

Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project Grant

INTRODUCTION

The Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project is a collaborative effort to institute routine screening, assessment and treatment for youth entering detention centers in Indiana. The concept for the pilot program was a result of the Indiana State Bar Association's (ISBA) Children, Mental Health and the Law Summit, held on August 27, 2004. The Summit resulted in a published report and recommendations that earned national recognition for its groundbreaking efforts.¹ The Indiana Criminal Justice Institute (ICJI) provided the initial start-up funds for the Pilot Project in 2006.

There is growing recognition that youth in Indiana's juvenile justice system have mental health needs that are not being adequately met. Project data indicates over 70% of the youth detained in Indiana may have mental health and/or substance abuse disorders.² National studies indicate up to 70% of detention center populations may have diagnosable mental health disorders.³ Without appropriate services, these children risk longer periods of incarceration, higher rates of recidivism and difficult reintegration into the community.⁴

Before initiation of the pilot project, there was no systematic, routine mental health screening of children entering the juvenile justice system in Indiana. A few counties had moved forward by developing or attempting to develop their own systems of identifying and treating children with mental health needs. These counties were responding to an increasing understanding at the local level that routinely addressing mental health needs among this population at entry points such as detention has become a critical need.

Important goals of the Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project are to show both the social and economic benefits of adequately and systematically addressing mental health needs at an early stage in the juvenile justice system by development of a model that can be replicated statewide. Pertinent data from the Pilot Site Counties is being collected to both facilitate and report the achievement of this goal.

Routine screening, assessment and treatment, starting at an intake point, such as detention, results in better identification and more successful treatment for youth within the juvenile justice system, and diversion of appropriate youth to community-based care.

¹ The ISBA was the recipient of the American Bar Association's Lexis Nexis Community and Educational Outreach Award in 2005.

² The first full year of data collected by the Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project shows over 70% of youth scored a caution or warning on at least one scale in the MASYI 2.

³ Shufelt, J.S. and Coccozza, J.C., *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-state, Multi-system Prevalence Study*, National Center for Mental Health and Juvenile Justice (Delmar, NY; 2006).

⁴ Indiana State Bar Association, *Children, Mental Health and the Law Summit: Official Report in Summit Findings with Recommendations* (Indianapolis: ISBA, 2004), 1.

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In the long term, lower rates of recidivism and lower incarceration costs should result in decreased costs across the juvenile, criminal, and correctional systems in Indiana.

The Pilot Project was modeled on a highly successful screening project in Pennsylvania—the Juvenile Detention Centers’ Association of Pennsylvania Mental Health Grant. The Pennsylvania Project was implemented in phases, beginning with the development of protocol for screening, resource identification and training; over a seven-year period, 21 of 23 detention centers began routinely screening youth for mental health problems upon admission. As in the Pennsylvania effort, the Pilot Project seeks to grow into a state-wide initiative over a 5 to 7 year period.

The phases of the Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project are:

Phase I Goals: Identify key stakeholders and assemble a state advisory board of collaborating, cross-disciplinary agencies and organizations; seek county participation, and begin the development of a screening and assessment model.

Phase II Goals: Continue to develop model protocols at state and local levels; identify resource information regarding follow up assessments and treatment of identified youth; provide training on screening, assessment and treatment protocols, and on data collection and evaluation. Additional pilot counties will be added to the program and long term funding sources will be identified.

Phase III Goals: Expand Pilot Project to additional counties around the state. Results of the Pilot Project demonstrated by the data collected will be published. The State Advisory Board will seek to secure alternative funding sources, including commitment of government resources.

SUMMARY OF ACCOMPLISHMENTS TO DATE

In October 2006, as the Pilot Project commenced, the Indiana State Bar Association, in cooperation with the Indiana Criminal Justice Institute, formed a State Advisory Board comprised of key stakeholders. The State Advisory Board currently includes representatives from the Indiana Judicial Center Juvenile Justice Improvement Committee, Indiana Criminal Justice Institute, Indiana Prosecuting Attorneys’ Council, Indiana Public Defender Council, Indiana Division of Mental Health and Addiction, Indiana Juvenile Detention Association, Indiana Minority Health Coalition, ISBA Civil Rights of Children Committee, Indiana Chapter of the American Academy of Pediatrics, Indiana University School of Medicine, Probation Officers Professional Association of Indiana, Indiana Department of Child Services, Indiana Department of Correction, Indiana Department of Education, and Indiana Council of Community Mental Health Centers. In addition to these representatives, a representative from each of the pilot site counties and three members of the Indiana General Assembly serve on the State Advisory Board.

