Addressing the Mental Health Needs of Children and Families in the Juvenile Court

"Busting Myths, Breaking Barriers"
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Questions to Answer

1. What does the Juvenile Court do?
2. How do Mental Health and Juvenile Court intersect, and Why?
3. How do you figure out what these children need?
4. Do these children belong in the juvenile court system?
5. What are some good models for addressing the mental health needs of children involved with the juvenile court system?

Questions to Answer

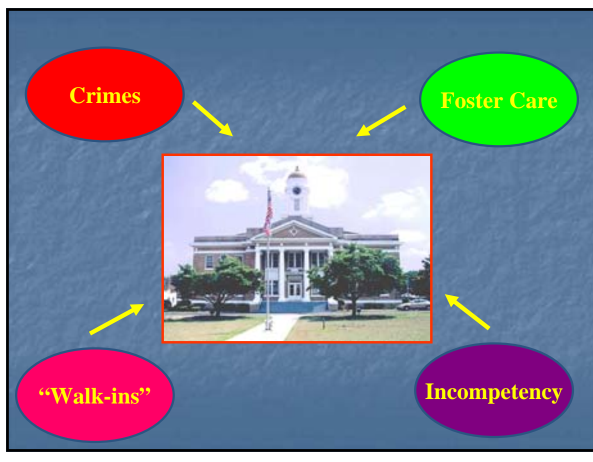
1. What does the Juvenile Court do?

The Court's Jurisdiction

1. Children under 17 accused of a crime.
2. Children under 18 alleged to be deprived (neglected or abused) and who need state protection.
3. Children under 18 accused of a status offense
4. Children accused of a crime but who are incompetent to stand trial

Role of the Juvenile Court in Foster Care

- Primary responsibility of the Court and State to foster children: reunification of the family
- To accomplish the goal of stable families requires fit parents
- For parents with mental illness and substance abuse, effective mental health services are needed



Questions to Answer

2. How do Mental Health and Juvenile Court intersect, and Why?

Mental Health Concerns and Delinquency/Status Offenses

- Estimated 15 to 20% rate of severe mental illness among juvenile offenders[1]
- Less severe mental illness about 40%[1]
- Parents and caregivers often first seek help from law enforcement
- Schools, prohibited from taking long-term punitive action against Special Education students, often turn to juvenile justice system

1.Arredondo, David E. MD et al, Juvenile Mental Health Court: Rationale and Protocols, Juv. And Family Ct. Jnl. 52 (4) Fall 2001 1-19.

Juveniles in Detention

- Two-thirds of juvenile detention facilities hold youth awaiting mental health treatment [1]
- Santa Clara County, California, 2001 detained juveniles[2]:
  - 37% severe traumatic experiences
  - 19% significantly depressed
  - 10% hopelessness
  - 9% psychosis
  - 8% reported suicidal ideation
- Medication concerns, including refusal

1. U.S. House of Rep, Comm on Govt. Reform: *Incarceration of Youth Who are Waiting for Community Mental Health Services in the United States* (July 2004)

2. Arredondo, David E. MD et al, Juvenile Mental Health Court: Rationale and Protocols, *Juv. And Family Ct.* Jnl. 52 (4) 2001 1-19.

Prevalence

- Mood Disorders
- Anxiety Disorders
- Substance Use Disorders
- Disruptive Behavior Disorders
- Thought Disorders

Prevalence

- 60-70% of youths have a psychiatric disorder (not including ADHD/ MR)
  - Pretrial detention
  - Juvenile corrections
  - High rates of co-morbidity
  - 2 to 3 times higher than peers in community

U.S. House of Representatives Report

- Congressional investigators report 15,000 children with psychiatric conditions were improperly incarcerated when mental health services were not available
- These children were as young as 7 years old

Epidemiology of Mental Health Problems in Detained Juveniles

- Major Depression
  - 18% incarcerated adolescents
  - 4% in community
  - Girls 3X rate as boys

Difficulties estimating prevalence of mental health disorders among youth in the juvenile justice system:

- Regional variation
- Use of standardized assessment tools limited
- Under-sampling of certain populations
- Youths' report of mental health status may vary as a function of how long and in what environment they have been incarcerated
- Youth, families, and institutional staff may be suspicious of research
- Inconsistent scope and quality of records to provide historical information supporting diagnoses

Sexual Abuse

- Studies have found high levels of abuse and trauma among delinquent girls:
- 73% of girls entering the correctional system reported being victims of abuse (Chesney-Lind & Sheldon 1998).
- Other estimates of sexual abuse among delinquent girls ranges from 25-70%.

Trauma

- 84% of girls in detention experienced major lifetime trauma (Lederman et al., 2004).
- 65% of incarcerated adolescent girls had experienced PTSD at some point in their lives (Cauffman et al., 1998).

Girls and Substance Abuse

- 75% of detained girls reported regular use of alcohol and/or drugs (Acoca 1999).
- 34% of detained girls had a substance abuse disorder (Lederman et al., 2004).

