

# Memphis/Shelby County Juvenile Justice Mental and Behavioral Health Collaborative

## Phase I Final Report November 19, 2001

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# I. Project Overview

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# I. Project Overview:

## 1. Goals and Objectives

- Create a Needs Assessment for developing an effective, coordinated “continuum of care” network for juvenile offenders who exhibit signs and symptoms of mental illness, so that:
  - The number of repeat offenders in the juvenile system is reduced
  - ◆ Incarceration, detention, and state custody is reduced in the cases where mental health treatment is more appropriate
  - ◆ The condition of incarcerated mentally ill juveniles is improved, resulting in less danger to themselves and other inmates



# I. Project Overview:

## 2. Approach and Methodology

- Support project with JAIBG funding
  - Focused on more effective “re-entry”
  - Balanced and restorative justice
  - Appropriate, accountability-based sanctions
- Rely on third-party for objective, inclusive perspective
  - ◆ Community-wide stakeholders must be represented, encompassing government, providers and funders
  - Juvenile Court is funding sponsor, but not at the “head of the table” – Court is “at the table” with other stakeholders
- Align with other community initiatives for maximum value
  - ◆ UT/TennCare Bureau Research Project
  - ◆ Bluff City and Memphis/Shelby County Medical Societies’ Mental Health Summit
  - ◆ SAMSA/GAINS Research Grup
  - Jail Mental Health Info Network (basis for tools?)
  - LeBonheur Early Childhood Prevention Initiative



# I. Project Overview

## 3. Project Plan and Activities

Phase 1: June – Sept., 2001

Phase 2: October, 2001 – March, 2002

Research &  
Analysis

**Define Global Challenges & Opportunities:**  
Interview Organizations' Executives

**Define Specific Challenges & Opportunities:**  
Interview Organizations' "Front-Line"s

**Define System Points of Failure & Opportunities:**  
Convene Small Groups of Stakeholders

**Develop System Solutions Plan:**  
Collaborative Development and Buy-In

Solutions  
Design

**Enlist State Support:**  
AdvoCare and State DCS

**Define "Quick Win" Solutions:**  
Analyze Global Findings

**Pilot "Quick Win" Solutions:**  
Involve Key Stakeholders



# I. Project Overview

## Project Plan and Activities

The following organizations or groups have participated in Phase 1:

- The Dept. of Children's Services
- The Children's Services Agency
- The Memphis City Schools
- The Mobile Crisis Unit
- Midtown Mental Health Center
- SE Community Mental Health Center
- Frayser Family Counseling Center
- St. Francis Hospital
- Lakeside Behavioral Health
- Youth Villages
- Youth Habilitation Center
- Shelby Training Center
- Tall Trees
- The State Dept. of Children's Services
- AdvoCare
- Evaluation & Referral Section, Juvenile Court
- Probation Division, Juvenile Court
- Intake & Detention, Juvenile Court

These organizations will continue participation in Phase 2, with the addition of the following organizations and groups:

- St. Peter Home for Children
- Compass Behavioral Center
- Juvenile Court Referees, Juvenile Court
- Others as identified



## II. Needs Assessment Findings

1. Shared Global Problems
2. Shared Values and Perceptions
3. Foundation Obstacles
  - Areas of Particular Confusion
  - Key Points of System Failure
4. Key Contributing Factors
5. Juvenile Court Key Factors
6. Foundation For Success
7. "Quick Win" Opportunities



## II. Needs Assessment Findings:

# 1. Shared Global Problems

- Children placed into state custody for the sole purpose of accessing mental health services
  - ◆ Families believe it is the only way to access services, even if willing to keep child at home
  - ◆ If not willing to keep the child at home, they seek state custody for residential bed
- Demand for care – Behavioral problems and mental illness among children on the rise
- The number of delinquent, unruly, and dependent neglected children continues to increase



