Juvenile Continuity of Care Task Force

Colorado Commission on Criminal and Juvenile Justice

Minutes

August 8, 2016, 1:30PM-4:30PM
700 Kipling, 4th floor training room, Lakewood

ATTENDEES:

TASK FORCE MEMBERS

Susan Colling, State Court Administrators' Office, Division of Probation Services
Bill Kilpatrick, Golden Police Department
Charles Parkins, CDHS, Division of Youth Corrections
Julie Rammer for Angela Brant, Colorado Public Defender
Kacey Brackney for Rebecca Gleason, 18th Judicial, DA's office
Linda Weinerman for Sheri Danz, Colorado Office of Child's Representative
Bill Delisio, Colorado Judicial Branch, Family Law Program
Mike Tessean, Jefferson County Juvenile Assessment Center
Dan Makelky, County Human Services

ABSENT

Robert Werthwein, CDHS, Office of Children, Youth and Families
Kelly Friesen, Grand County Juvenile Justice Department & S.B. 94, 14th Judicial District
Meg Williams, Division of Criminal Justice
Rebecca Gleason, 18th Judicial District DA's office
Angela Brant, Colorado Public Defender
Sheri Danz, Colorado Office of Child's Representative
Shawn Cohn, Denver Juvenile Probation
Kelly Dore, Elbert County Commissioner

STAFF

Richard Stroker/CCJJ consultant
Kim English/Division of Criminal Justice
Laurence Lucero/Division of Criminal Justice

GUESTS

Claudia Zundel, CDHS, COAIMH
Thad Paul, Larimer County DHS
Craig McPherson, Jefferson County JAC
Diane Fox, Above the Data
Roger Low, Governor's Office, OSPB
Gretchen Russo, CDHS (phone)
Trevor Williams, CDHS/Division of Child Welfare
Carl Blake, CDHS/Division of Youth Corrections

Issue/Topic: Welcome and Introductions	Richard Stroker informed the group that the meeting chair, Robert Werthwein, was not able to be present today and that he would lead the meeting in Robert's absence. Richard welcomed the group and thanked members and guests for attending. The members of the Task Force and guests introduced themselves. Richard reviewed the agenda and noted that, due to the number of absentees, the group had not reach a quorum to vote on the approval of the minutes of July's meeting. The vote to approve July's meeting minutes is postponed to September.
Review of group focus	Richard reminded the group that they have defined the focus of the Task Force as "The effective use of information, resources and approaches amongst several agencies in order to better achieve desired outcome for dual status youth". The Task Force will today continue to receive educational presentations and discuss possible work groups.
Presentation: Study of Youth with High Behavioral Health needs in Colorado: Cross-systems utilization patterns by COACT	Claudia Zundel offered a presentation to the group about a study commissioned by DHS of Youth with High Behavioral Health Needs in Colorado. The full PowerPoint presentation can be found at: http://cdpsdocs.state.co.us/ccjj/Committees/JCCTF/Handout/2016-08-08-Study_Youth_High_Behvioral_Health_Needs.pdf Claudia Zundel acknowledged that the research presented today was conducted by Dr. Diane Fox and Dr. Nancy Johnson Nagel. This study was funded by a SAMHSA grant and focused on youth involved in multiple systems with serious behavioral health issues and to provide information regarding the factors that impact youth outcomes. The study was conducted with the hope that the information would lead to more effective interventions for youth and better coordination of services between systems. It became very clear early on that youth with serious behavioral health issues were likely already involved in a system of care, for example Child Welfare, mental health, substance abuse, etc. Some discussion points from the presentation are outlined below. *DISCUSSION POINTS* • The data is from 5 studies and for FY10-11: Study 1: Child Welfare (CW) High Utilizers (1,881 children). This group represents the top spenders (about 20%) of child welfare services of all children in child welfare. Study 2: Mental Health High Utilizer (6,392 youth): This group represents the number of youth who entered the community mental health system and had prior psychiatric hospitalizations.