Juveniles With Disabilities

- Prevalence of special education disabilities is about 4 to 5 times greater in the juvenile justice system than the rate of special education disabilities in the community
- Approximately 30-50% of youth in the correctional system have a disability
  - Rutherford, Bullis, Anderson and Griller-Clark 2002

Severely Emotionally Disturbed Students

- Psycho-educational facility a frequent school assignment in rural areas
- Facility location often remote from home, resulting in travel by bus. Hour bus rides not uncommon
- The result: poor attendance, continued behavioral disturbances, and referral to the juvenile justice system

Foster Care and Mental Health

- Infants and toddlers in the child welfare system suffer cognitive and developmental delays [1]
- Among the children of rural migrant workers:
  - 66% have one or more psychiatric diagnoses based on mother or child reports
  - anxiety disorders most prevalent[2]

1. Lederman, Cindy S. et al, When the Bough Breaks the Cradle Will Fall: Promoting the Health and Well Being of Infants and Toddlers in Juvenile Court, id, 33-37

2. Kupersmidt, Janis B. et al. *J. Am. Acad. Child Adoles Psychiatry* 36(2)1997 224-232.

Foster Care and Mental Health

- Children whose parents abuse drugs and alcohol are nearly three times as likely to be neglected
- Children in foster care have higher rates of emotional problems than other children of similar backgrounds

Allen & Bissell. Safety and Stability for Foster Children: The Policy Context. The Future of Children 14(1) 49-70 (Packard Foundation 2004).

Status of Mental Health System and Evidence-Based Treatments

- President's Commission reports public mental health system is "in a shambles" (President's New Freedom Commission Report, 2004)

"Therapeutic" Courts

- Drug Courts
- Mental Health Courts
- Some juvenile courts have created specialized juvenile mental health or drug courts
  - Exist predominantly in urban areas with a "critical mass" of clients and providers
    - Source: COSCA report, supra

The Juvenile Court as a "Therapeutic" Court

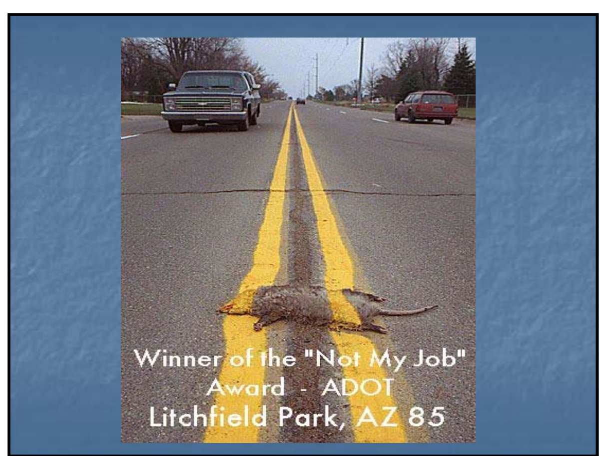
- Court-based interventions that focus on chronic negative behaviors over a period of time in conjunction with mandatory treatment.
- Experts provide treatment and Court ensures compliance through sanctions.

Conference of State Court Administrators, "Position Paper on Therapeutic Courts" (1999), available at http://cosca.ncsc.dni.us/PositionPapers/therapeuticcourts.pdf

The Juvenile Court as a "Therapeutic" Court

Judicial *collaboration* is regarded as more important than judicial *independence*; and achieving *desired outcomes* more important than a *fair process* free of undue influence on the judge

Conference of State Court Administrators, "Position Paper on Therapeutic Courts" (1999), available at http://cosca.ncsc.dni.us/PositionPapers/therapeuticcourts.pdf



The Juvenile Court as a "Therapeutic" Court

- They work—individuals successfully treated do not re-offend, or do so at a much lower rate, thus saving money and public resources;
- They require and promote collaboration by courts and judges with other agencies and professionals;
- They compel individuals to respect the system and participate in the treatment services offered or face swift consequences, which is regarded as a superior form of accountability to traditional sentences
    - Source: COSCA report, supra

"Therapeutic" Courts

- Drug Courts
- Mental Health Courts
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Questions to Answer

3. How do you figure out what these children need?

Screening and Assessment

- CAUTION: Your presenter is working outside of the scope of his license here
- But: we can discuss generally some of the methods by which juvenile courts screen kids
- And: we can discuss in-depth the basic issue of juvenile competence, which is becoming more and more important

Screening and Assessment

- Two different identification processes
- Screening: economical identification applied to all youths
- Assessment: more extensive and individualized identification of mental health needs for those who "screened in"

Resources on Assessment

- http://www.ojjdp.ncjrs.org/publications/pubabstract.asp?pubi=11936
- On-line 90 page pdf file
  - Grisso
- teenscreen.org (National Screening Program)

Screening

- All comers
- Early contact
- Focus on acute needs
- Brief (< 30 min) less skilled administration
- Non specific for diagnosis or treatment planning

Assessment

- Selected youth
- Timing more variable

Screening Tools

- Sensitive to context: immediate stress
- MAYSI 2
- CAFAS (Medicaid related)
- Suicide screen

Screening Tools

- Juvenile Justice Doorways
  - Probation intake
    - First contact with the system
  - Pretrial detention
    - Detox, special watch
  - Preadjudication and disposition
    - Competency, waivers
  - Juvenile corrections
  - Community re-entry

Screening: MAYSI 2

- Self administered
- 10 minutes or less
- Not diagnostic
- ID's youths in need of assessment
- Some false positives

MAYSI Scales

- Alcohol/ drug use
- Angry Irritable
- Depressed-Anxious
- Somatic Complaints
- Suicidal Ideation
- Thought Disturbance
- Trauma

Questions to Answer

4. Do these children belong in the juvenile court system?

Assessing Juvenile Competence to Stand Trial:

Two ways to look at it

Academic

"I think the frontal lobe, that part of the executive region that we studied, is not always functioning fully in teenagers . . . . That would suggest that therefore teenagers aren't thinking through what the consequences of their behaviors are, which would lead us to believe that they'd be more impulsive, because they're not going to be so worried about whether or not what they're doing has a negative consequence."

