

## Abstract

Creating safe schools involves the special expertise of mental health and juvenile justice providers, law enforcement, and educators working collaboratively. This publication identifies who is involved in juvenile justice (JJ) and mental health (MH) collaboration in schools; what the JJ and MH problems are affecting youth; what the challenges to MH/JJ partnerships are; and steps JJ and MH can take to work together in the context of a safe schools

collaboration. The insights and practices presented are based on learning from the Federal Safe Schools/Healthy Students (SS/HS) experience and include strategies for: (1) providing leadership; (2) hiring/training/evaluating staff; and (3) carrying out JJ and MH partnership activities. The U.S. Departments of Education, Health and Human Services, and Justice have collaborated in funding the SS/HS Initiative since 1999.

## Understanding the Problem

### Youth MH Problems

- About 20 percent of children and adolescents experience a mental disorder
- About 10 percent experience mental illness severe enough to cause impairment at home, in school, and in the community
- Less than 50 percent of these youth receive the treatment they need

### JJ Problems

- Status Offenses
- Being beyond the control of parents (ungovernable/incorrigible)
  - Curfew violations
  - Running away from home
  - Truancy
  - Underage drinking
- Criminal Incidents
- Drug possession
  - Gang activity
  - Simple assaults:
    - Often involve acquaintances
    - Most involve personal weapons and are perpetrated by students in schools
  - Theft (most common)
  - Threats/harassment
  - Vandalism/graffiti

### Mental Disorders and JJ Involvement

- 65 to 70 percent of JJ youth have at least one diagnosable MH disorder (NCMHJJ/CJCA)
- Over 60 percent of JJ youth meet criteria for three or more MH diagnoses
- More than 25 percent of JJ youth have a MH disorder severe enough to require immediate treatment
- Almost half of JJ youth meet criteria for a MH disorder other than conduct and substance abuse disorders
- 80 percent of girls and 67 percent of boys have at least one MH disorder

### JJ and MH Problems Intersect

Youth in the JJ system often lack protective factors and positive supports, and have risk factors that exacerbate MH issues. These youth may:

- Be abused, neglected, or abandoned
- Lack support due to a disrupted family or social situation
- Live in communities with high rates of crime and violence
- Suffer consequences of witnessing or experiencing violence
- Have problems learning and not do well in school
- Have other MH issues
- Use alcohol or other drugs

### Challenges to JJ–MH Partnership in Schools

- Differences in purpose:
  - JJ protects the public, holds young people accountable, and rehabilitates
  - MH works with and treats youth with MH disorders
  - Schools work to educate youth
- Different rules and legal standards (such as confidentiality and sharing of information)
- Lack of knowledge about information sharing and how partner systems work
- Professional differences (including training/education, knowledge, skills, and attitudes)
- Differences in schedules and timeframes for responding
- Complexity of problems facing young people (such as victimization and witnessing violence)
- Lack of agreement on key issues such as:
  - the roles of JJ and MH (and whether to incarcerate juveniles with MH problems—to punish or to treat)
  - the value of prevention and intervention
  - how to deal with truancy
  - how and when to remove a student from school
  - the need for safety in schools
- Limited funding, heavy caseloads, and difficulty providing adequate services
- Recruiting and retaining providers able to meet multiple MH issues

## Steps JJ and MH Can Take To Help Achieve Safe Schools Partnerships

### Build Upon Progress in Collaboration, Including:

- Greater understanding by all partners of extent of the problem and need to work together with students and families to overcome stigma and provide MH services
- Development of collaborative programs/strategies to address cross-sector issues
- Wider use of standardized MH screening/assessment tools
- Increased use of Evidence-Based Programs (EBPs) (such as Multi-systemic Therapy and Functional Family Therapy)