	Study 3: Transition Age Youth 14-25 (18,811): All youth in that age group who have touched the Behavioral Health system. Study 4: All youth within the Child Welfare High Utilizer and Mental Health High Utilizers groups with developmental disabilities. Study 5: All children in the Public Mental Health System and divided by Child Welfare Status in one year (29,601). • Study found that 92% of the CW High Utilizer (n=1,881) group had received Mental Health Services (n=1728). • 46% of the CW High Utilizer group had DYC involvement (Detention or Commitment) at some point. • *Does this matter which system kids enter first?* Research shows that it does matter. About half (44.3%) of the kids entered through Child Welfare and about half (47.9%) entered through the Community Mental Health . A very small number of youth (n=146) entered DYC first. Also, 29% of youth who entered the system through CW (n=833), later became involved in DYC , whereas if they enter the system through the community mental health center (n=902) 53% later became involved with DYC.
Presentation: Juvenile Assessment Centers	Mike Tessean then presented about Juvenile Assessment Centers (JACs). The full PowerPoint presentation can be found at: http://cdpsdocs.state.co.us/ccjj/Committees/JCCTF/Handout/2016-08-08-JACs.pdf Some discussion points from the presentation are outlined below. *DISCUSSION POINTS* • A Juvenile Assessment Center (JAC) is a single point of entry for youth and families to access assessments and resources, a resource for law enforcement, a hub of juvenile information, and is intended to ensure the coordination of next steps. • Target population is youth ages 10-17, delinquent youth, truant, suspended or expelled youth, fire setters, beyond control of parent, parent/child conflict, mental health issues, and municipal offenses. In Jefferson County, the majority of youth involved in the JACare runaways and youth beyond control of parents. • JACs provide immediate and comprehensive assessments. • One of the purposes of JACs is to reduce inappropriate detention. • JACs are a fast track to services and ensure coordination throughout the system. • Who can access a JAC? Law enforcement, family referrals, self-referrals, school referrals, community referrals, anyone. • JACs hope to prevent penetration into the juvenile justice system and divert juveniles out of District Court. • The Jefferson County Juvenile Assessment Center refers out for intervention and services. Facilities such as the Family Resource Pavilion in Arapahoe County offer services all in one place. • The JACs have multiple funding streams and there are currently 7 JACs in the state (Jefferson, Denver, Weld, Adams, Larimer, Boulder and the 18th Judicial District).

	• JACs ensure continuity of services but are not everywhere in the state. • How to serve children under 10 years old? • In the past, Human Services used to visit families in their home when a youth was beyond control of parents. This service no longer exists. • Craig McPherson agreed to gather data on the Jefferson County JAC referrals to Human Services.
Presentation: Assessments	Richard Stroker introduced next presenter, Carl Blake from DYC, and also reminded the group that the former CCJJ/Juvenile Justice Task Force had conducted extensive work on assessments and produced a Colorado Reference Guide on Juvenile Screening and Assessment Instruments (2013) that is available at http://cdpsdocs.state.co.us/ccjj/Committees/JCCTF/Handout/2016-08-08-CORefGuide_JuvScreen-Assess_2013-07.pdf Handouts titled "Instruments Matrix" and "Example Assessment and Screening Processes" were included in the materials packet and are attached at the end of the minutes. Carl Blake presented an overview of the use of assessments in DYC. The full PowerPoint presentation can be found at: http://cdpsdocs.state.co.us/ccjj/Committees/JCCTF/Handout/ 2016-08-08-DYC_Assessments.pdf Some discussion points from the presentation are outlined below. *DISCUSSION POINTS* • DYC provides short-term secure and community-based detention services for pre-adjudicated and sentenced youth. • DYC provides long-term commitment services for youth who are adjudicated juvenile delinquents, and whose legal custody is transferred by the courts to DYC via a commitment order. • The use of Colorado Risk Assessment (CJRA) is used to determine residential security and supervision expectations. • A comprehensive evaluation includes educational/vocational assessment and identification of individual needs, holistic medical appraisal, mental health screening and assessment, alcohol and drug screening and assessment, offense specific evaluation and neuropsychological screening and assessment. • Evaluators try to gather as much information possible about the youth including incident reports, police reports and information from assessment centers and treatment providers (including social services), probation notes, review of information in TRAILS and family interviews. It was estimated that evaluators spend approximatively 16-20 hours for case planning with each youth during the first 30 days. • Majority of youth at DYC have experienced some sort of trauma, but many do not meet the diagnostic criteria for PTSD. DYC uses the USLA PTSD Reaction Index to assess trauma. • The Juvenile Automated Substance Abuse Evaluation (JASAE) is a new