-Dr. Deborah Yurgelun-Todd, McLean Hospital, Harvard University

Non-Academic

Son, you don't yet have good judgment."

-William Rawlings, Sr., circa 1984

Juvenile Competence

- S. H.: 12-year old Georgia boy with IQ equivalent to six year-old, attempts anal penetration of another child.
- Juvenile court finds him incompetent but adjudicates him delinquent and jointly commits him to juvenile justice and child protection agencies.
- "Georgia law does not provide a statutory framework in order to protect juveniles' rights not to be tried in a delinquency proceeding while they are incompetent."
  - In the Interest of S.H., 220 Ga. App. 569, 570 (1996)

Juvenile Competence

- Appeal: argues that even in juvenile court, an incompetent child cannot be adjudicated.
- Court:
  - purpose of the Juvenile Court Code is to assist, protect, and restore children whose well-being is threatened as secure law-abiding members of society
  - To promote this commendable purpose, the General Assembly created a comprehensive civil forum for treating and protecting juveniles, "replete with distinctions between criminal matters and matters concerning juveniles alleged delinquent."
  - Juvenile proceedings "emphasize treatment and rehabilitation, and spare the child some of the collateral consequences of a criminal conviction.

Juvenile Competence

- Court:
  - As is evident in this case, however, the consequences do not always differ. Both juvenile and criminal proceedings may result in a significant loss of liberty.
  - Constitutional considerations must necessarily transcend even the most admirable legislative purposes.
  - The juvenile charged with "delinquency" is entitled by right to have the court apply those common law jurisprudential principles which experience and reason have shown are necessary to give the accused the essence of a fair trial.

Juvenile Competence

- Without question, these include the right to adequate notice of the charges, appointment of counsel, the constitutional privilege against self-incrimination, and the right to confront opposing witnesses.
- "We believe the cornerstone of these substantive rights is competence to understand the nature of the charges and assist in a defense. A want of competence renders the other rights meaningless."
- "It has long been accepted that a person whose mental condition is such that he lacks the capacity to understand the nature and object of the proceedings against him, to consult with counsel, and to assist in preparing his defense may not be subjected to a trial."
- Principles of fundamental fairness require that this right be afforded in juvenile proceedings.

Juveniles' Understanding of Their Rights

- Grisso et al. study
  - 1,400 individuals ages 11 to 24
  - detained in juvenile detention facilities or adult jails vs.
  - those residing in the same or similar communities as the detained participants but who had never been held overnight in the justice system.
  - Then compared the performance of 11-17-year olds with young adults (aged 18-24)
    - Laurence Steinberg, Juveniles' Competence to Stand Trial
    - http://www.jcpr.org/policybriefs/vol5_num1.html
    - Grisso Study:
    - http://www.abanet.org/crimjust/juvjus/12-3gris.html

Juveniles' Understanding of Their Rights

- Instruments:
  - MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA)
  - MacArthur Judgment Evaluation (MacJEN).
  - Also assessed mental health problems, psychosocial maturity, and intelligence in conjunction with these tests.

Juveniles' Understanding of Their Rights

- Findings: Developmental incompetence prominent among young teens.
  - one in three 11-13-year-olds
  - one in five 14-15-year-olds

Juveniles' Understanding of Their Rights

- Findings:
  - Youth aged 11-13 were consistently found to be less capable in judgment, understanding, and reasoning than older youth.
    - 30% of 11-13-year-olds and 20% of 14-15-year-olds, showed significantly impaired understanding or reasoning
  - Competence increased progressively until age 16
    - only 10% of the 16-17-year-olds or young adults showed impaired competence
  - Those older than 16 varying little from the young adults in the sample

Juveniles' Understanding of Their Rights

- Findings: Teens are more compliant with authority.
  - The younger a teen, the more likely, he or she was to recommend confessing to a crime rather than remaining silent during a police interrogation.
    - One-half of 11-13-year-olds recommended confessing, while only 20% of young adults did so.
    - Grisso: A younger adolescent is more likely to think of the immediate consequence: "They might send me home tonight if I say I did it" rather than the impact of the decision on later events in court
  - 74% of 11-13-year-olds recommended accepting a plea agreement, while only 50% of young adults did.

Juveniles' Understanding of Their Rights

- Implications:
  - a competency determination should be made a condition of criminal adjudication whenever a transfer to adult court is being considered for young adolescents. (L. Steinberg)
  - when youth are first charged in adult court, a determination of competence automatically precede the adjudication of youth whose age places them at risk for lack of competence . (L. Steinberg)
  - ABA: Juveniles should have an *unwaivable* right to counsel

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Juveniles' Understanding of Their Rights

- Implications:
- Current research suggests that by age 13 or 14, the average youth tends to have a basic idea of the roles of persons in the trial process. Further, they can understand that defendants are charged with offenses and that the consequences may be punitive. More questionable is their ability to deal with abstract legal concepts that are grasped by the majority of adults.
- For example, adults typically see a legal right as an "entitlement," which is provided to them by law and cannot be revoked. In contrast, research suggests that children think of a right as "conditional"-- something that authorities allow them to have, but which could also be retracted. It is only around ages 13 or 14 that youths develop the capacity to think of a right as "belonging" to them, which they may assert or waive. (Grisso)

Juveniles' Understanding of Their Rights

- Implications:
- Age, by itself, is a poor indicator of whether youths between ages 14 and 16 have reached an adult level of knowledge about the legal process, or an adult's capacity to understand it.
- The evidence suggests that some youths between the ages of 14 and 16 are not markedly different from adults in their abilities related to competency to stand trial. Yet the range of abilities among youths at any of these ages is much greater than among adults. (Grisso)