## II. Needs Assessment Findings:

# 1. Shared Global Problems (con't)

- Blurred lines and cross-over between the behavioral and mental health needs of delinquent, unruly, and d/n children
- Gang presence and participation is increasing
- Likely disproportionately-sized chronic recidivism group (80/20 rule)
- Identification and intervention most often occurs after problems reach crisis level



## II. Needs Assessment Findings: 2. Shared Values and Perceptions

- Putting a child into state custody should be an absolute last resort
- Children with behavioral and most mental illness best treated within family
- Continuum of care critical to treatment success



## II. Needs Assessment Findings:3

### 3. Foundation Obstacles

1. Significant confusion among stakeholders regarding roles, responsibilities, authority and accountability
2. Lack of effective and standardized communication and processes among stakeholders

*Results?*



## II. Needs Assessment Findings:

# 3. Foundation Obstacles

### Results:

- Ensures a lack of coordination and continuum of care
- Almost impossible to build collaboratively-develop systemic fixes
- Contributes to isolation, misassumptions, and sometimes suspicion regarding motives
- Available services aren't being accessed
- Forces short-term workarounds
  - ♦ Good for one stakeholder, more problems for others
  - ♦ Diverts resources from core competencies
- Lack of system to deliver lower intensity services (prevention-oriented) at early signs of trouble



## II. Needs Assessment Findings:

# 3. Foundation Obstacles

### Areas of Particular Confusion:

- What is the role of the CCSA vs. the DCS?
- What is the role of mental health services in the Memphis City Schools vs. community health providers?
- What mental health services are available from Juvenile Court?
- What resources are available to referrers? Who treats who, when?
- How do referrers access available services?
- Who is in charge of child/family when multiple case workers are involved



## II. Needs Assessment Findings:

# 3. Foundation Obstacles

### Key Points of System Failure:

- Hand-off from Mobile Crisis to Acute Care
- Release from Acute Care
- Release from detention to correctional institutions
- Release from correctional institutions into community
- Information to MCS mental health personnel



## II. Needs Assessment Findings:

# 3. Foundation Obstacles

3. Lack of community-wide view on evaluation
  - ◆ Lack of consensus and uniformity on evaluation procedures to measure community-wide service effectiveness, creating difficulty in designing community-wide solutions that meet the needs of all segments of the County's consumer population
  - ◆ Lack cross-correlated data among institutions, so there is no way to measure effectiveness of continuum of care or segments of chronic consumers

### Results

- ◆ Best practices policies cannot take community-wide perspective into consideration (what works best in our community)



## II. Needs Assessment Findings:

### 3. Foundation Obstacles

4. Reimbursement policies often drive treatment
- ◆ Contrary to best treatment practices, resulting in ineffective treatment
  - ◆ Forcing conflict and discontinuity among stakeholders
  - ◆ Lack of availability of high-intensity residential treatment beds for children and families that will not be appropriately served via home-based treatment

#### Examples:

- ◆ Group Therapy
- ◆ Telephone time
- ◆ Alignment with TennCare to fund physical health reports
- ◆ 3 visits per month ceiling
- ◆ Flexibility and requirements for in-home programs



## II. Needs Assessment Findings:

# 4. Key Contributing Factors

- Lack of day or partial care treatment programs
  - ◆ Forces kids to stay in public school environment who need therapeutic environment
  - ◆ No option beyond residential care for families that can't or won't commit to intensive in-home treatment
- Lack of a physical respite space (very short-term)
- Lack of Level 4 treatment beds
- Providers aren't pushing the insurance system
  - ◆ Not using the appeal system
  - ◆ Not assisting families to use appeal system
- Cultural competencies in treatment approaches not adequate