<table>
<tr><td></td><td>107-item self-report instrument and costs about $6 per instrument (DYC has negotiated a rate of $4.50 per administration).
• Recidivism rate for DYC is 28.1% 1 year post-discharge, 43.7% 2 years post-discharge and 53.2% 3 years post-discharge. DYC uses new conviction as the measure of recidivism.
• There is a high recidivism rate of kids (50%) in CW who are in congregate care.</td></tr>
<tr><td>Discussion of Possible work groups</td><td>Richard Stroker asked the group to discuss “What we know” and “What we don’t we know” about the juvenile justice system and crossover youth.

<u>What We Know</u>
- Lots of Assessments
- Reasonably high “failure” rate for certain system interventions
- Outcomes may be defined differently with different agencies
- Systems are not linked – Lack of info about the work of other agencies – Cross over with Probation cases.
- Kids who become involved in community mental health system are more likely to later be adjudicated in the juvenile justice system.
- Mental health services have been dramatically reduced across the country.
- People don’t know what we mean by crossover youth.
- We don’t have sufficient alternatives to congregate care facility placement.
- Responses are driven by local perspectives.
- Prevention? Education system?
- Reduced DYC placements, probation.

<u>What We Don’t Know</u>
- Evidence-based practices: what treatment modalities work with adolescent brain.
- Matrix for placement data system.
- How to best leverage our data.
- We don’t know when not to charge (petty ticket).
- How to integrate our data systems.
- Overarching system approach to solving systemic problems and implementing prevention methods.</td></tr>
<tr><td>Issue/Topic:

Next Steps
Adjourn</td><td>Next meeting is on September 12 and Craig McPherson will present on the Jefferson County JAC referrals to Human Services.

Richard thanked the group. The meeting adjourned at 4:25 pm</td></tr>
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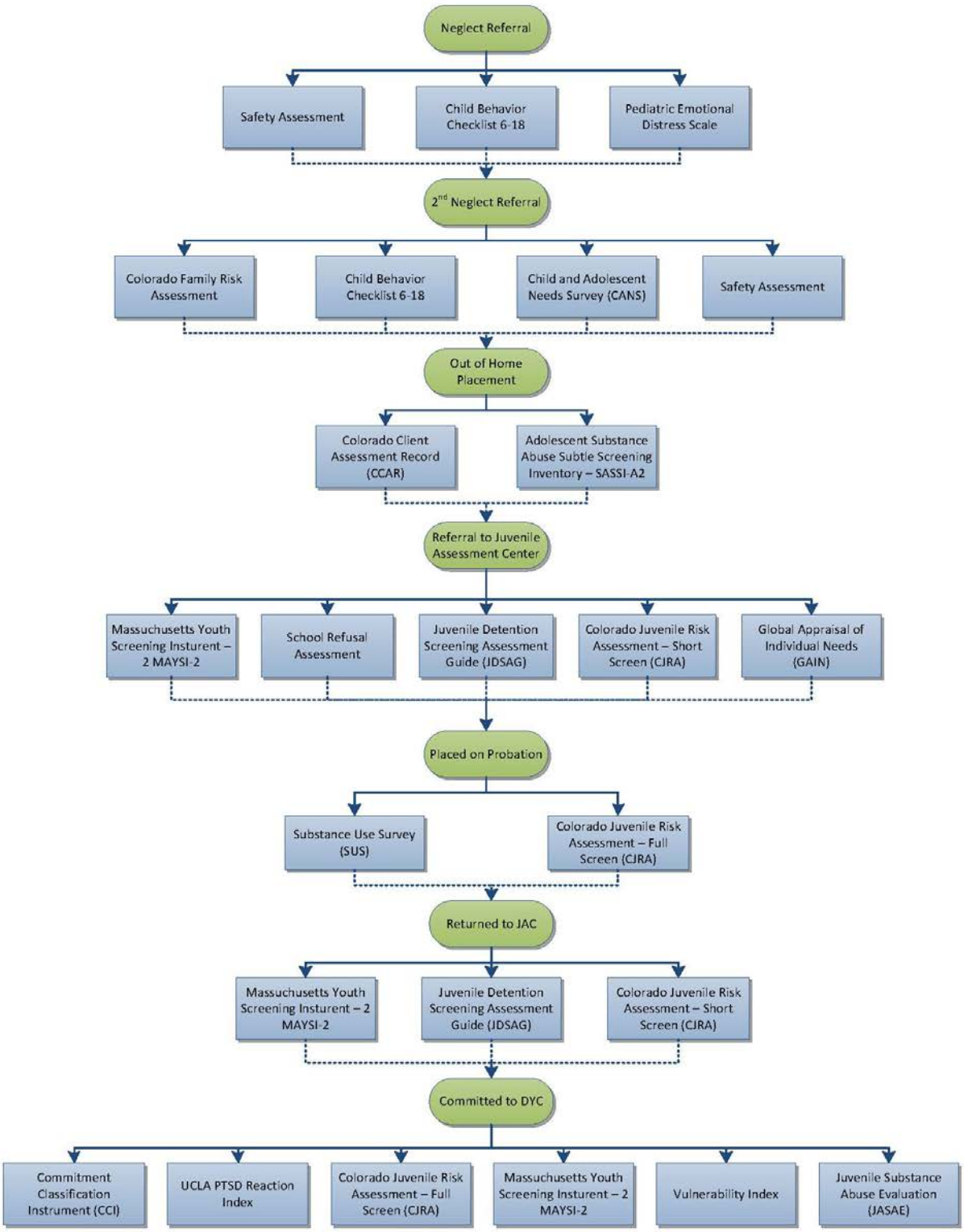
Next Meeting