Juveniles' Understanding of Their Rights

- Implications:
- Defendants below the statutory age for juvenile jurisdiction may be found incompetent for reasons of developmental immaturity in both juvenile and criminal court.
- The threshold for competency to stand trial--the degree of ability required--should be considered lower for adjudication in juvenile court than in criminal court. A lower threshold for competence in juvenile court might be justified on the basis of the lesser severity of consequences of adjudication on delinquency charges, as well as the continuing obligation to provide rehabilitative services to youths found delinquent. (Grisso)

Competency Assessments

- What to Ask For
  - the examiner appointed by the court will be qualified to evaluate children and to perform competency to stand trial evaluations;
  - the examination will include not only an assessment of mental disorder, but also an assessment of developmental disabilities and cognitive and social developmental status; and
  - The assessment will include the full range of abilities relevant for competency to stand trial: (a) understanding of the charges, consequences and trial process, (b) cognitive, attentional, communication, and interpersonal abilities relevant for assisting counsel meaningfully, as outlined earlier in this review, and (c) capacities for decision making about rights that are essential for due process.
    - Grisso

Georgia Competency Procedure

- Whenever there is reason to doubt competency
  - "Mentally competent" means having sufficient present ability to understand the nature and objectives of the proceedings, against himself or herself, to comprehend his or her own situation in relation to the proceedings, and to render assistance to the defense attorney in the preparation and presentation of his or her case in all adjudication, disposition, or transfer hearings held pursuant to this chapter. The child's age or immaturity may be used as the basis for determining the child's competency.

Georgia Competency Procedure

- Done by a Qualified Examiner Within 30 Days
- Report Must Contain:
  - 1) The reason for the evaluation;

    (2) The evaluation procedures used, including any psychometric instruments administered, any records reviewed, and the identity of any persons interviewed;

    (3) Any available pertinent background information;

    (4) The results of a mental status exam, including the diagnosis and description of any psychiatric symptoms, cognitive deficiency, or both;

    (5) A description of abilities and deficits in the following mental competency functions:

    (A) The ability to understand and appreciate the nature and object of the proceedings;

    (B) The ability to comprehend his or her situation in relation to the proceedings; and

    (C) The ability to render assistance to the defense attorney in the preparation of his or her case;

    (6) An opinion regarding the potential significance of the child's mental competency, strengths, and deficits;

    (7) An opinion regarding whether or not the child should be considered mentally competent; and

    (8) A specific statement for the basis for a determination of incompetence.

Georgia Competency Procedure

- (d) If, in the opinion of the qualified examiner, the child should not be considered mentally competent, the qualified examiner shall complete a full mental health evaluation and report pursuant to and such report shall also include the following:

  (1) A diagnosis made as to whether there is a substantial probability that the child will attain mental competency to participate in adjudication, a disposition hearing, and a transfer hearing in the foreseeable future;

  (2) A recommendation as to the appropriate treatment setting and whether residential or nonresidential treatment is required or appropriate;

  (3) Where appropriate, recommendations for the general level and type of remediation necessary for significant deficits; and

  (4) Where appropriate, recommendations for modifications of court procedure which may help compensate for mental competency weaknesses.

Georgia Competency Procedure

- Burden of Proving Incompetence is on child
  - By a Preponderance of the Evidence
- If Child is Incompetent:
  - Misdemeanor or unruly, may dismiss
  - Felony, create a competency plan
- Competency plan has a manager who:
  - Convenes all interested parties and providers
  - Determines child's needs and a plan of action
  - Either restore competence or, more likely, treat the child's needs as a dependent of the court.
  - Review every six months, or dismiss after two years

Questions to Answer

5. What are some good models for addressing the mental health needs of children involved with the juvenile court system?

Addressing the Problems: A Practical Approach

- Courts must take a clinical approach to the situation, and mental health providers must consider the court process in making recommendations
- Courts and mental health providers must work together to accomplish the broader goal of treatment and rehabilitation

What to Look For In A Provider

- NO FIXED FACILITIES!
  - Providers need to be willing to go where the children are and to work with both child and child's family *in their community, in their school, and in court*
  - MST, Intensive Family Intervention, Targeted Case Management, Wraparound Services, etc. etc.

What to Look for in a Provider

- Court-Provider Partnerships
- In Emanuel County, former Community Mental Health therapists were encouraged to provide "Intensive Family Intervention" services funded by Medicaid.
  - Medicaid will fund 90 days' treatment for a child with a mental Health diagnosis who is at risk of out-of-home placement.
  - Services are provided in-home or wherever the child can be found; counseling is given to families as well, and provider serves as a case manager for other referrals.
  - Of those served, 79.2% had never received traditional mental health services. All had CAFAS scores in excess of 100, and 53% had CAFAS scores in excess of 160.

