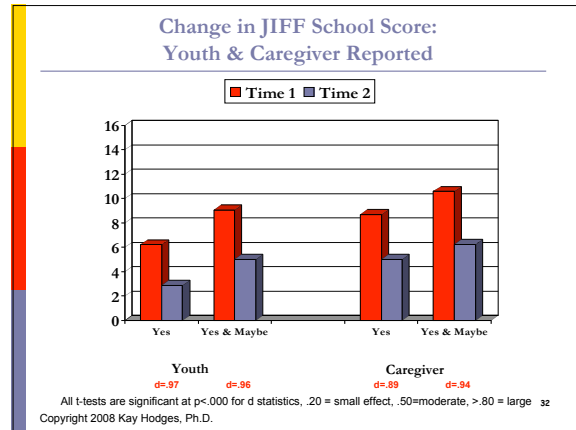
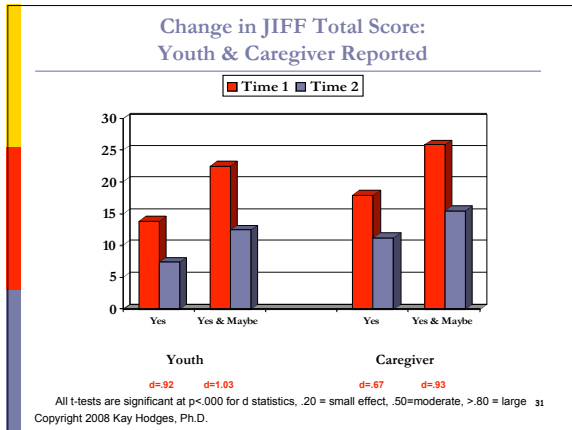
### Q5: Is the JIFF sensitive to change over time?

**Answer: Yes.**

Based on sample of 44 youths, with JIFFs administered pre and post community interventions, 4 months apart.

- **Youths & caregivers report significant improvement on the**
  - JIFF total score
  - School
  - Home
  - Feelings (depression, anxiety, trauma)
  - Substance use
- **Youth report significant improvement:**
  - Self harm potential
  - Family environment ("child welfare" concerns)

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