### Provide Leadership By:

- Being at the table—JJ, MH, and school staff working in partnership in prevention and intervention strategies
- Promoting shared accountability by all systems to improve outcomes for youth and families
- Identifying MH staff as liaisons to JJ (and vice versa)—Point persons for reentry plans and juvenile probation
- Developing professional and personal relationships across disciplines
- Communicating roles and expectations for each partner—with shared vision
- Advocating for/with youth through youth commissions and in teen courts
- Providing continuity with reentry and aftercare
- Complementing one another in the interagency system of care (wraparound) approach
- Showing how MH supports academic success, including a boost in academic achievement, reduced absenteeism, and increased graduation rates. Attachment, positive behavior; and self-control (all part of social emotional learning—SEL) relate to better academic performance
- Supporting the case for MH services for in-home and community treatment
- Jointly identifying funding opportunities

### Hire/Train/Evaluate JJ/MH/School Staff To:

- Reduce the school-to-jail pipeline by intervening with appropriate services, rather than zero tolerance expulsion policies
- Recognize that many youth in the JJ system experience significant MH problems and that an effective response requires collaboration and referral to appropriate treatment
- Team together in steering committees, assessment teams, and student assistance teams
- Use the screening instruments to identify potential MH problems and refer student for an appropriate assessment, then treatment option

- Cross-train with other disciplines in areas such as cultural and linguistic competence, the culture of poverty, screening and referral systems
- Partner in joint training on MH needs, verbal judo, brain development, restorative justice, and bullying prevention
- Build and communicate re-entry plans from JJ to MH and schools
- Coordinate joint media campaigns to promote effective youth programs, including youth engagement
- Collaborate in developing sustainability plans for key services
- Co-locate services (e.g., juvenile/truancy courts in schools; MH services in schools; probation officers in schools; summer and parenting programs in juvenile centers; MH screening and counseling at detention centers to identify/counsel promptly, given short stays)
- Develop/implement activities using EBPs, coordinating culturally competent MH and probation services, service-learning programs, mentoring, and parent training
- Mediate and provide specialty courts (e.g., truancy, drug, and teen/youth courts)

### Carry Out Partnership Activities By:

- Engaging in comprehensive planning to understand and address problems through a coordinated network to meet the multiple needs of students and their families
- Collaborating at every key stage of JJ processing— from initial contact with law enforcement to re-entry
- Developing pathways where school and juvenile counselors refer students to care coordinators to address MH issues
- Care coordinators and juvenile counselors visiting families of at-risk students
- Including families in the collaboration process
- Providing cross-training so staff may learn more about each other and collaborate more effectively (e.g., school-based probation officers train MH staff about probation services)
- Jointly evaluating any program or service delivery strategy aimed at improving the identification and treatment of MH needs among youth in the JJ and school systems
- Understanding the value of cross-discipline professional relationships
- Understanding the referral process; referring youth to agencies which can help best
- Educating family members on the policies regarding youth with MH issues in the JJ system, and the resources available to them

### Who Is Involved in JJ and MH Collaboration in Schools?

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|---|--|--|
| <ul style="list-style-type: none"> <li>Corrections officers and directors of custody</li> <li>Counselors</li> <li>Evaluators</li> <li>Foster care and child protective service workers</li> <li>Government program administrators</li> <li>Judges, prosecutors, and public defenders/defense attorneys</li> </ul> | <ul style="list-style-type: none"> <li>Law enforcement officers, including SROs</li> <li>MH outreach workers</li> <li>Nurses/physicians</li> <li>Parents/foster parents/guardians</li> <li>Parole officers</li> <li>Probation officers</li> <li>School administrators</li> </ul> | <ul style="list-style-type: none"> <li>School liaison staff</li> <li>School psychologists</li> <li>School safety personnel</li> <li>Social workers</li> <li>Teachers</li> <li>Truancy officers</li> <li>Victims and witnesses</li> </ul> |
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### What Does the JJ System Address?