What to Look for In a Provider

- Consider a Juvenile Mental Health Court
  - First one in CA in 2001, a growing trend
  - Usually smaller caseloads
  - Eligibility criteria vary
    - About half limit to more severe MH problems
  - Usual referral point: after adjudication, before disposition
- www.ncmhjj.com/pdfs/publications/JuvenileMentalHealthCourts.pdf

What to Look for In a Provider

- Consider a Juvenile Mental Health Court
  - Monitor progress through regular judicial reviews in addition to usual probation methods
  - Time varies between 3 months and two years, usually 10-18 months
  - Case expunged after completion

What to Look for In a Provider

- Consider a Juvenile Mental Health Court
  - Benefits:
    - Judicial Leverage
    - Multi-Disciplinary Approach
    - Increased Options for Treating Youth with Mental Health Issues

What to Look For In A Provider

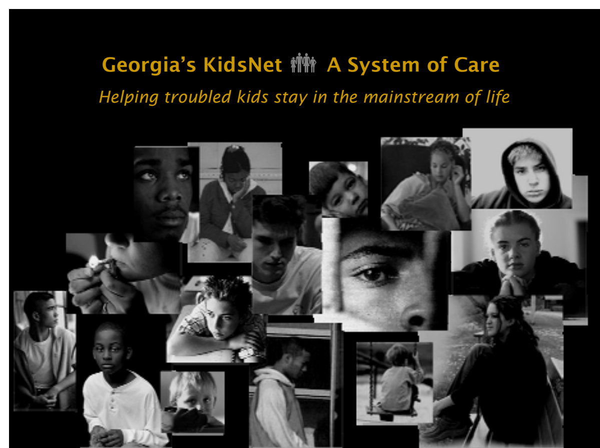
- MEDICAID ELIGIBILITY
  - All children otherwise eligible for Medicaid are entitled to all services, even those not within the usual State Plan, under the Early and Periodic Screening, Diagnosis, and Treatment provisions of 42 USC 1396dd
  - Check your state's Medicaid Manuals and Medicaid Audits

What to Look For In A Provider

- BEWARE THOSE WHO HIDE BEHIND PRIVACY LAWS
  - No provider can help you help the child if they are constantly worried about HIPAA or federal drug treatment laws.
  - Court always has the authority to order the provider to share records *except* perhaps some treatment records covered by the provider-patient privilege
  - Even then, patient or guardian ad litem can sign a waiver

What to Look For In A Provider

- Focus on System of Care
  - http://systemsofcare.samhsa.gov/
- Every Child Needs a "Medical Home:
  - The American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.
  - www.medicalhomeinfo.org



Georgia's KidsNet A System of Care

Where it all started

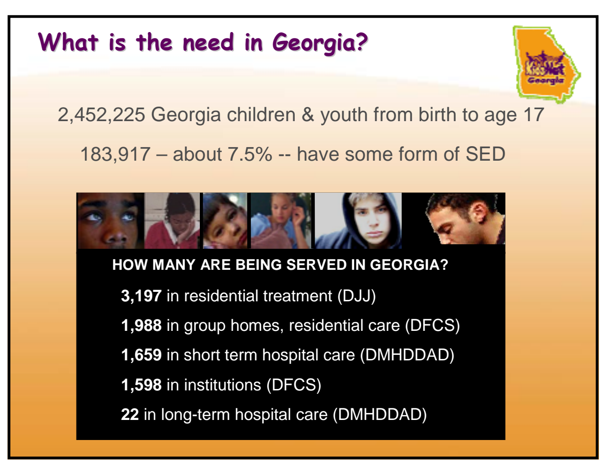
1999: SAMHSA awards Rockdale County a 6-year grant to develop a system of care for kids with Severe Emotional Disturbance (SED)

2003: SAMHSA awards Georgia a 6-year grant to develop state-level infrastructure (policies, training, financing) for that system of care

2004: Georgia becomes one of only 3 states to be awarded a second infrastructure development grant … this one to develop state-level support for a system of care approach to kids with drug and alcohol problems

2005: SAMHSA approves Georgia's proposal to match with State funds the remaining $1M federal funds in Rockdale's grant and expand KidsNet into 12 other counties. State funds come from DHR and DJJ.

2008: … to be continued …



Where are SED kids treated now?
Kids with multiple problems likely need services from multiple agencies…each treating one part of the syndrome in a separate case.
CHILDHOOD HISTORY
Physically abused 42%
Psychiatric hospital 24%
Sexually abused 30%
Runaway 39%
Suicide attempt 24%
Substance abuse 11.5%
Consequently, kids can slip through the cracks between compartmentalized providers…
into the deepest end of the System:
residential care, hospitalization, detention.

Where there's a Kid, there's a Family
The family may be facing their own issues …
Alcohol/substance abuse
Child neglect/abuse
Domestic violence
Mental illness
Criminal activity, parent in prison

Where to turn ……
Doctor
School
Court
Juvenile Justice
DFCS
MHDDAD
Faith Comm'ty

Where to turn ......KidsNet

In 1999 Rockdale County joined a national network of communities forging a multi-agency **System of Care**.

It's a circle of services with a family at the center.

Georgia's KidsNet:

What is it?

A community-based process for delivering mental health services to children with Serious Emotional Disturbance (SED).

What does it do?

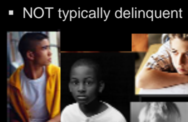
Intervenes to prevent out-of-home placement for children identified as high-risk for placement

Who does it?

Staff from DHR & DJJ, family members, Juvenile Court Judges, school teachers, counselors, MH service providers

PROFILE OF SED

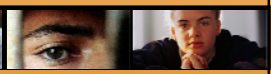
- Lack of self-control
- Defiant
- Difficulty getting along with others
- Depressed or suicidal
- Dysfunctional family life
- In & out of child services
- Impaired ability to learn
- Low self-esteem
- NOT typically delinquent



How KidsNet is different from other mental health services...