September 12, 2016 1:30pm – 4:30pm 710 Kipling St., 3rd floor Conference Room

Example Assessment and Screening Processes

For A Youth in the Juvenile Justice and Child Welfare Systems



Assessment Instruments Matrix

Tool	Agency	Population	Purpose	Administration	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs associated to administer tool
SASSI-A2	Substance Use Treatment Providers, Correctional Facilities, Probation/Parole, Behavioral Health Facilities, Courts, Child Protective Services, Educational Facilities, Private Practices	Adolescents ages 12 – 18	Identify Substance Use Disorders	At Intake	Necessity to investigate into further substance abuse or provide treatment delivery	Appropriate training	Two sessions of training required for non-professionals	Paper and Pencil Starter Kit $125-$260 and Test Kit $10-$165; SASSI-A2 Software Starter Kit $215-$720 and Tests $10-$65; Online $4-$11 per questionnaire
SUS	Probation: DYC; Diversion; Juvenile Assessment Centers, Substance Abuse Providers	Adolescents 12-17	To determine risk and needs associated with substance use	At intake	Treatment and program referrals; DYC determines further assessment	Minimal with training	Training specific to the tool; boosters available	Staff time
PESQ	Substance Use/Mental Health Treatment Providers, and may be used by a wide range of health professionals	Adolescents 12-18	Provide at a screening level; an indication of the need for a comprehensive drug use evaluation	At Intake	Need for further assessment	Para-professional	Contact author	$104 – manual and 25 tests; $63 per package of 25 tests
AUDIT	Substance Abuse/Mental Health Treatment providers; Wellness Centers	Adults and adolescent	Screening is completed to identify harmful drinking patterns	At Intake	In Depth assessment needed	Para-professional	Minimal	The test is copyrighted; however, the tests and manuals are free. There is a charge for the training video
POSIT	ADAD; School Personnel, Juvenile and Family Court Personnel, Medical and Mental Health Care Providers	Adolescents, 12-19	Identify potential problem area that requires further assessment	At Intake	Identifies problems and potential treatment or services needs in 10 areas, including substance abuse, mental and physical health and social relations	No special qualification	Very clear and straight forward	Pricing information available at PowerTrain, Inc. 301-731-0900
Trauma Symptom Checklist	DYC; Caretakers	Adolescents, 8-16	Evaluate Post Traumatic Symptoms	Upon entrance to DYC	Diagnose post traumatic symptoms and aid in treatment planning	Minimal Skill required	No training required	Approximately $1.50 per individual administration
School Refusal Assessment	Juvenile Assessment Centers	Adolescents, 10-17 who are not attending school regularly	Discover reasoning for not attending school	At Intake	School engagement planning for the youth	Minimal skill required	2 hour training to learn rating school and explanation of the tool	Free