### What Does the MH System Provide?

- Many issues—all related to schools:
- Aftercare and reentry
  - Child protection
  - Delinquency/violence prevention
  - Disproportionate minority contact (DMC)
  - Juvenile corrections, detention and alternatives to detention
  - Restorative justice
  - Truancy
  - Youth/teen and specialty courts

- Many resources—all related to schools:
- Crisis response providers
  - Curricula and EBPs that foster MH development and prevent risk behaviors (including violence, alcohol and drug use, bullying, and dropping out)
  - Multidisciplinary teams that diagnose and refer to outside MH agencies (teams may include psychologists, social workers, nurses, special education staff, and counselors)
  - School-based MH services/clinics that provide targeted treatment to youth with MH needs

### What Resources Are There To Help Develop Effective JJ–MH Collaborations?

#### Comprehensive Sites

National Center for Mental Health Promotion and Youth Violence Prevention resource pages

[www.promoteprevent.org/Resources/briefs/](http://www.promoteprevent.org/Resources/briefs/)

National Center for Mental Health and Juvenile Justice

[www.ncmhjj.com](http://www.ncmhjj.com). See the publication *Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the JJ Systems*.

#### Federal Agencies

Office of Juvenile Justice and Delinquency Prevention (OJJDP)  
[www.ojjdp.ncjrs.gov](http://www.ojjdp.ncjrs.gov)

Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

Safe Schools/Healthy Students Initiative, Substance Abuse and Mental Health Services Administration  
[www.sshs.samhsa.gov](http://www.sshs.samhsa.gov)

Department of Education Office of Safe and Drug-Free Schools  
[www.ed.gov/about/offices/list/osdfs/index.html](http://www.ed.gov/about/offices/list/osdfs/index.html)

#### Juvenile Justice Agencies/Organizations

American Probation and Parole Association  
[www.appa-net.org](http://www.appa-net.org)

Coalition for Juvenile Justice  
[www.juvjustice.org/](http://www.juvjustice.org/)

Council of Juvenile Correctional Administrators  
[www.cjca.net](http://www.cjca.net)

Juvenile Detention Alternative Initiative  
[www.aecf.org/Home/MajorInitiatives/JuvenileDetentionAlternativesInitiative.aspx](http://www.aecf.org/Home/MajorInitiatives/JuvenileDetentionAlternativesInitiative.aspx)

National Center for School Engagement  
[www.schoolengagement.org](http://www.schoolengagement.org)

National Council of Juvenile and Family Court Judges (NCJFCJ)  
[www.ncjfcj.org](http://www.ncjfcj.org)

National Dropout Prevention Center  
[www.dropoutprevention.org](http://www.dropoutprevention.org)

National Training and Technical Assistance Center on Juvenile Justice  
[www.nttac.org](http://www.nttac.org)

National Youth Court Center  
[www.youthcourt.net](http://www.youthcourt.net)

National Youth Violence Prevention Resource Center  
[www.safeyouth.org](http://www.safeyouth.org)

#### Mental Health Agencies/Organizations

American Academy of Pediatrics; National Association of School Nurses, et al., *Health, Mental Health, and Safety Guidelines for Schools*

[www.nationalguidelines.org](http://www.nationalguidelines.org)

Center for Effective Collaboration and Practice  
[www.air.org/cecp/](http://www.air.org/cecp/)

National Association of State Mental Health Program Directors National Technical Assistance Center (NTAC)  
[www.nasmhpd.org/ntac.cfm](http://www.nasmhpd.org/ntac.cfm)

National Association of School Psychologists  
[www.nasponline.org/](http://www.nasponline.org/)

National Mental Health Information Center/Center for Mental Health Services  
[www.mentalhealth.org](http://www.mentalhealth.org)

UCLA School Mental Health Project National Center for Mental Health in Schools  
[www.smhp.psych.ucla.edu/](http://www.smhp.psych.ucla.edu/)

University of Maryland Center for School Mental Health  
<http://csmh.umaryland.edu/>