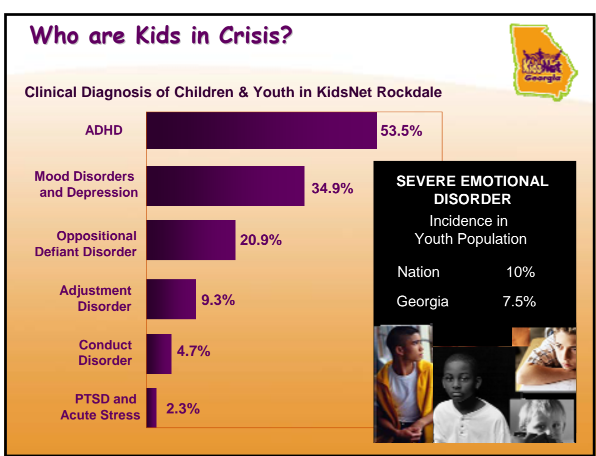
KidsNet is directed by a process theory that believes outcomes are better for children, youth and families when services are provided…

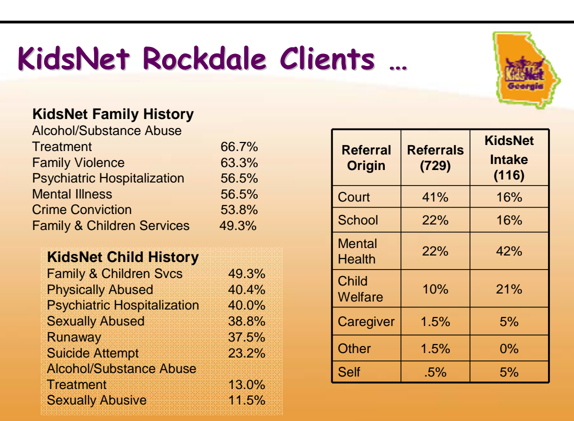
- in community-based, least restrictive environments
- through interagency coordination and collaboration
- in ways that are family-driven, youth-guided and culturally appropriate



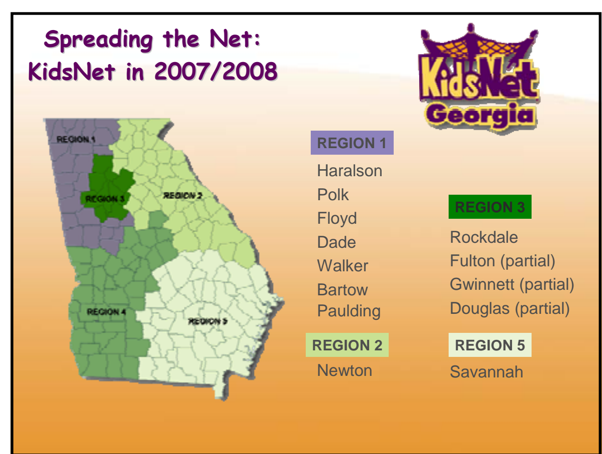
How does KidsNet work?
1 Parent, school or agency refers child to KidsNet
2 KidsNet Coordinator sends Family Advocate to meet, assist, and assess eligibility
3 Family is assigned the Case Manager who works with them beginning to end
4 KidsNet Team comes together:
Case Manager
Family Advocate
Child and Family Members
Agencies/Service providers
5 A Unified Service Plan – a single, collaborative treatment plan -- is agreed upon
6 The entire team meets weekly to keep the plan on track and to evaluate progress
7

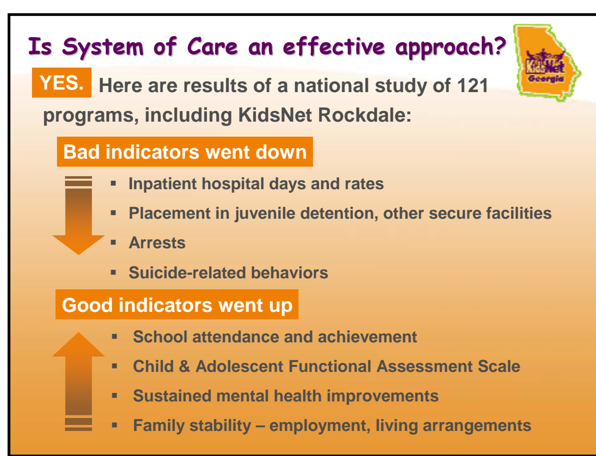
All the difference …
"Because of KidsNet, our family is starting to come together."
Key KidsNet Staff
Service Coordinator contacts providers
Family Advocate guides, assists family
Case Manager stays on top of plan, outcomes
Mental Health Clinician screens child for Mental Health/Substance Abuse
Behavioral Aide assists with social skills
Care planning
Comprehensive, consistent, coordinated, collaborative
Assembles all the right resources, public & private
Unified Service Plan and case report follows the child
Pool of flexible funds for creative solutions -- e.g., camps, learning tools
All the right people are gathered around the same table with the same goals.

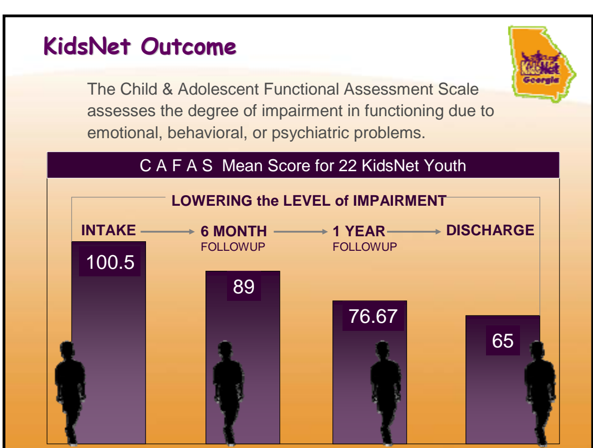

Who are Kids in Crisis?
Clinical Diagnosis of Children & Youth in KidsNet Rockdale
ADHD 53.5%
Mood Disorders and Depression 34.9%
Oppositional Defiant Disorder 20.9%
Adjustment Disorder 9.3%
Conduct Disorder 4.7%
PTSD and Acute Stress 2.3%
SEVERE EMOTIONAL DISORDER
Incidence in Youth Population
Nation 10%
Georgia 7.5%