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The State Advisory Board meets on the first Friday of every other month. The Honorable Mary Harper, Porter Circuit Court, is the Chair, and JauNae Hanger, former chair of the ISBA Civil Rights of Children Committee, is the Vice-Chair. Youth Law T.E.A.M., Laurie Elliott, Executive Director, was designated as the Project Director. Professor Amy Applegate, Indiana University School of Law, served as a facilitator.

Working committees were formed to address the initial issues of county site selection; long term funding; mental health program; confidentiality and information sharing; and baseline information, data collection and evaluation reports. A strategic plan was adopted and selection criteria for the pilot counties were developed. A timeline and procedure for selecting the pilot counties was adopted, and a state-wide mailing to counties soliciting their participation occurred in February 2007. In June 2007, six pilot counties were selected to participate in the Pilot Project--Bartholomew, Johnson, Marion, Lake, Clark and Porter counties. The Massachusetts Youth Screening Instrument, Version 2 (MAYSI-2), developed by Drs. Tom Grisso and Richard Barnum, was selected as the Pilot Project screening tool. Seven members of the State Advisory Board, including the Chair, Vice-Chair, and Project Director, traveled to Pennsylvania to meet with developers of that program, and tour participant detention centers. The MAYSI-2 software was purchased for the pilot counties and a train the trainer program was organized for Fall 2007. Dr. Grisso and his colleagues Richard Rondeau and Valerie Williams provided information and assistance with training on the MAYSI 2 screening instrument.

The Pilot Project began Phase II in the fall of 2007. April Vanlonden Degner, MDiv, PMC, LSW, was hired as Project Consultant to help with the development and implementation of the protocols and the training of those who would be conducting the actual screening. The Protocols on Appropriate Policies and Procedures in Mental Health Screening, Assessment and Treatment of Youth in Detention; the Administration of the MAYSI-2; and the State Cut-Off Criteria Mandating Responses by Detention Centers were developed during this phase. Guidelines for Introducing MAYSI-2 to Youth; Forming Local Advisory Boards; and Counties to Develop Policy on Responses to Elevated MAYSI-2 Scores were also developed and distributed.

In conjunction with the Pilot Project, JauNae Hanger, working with the Indiana State Bar Association, successfully led the effort supporting the passage of HB 1339 in the 2007 Indiana General Assembly. HB 1339 prevents statements made by youth during mental health screening, assessment and treatment from being used as evidence of guilt in a delinquency fact-finding or an adult criminal trial. HB 1339 is important to the success of the Pilot Project in that it facilitates the free flow of information between youth and detention center staff conducting mental health screening. Ms. Hanger worked with Representative Charlie Brown, as well as Senator Connie Lawson, coordinating testimony before both the House and Senate. Judge Mary Harper, Porter Circuit Court; Judge Marilyn Moores, Marion Superior Court, Juvenile Division; Judge Steve David, Boone Circuit Court; Jim Higdon, Johnson County Juvenile Detention Center and Indiana Juvenile Detention Center Association; Larry Landis and Stacey Uliana, Indiana Public

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Defender Council; Steve Johnson, Prosecuting Attorneys' Council; and Amy Karozos, ISBA Civil Rights of Children Committee, all testified before the Senate Judiciary Committee.

Full implementation of the Pilot Project in the six pilot counties took place January 1, 2008, when routine screening commenced. As results began to demonstrate effectiveness, additional pilot counties were added. Four pilot sites were added in November of 2008: Delaware, Howard, LaPorte, and Grant counties.

As of December 31, 2008 there were 6 of the 22 detention centers participating in the Pilot Project, utilizing a valid, and standardized screening tool and collecting data in a uniform fashion. This constituted 27% of Indiana's detention centers. As of March 31, 2009, there are 10 centers participating in the project. This represents 45% of Indiana's detention centers and an 18% increase in participation.

As a result of the pilot project, as of March 31st, 2009, 6041 youths held in Indiana's juvenile detention centers have been uniformly screened for possible mental health issues. While there are at times situations that do not allow the screens to be conducted (intoxicated youth, youth refusing screen, youth released almost immediately before screen can be conducted or youth has been screened within the past 14 days and therefore will not be re-screened upon admission to detention), the screening rate of youth entering detention in the pilot sites is 98%. Approximately 26% of screened youth scored above the cut-off. If the youth is above the cut-off score, the seriousness of their symptoms is considered "clinically significant", and high enough to require some form of immediate follow up response.

The goal of Phase III of the Pilot Project will be to publicize the results and work with other stakeholders in juvenile justice and mental health systems to achieve both local and state governmental commitment to continue routine screening, follow up assessment and treatment of youths in Indiana's detention centers. The project will continue to seek additional funding, including the support of state government.