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CJRA	DYC, SB94 Programs, Probation	Detained and Committed Juveniles	Identify risk and protective factors	Upon entry to SB94 Programs, at detention and commitment to DYC and at the PSI or intake into probation	Understand risk to recidivate, individual crimnogenic needs, and targets for service intervention	16 hour training course	Initial 8-12 hour training certification course, annual 4 hour recertification course (DYC only)	None
C.A.N.S.	Juvenile Assessment Center; SB94 Programs	Adolescents 6-17	To determine needs and aid in service delivery	At Intake	Guides level of intervention for youth and what needs need to be met	Motivational Interviewing Skills and training in tool	2 day Training with C.A.N.S. instructor	Free
Colorado Family Risk Assessment	DHS/Social Services	Parents and children in families being assessed for child abuse and/or neglect	0-18 years of age being assessed for Child Protection	Within 30 days of case opening	Determine case services and target appropriate level of service	Minimum of a B.A or B.S in a Human Services related field	2-4 hours of training	None
Safety Assessment	DHS/Social Services	Parents and children in families being assessed for child abuse and/or neglect	0-18 years of age being assessed for Child Protection	Within 7 calendar days of a Child Protection Investigation; prior to reunification or case closure	A plan developed to assure safety of the child	Minimum of a B.A or B.S. in a Human Services related field	2-4 hours of training	None
GAIN	Student Assistance Programs; Juvenile Justice, Mental Health clinics and Substance Abuse Providers	Adolescents and adults	Identify substance abuse issues	At Intake	Guides decisions in diagnosis, placement and treatment planning	Para-Professionals and other Behavioral Health Care Clinicians	Training with instructor	Copyrighted and a fee required for each instrument used
PADDI	Clinical Professionals and Paraprofessionals	Adolescents with co-occurring mental health and substance use disorders	Address possible mental health issues that would affect substance abuse treatment	Upon Intake with a clinician	Treatment planning	Clinicians; Para-professionals and Technicians may administer with supervision	Professionals can use the tool without special training	Packets of 25 forms are $67.50 and the manual is $20

Tool	Agency	Population	Purpose	Administration	What decisions are made based on the results	Skill level required by staff to administer tool	Training requirements	Costs Associated to administer tool
CCAR	DMH, Community Mental Health Centers, DYC, Residential Treatment Providers, Mental Health Institutes	DYC Committed youth, Youth in Residential Treatment, Individuals receiving publically funded mental health services	MH Assessment and Demographic Information	Upon commitment to DYC; Admission of youth to Residential Treatment; At admission, discharge, and annual updated for individuals receiving publically funded Mental Health Services	Assessment of MH functioning	Better to have a degree for purposes of dx	Training on the instrument (typically 3 hours)	Staff time
ASAP	DYC; Substance Use Providers; Probation Departments	Adolescents	Assess for treatment needs rule in Treatment level	Prior to treatment, a self-report instrument and may be either self-administered or administered through an interview structure	Substance abuse treatment needs	CACII or CACIII (CAC I under supervision), Psychologists, Social Workers, Physicians, Licensed Mental Health Professionals	Attend Differential Diagnosis class through ADAD, must be CAC II or III	The ASAP is copyrighted and there is a fee for its use
BASC2	School personnel; Mental Health Treatment Providers	Children, Adolescents	Evaluate psychological problems	At intake, Treatment Planning Sessions or as a tool to monitor progress	Assist in differential diagnosis, treatment planning, determine progress and educational classification	Experienced clinician or School Personnel	No formal training	Pricing available at Pearson Education online
CASI	A variety of Behavioral Health Care Clinicians and Para-Professionals	Adolescents	Provide comprehensive, in-depth assessment of the severity of an adolescent substance use and other related areas	At admission to treatment program for the severity measurement; Face to face interview	Provides an in-depth assessment of the severity of an adolescent substance use and related problems to help determine length of time in program	Trained professional	Specific administration/scoring course required; cost of training is $2000 as of 2006	The instrument is copyrighted; the pencil and paper version is available free of charge
Child Post Traumatic Stress Disorder Symptom Scale	Clinicians and Physicians	Adolescents, ages 7-18	Determine if a client is experiencing PTSD symptoms	Administered during an interview. No specific administration instructions	Treatment planning	Behavioral Healthcare Providers	Clinical Training	Free