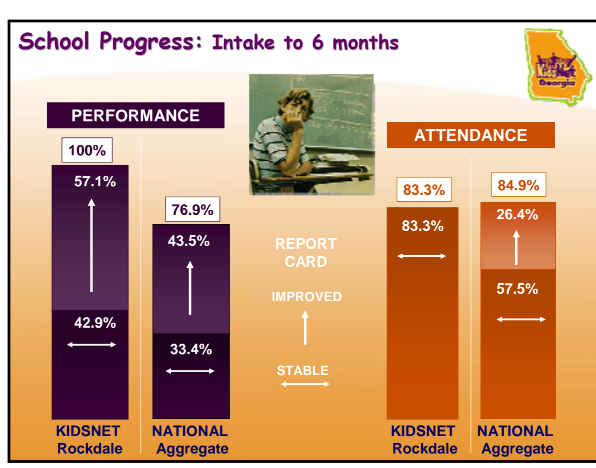


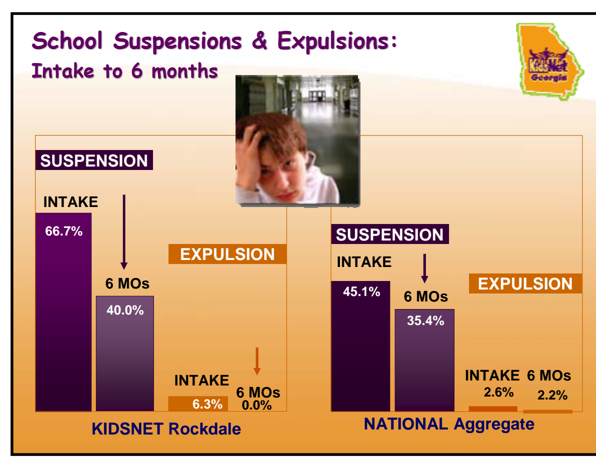
Referral Origin	Referrals (729)	KidsNet Intake (116)
Court	41%	16%
School	22%	16%
Mental Health	22%	42%
Child Welfare	10%	21%
Caregiver	1.5%	5%
Other	1.5%	0%
Self	.5%	5%

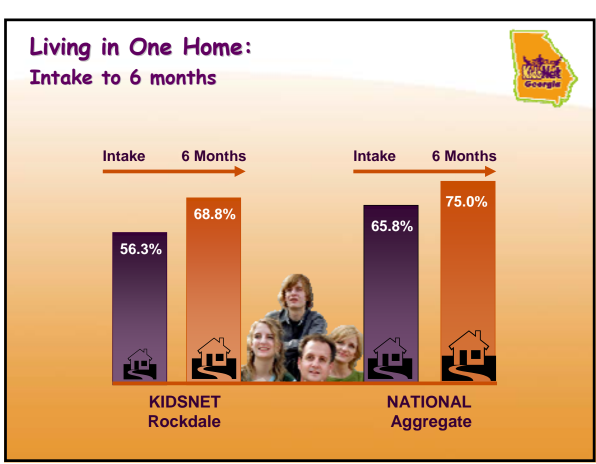


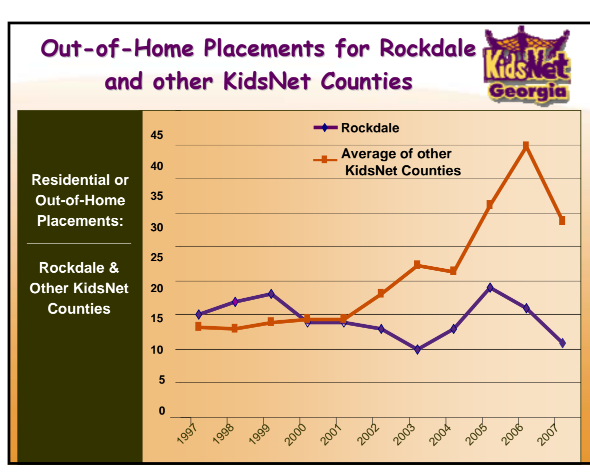

Is System of Care an effective approach?
YES. Here are results of a national study of 121 programs, including KidsNet Rockdale:
Bad indicators went down
Inpatient hospital days and rates
Placement in juvenile detention, other secure facilities
Arrests
Suicide-related behaviors
Good indicators went up
School attendance and achievement
Child & Adolescent Functional Assessment Scale
Sustained mental health improvements
Family stability – employment, living arrangements

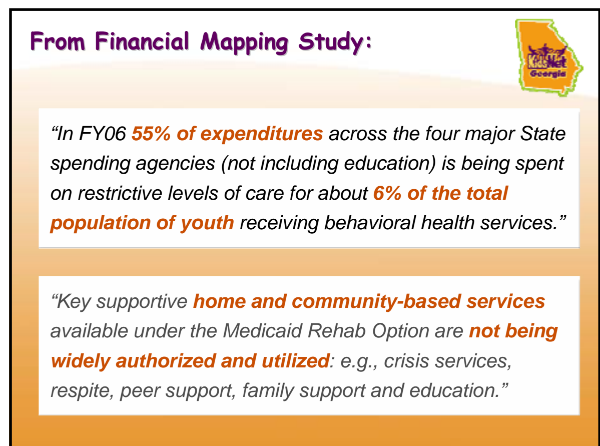

KidsNet Outcome
The Child & Adolescent Functional Assessment Scale assesses the degree of impairment in functioning due to emotional, behavioral, or psychiatric problems.
C A F A S Mean Score for 22 KidsNet Youth
LOWERING the LEVEL of IMPAIRMENT
INTAKE
6 MONTH FOLLOWUP
1 YEAR FOLLOWUP
DISCHARGE
100.5
89
76.67
65