### How Safe Schools/Healthy Students Sites Partnered

#### Milwaukee, WI

Milwaukee, WI, has used a **Systems of Care (SOC)** approach named Wraparound Milwaukee (WM) since 1994. WM serves children with serious emotional, behavioral, and MH needs and their families providing an array of services designed to maintain children in their home, school, and community. WM utilizes a strength-based and individualized approach to service delivery that is based on families identifying what support they need to care for their child. Families are paired with **care coordinators** to assist them in identifying and obtaining personal, community, and professional resources to meet those needs and to “wrap” those services around the child and family. WM has always worked closely with the schools in identifying appropriate placements for these youth, being advocates in individualized education plans (IEPs), and involving school social workers, counselors, teachers, and other school personnel on planning teams.

WM annually serves over 1,000 children and families with over 60 percent of those youth being referred by the JJ system. Probation workers partner with WM care coordinators in the planning process, in the delivery and monitoring of services, and in youth compliance with court orders. One factor in WM’s ability to provide a comprehensive array of MH and other support services is the \$37 million in **pooled funding** it receives from Medicaid, MH, child welfare, and JJ agencies. Designed as its own publicly operated health maintenance organization (HMO), WM becomes the actual health insurer of Medicaid or SCHIP eligible youth enrolled in the program.

The SS/HS initiative enables WM to integrate more fully into a partnership with the schools. Recently, WM began a more formal collaboration with the schools developing three **mobile crisis teams** of psychologists and social workers to work with students whose disruptive behavior in the classroom is tied to serious emotional and MH needs. The Milwaukee Public Schools and Medicaid are providing the shared funding for this on-going effort. WM has predominantly served youth in the schools involved with either the child welfare or JJ systems. Now WM, through its REACH program, expands the wraparound program for non-court involved youth through referrals from the schools and provides a case manager and other MH services. According to Bruce Kamradt, “With this expanded WM program we are reaching out to serve youth much earlier and most likely will be serving more youth in elementary and middle schools.” WM will also provide school staff with additional **training** in crisis intervention strategies and techniques and in general training on MH issues.

“We have learned that success in school usually means that the child will be successful at home and in the community.”

—Bruce Kamradt,  
Director of Wraparound Milwaukee, WI

#### Hillsboro, OR

The SS/HS initiative in Hillsboro, OR, already had strong leadership promoting collaboration across disciplines in the school, juvenile justice, and other County systems. The leaders of each of these groups brought to the partnership table other key individuals to support and implement their objectives. The partnership connected the City Police Department, the Washington County Sheriff’s Office, and the County Juvenile Office, together with the School District Improvement Team, the County Mental Health Department, the County Commission on Children and Families, and the Mayor’s Office.

Activities carried out by the partnership include:

- Hiring seven MH care coordinators—four are bilingual Spanish/English—to cover all schools in the district
- Developing pathways for school staff and juvenile counselors to refer students to care coordinators to address the MH needs of students and their families in a holistic way
- Creating partnerships between care coordinators and juvenile counselors to visit families of at-risk students and develop coordinated service plans
- Supporting care coordinators in working with students who refuse or resist engaging in MH services by leveraging the court’s authority to include treatment in conditions of probation
- Creating collaboration between care coordinators and juvenile counselors to refer gang-affected youth to appropriate resources
- Establishing school-based multidisciplinary teams (comprised of care coordinator, juvenile counselor, School Resource Officer, a school counselor, and the school vice principal) at the building level to address issues of attendance and behavior by developing, monitoring, and tracking individual students in need of intervention

*“Partnership among schools, law enforcement, juvenile justice, and mental health brings four different cultures together, presenting both challenges and opportunities to learn. The partnership is strongest when the roles of all participants are defined by a single outcome—student success.”*

—Dr. Joseph Christy,  
Director, Washington County Juvenile  
Department, Hillsboro, OR