School Progress: Intake to 6 months
PERFORMANCE
100%
57.1%
42.9%
76.9%
43.5%
33.4%
REPORT CARD
IMPROVED
STABLE
ATTENDANCE
83.3%
83.3%
84.9%
26.4%
57.5%
KIDSNET Rockdale
NATIONAL Aggregate
KIDSNET Rockdale
NATIONAL Aggregate

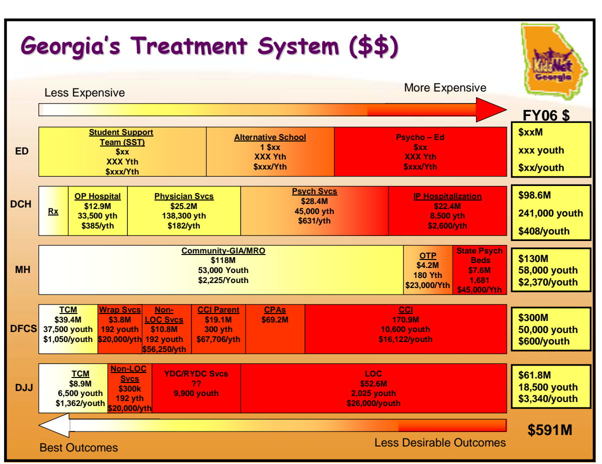

School Suspensions & Expulsions:
Intake to 6 months
SUSPENSION
INTAKE
66.7%
6 MOs
40.0%
EXPULSION
INTAKE
6.3%
6 MOs
0.0%
KIDSNET Rockdale
SUSPENSION
INTAKE
45.1%
6 MOs
35.4%
EXPULSION
INTAKE
6 MOs
2.6%
2.2%
NATIONAL Aggregate


Living in One Home:
Intake to 6 months
Intake
6 Months
56.3%
68.8%
KIDSNET
Rockdale
Intake
6 Months
65.8%
75.0%
NATIONAL
Aggregate


Out-of-Home Placements for Rockdale
and other KidsNet Counties
KidsNet
Georgia
Residential or
Out-of-Home
Placements:
Rockdale &
Other KidsNet
Counties
Rockdale
Average of other
KidsNet Counties
45
40
35
30
25
20
15
10
5
0
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007



From Financial Mapping Study:
"In FY06 55% of expenditures across the four major State spending agencies (not including education) is being spent on restrictive levels of care for about 6% of the total population of youth receiving behavioral health services."
"Key supportive home and community-based services available under the Medicaid Rehab Option are not being widely authorized and utilized: e.g., crisis services, respite, peer support, family support and education."
KidsNet Georgia



Georgia's Treatment System ($$)
Less Expensive
More Expensive
FY06 $
ED
Student Support Team (SST) $xx XXX Yth $xxx/Yth
Alternative School 1 $xx XXX Yth $xxx/Yth
Psycho – Ed $xx XXX Yth $xxx/Yth
$xxM xxx youth $xx/youth
DCH
Rx
OP Hospital $12.9M 33,500 yth $385/yth
Physician Svcs $25.2M 138,300 yth $182/yth
Psych Svcs $28.4M 45,000 yth $631/yth
IP Hospitalization $22.4M 8,500 yth $2,600/yth
$98.6M 241,000 youth $408/youth
MH
Community-GIA/MRO $118M 53,000 Youth $2,225/Youth
OTP $4.2M 180 Yth $23,000/Yth
State Psych Beds $7.6M 1,681 $45,000/Yth
$130M 58,000 youth $2,370/youth
DFCS
TCM $39.4M 37,500 youth $1,050/youth
Wrap Svcs $3.8M 192 youth $20,000/yth
Non-LOC Svcs $10.8M 192 youth $56,250/yth
CCI Parent $19.1M 300 yth $67,706/yth
CPAs $69.2M
CCI 170.9M 10,600 youth $16,122/youth
$300M 50,000 youth $600/youth
DJJ
TCM $8.9M 6,500 youth $1,362/youth
Non-LOC Svcs $300k 192 yth $20,000/yth
YDC/RYDC Svcs ?? 9,900 youth
LOC $52.6M 2,025 youth $26,000/youth
$61.8M 18,500 youth $3,340/youth
$591M
Best Outcomes
Less Desirable Outcomes

What people are saying …
Sometimes I thought I wasn't going to make it but KidsNet has brought my son and me a long way. --Parent, KidsNet Rockdale
I have a better attitude about life! I'm not as impulsive in my decision making. - Youth
It's helped me learn a bunch of things. It's helped me through my past. Teen-ager, Savannah
KidsNet is "straight". They help keep me out of trouble and they are there for me. – Youth, KidsNet Rockdale
If I weren't with y'all, I would be back in juvenile for hanging out with that crowd. L. A., KidsNet Newton
I never thought this family would ever be considered for having their kids placed back in the home. DFCS-Newton
The System of Care information and referrals have become an intricate part of my considerations in making dispositional decisions relating to treatment and rehabilitation of our children. Billy J. Waters, Juvenile Court Judge, Alcovy Judicial Circuit, KidsNet Newton

This Powerpoint Can Be Yours!

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