## II. Needs Assessment Findings:

# 4. Key Contributing Factors

- Lack of understanding/agreement in role of DCS/CCSA investigation in court-ordered custody
- Lack of consistent, correlated data across related institutions and agencies (what's working, what's not?)
- Disagreement regarding diagnosis, particularly regarding delinquent children
  - Lack of universal assessment criteria
  - Conflicting perceptions regarding root causes of behaviors
  - Narrow definition of behavioral illness
- Difficulty treating delinquents with severe behavioral problems in programs set-up for treating mental illness
- Lack of systemic processes and procedures for dealing with behavioral issues relating to gang involvement



## II. Needs Assessment Findings:

# 5. Juvenile Court Key Findings

- Probation Officers, Auxilliary Probation Officers, and Detention Personnel likely miss opportunities to refer for behavioral problems (individual & family)
  - Need for consistent assessment criteria or formal assessment process
  - Need for specialized training
  - Need to increase cultural understanding
- Probation Officers issue custody orders to obtain mental health services without DCS investigation
  - Sometimes E & R is never notified
  - Sometimes cannot wait for 14 day investigation period
  - Circumstances when DCS chooses not to investigate
  - Sometimes DCS case workers *welcome* court order if they believe they don't have enough facts to investigate



## II. Needs Assessment Findings:

# 5. Juvenile Court Key Findings

- Lack of information regarding previous MH treatment when admitted to correctional facilities
- Inherent challenges in delivering mental health services in corrective residential facilities
  - One:one counseling vs. family-focused
  - Limited group (peer:peer) therapy
  - Limited behavioral modification programs
- Wide range of therapeutic resources from one residential facility to another
  - Lack of clear placement criteria
  - Missed opportunity to use therapeutic resources as preventative strategy for younger children



## II. Needs Assessment Findings:

# 5. Juvenile Court Key Findings

- Inconsistencies and gaps in post-release case management and tracking
- No systemic method for counteracting gang participation
  - Gang affiliation not consistently captured in data record
  - Gang affiliation not red-flagged to MH professionals in correctional facilities
  - MH professionals not prepared to deal with gang affiliations
  - Behavioral modification programs and strategies are limited or do not exist
- As in adult system, it is probable that a relatively small number of repeat offenders are requiring disproportionate resources



## II. Needs Assessment Findings:

# 6. Foundation for Positive Change

- *Enthusiastic and positive participation of all current stakeholders*
- Success of TennCare appeal process when used
- Recent willingness and receptivity of AdvoCare
- Early Childhood Intervention Collaborative
- Community-Wide Strategy – Mental Health Summit
- New 60-bed Level 4 Facility in progress (Youth Villages)
- Memphis City School Mental Health Services Strategic Planning Process
- New Launch of Family Support Services (targeted case management) CCSA



## II. Needs Assessment Findings: 7. “Quick Win” Opportunities

- Investigate “chronic offenders” special team – analyze data and obtain targeted support
- Participate in MCS strategic plan
- Revisit criteria for corrective placement (YSB)
- Explore uniform assessment methodology
- Create consistent flagging procedures for gang affiliation within correctional facilities



# III. Phase 2 Project Plan

1. Expand Stakeholder Input
2. Collaboratively Define Problems
3. Collaboratively Develop Solutions



# III. Phase 2 Project Plan:

## 1. Expand Stakeholder Input

### Expand Breadth and Depth of Stakeholder Interviews

- Juvenile Court Auxiliary Probation Officers
- Juvenile Court Referees
- Juvenile Court Information & Referral Staff
- St. Peter's School for Girls (executives and clinicians)
- Compass Behavioral Center (executives and clinicians)
- Other YSB correctional facilities clinicians
- Community Mental Health Centers (4) clinicians
- CCSA Case Managers
- DCS Central Office
- DCS Case Managers
- MCS mental health staff
- TennCare Bureau/AdvoCare



# III. Phase 2 Project Plan:

## 2. Collaboratively Define Problems

### Conduct Problem/Opportunity Definition Workshops:

- DCS, CCSA, and Juvenile Court interactions re: custody investigations and orders
- Memphis City School referral and communications interactions with provider/correctional institutions
- Information-sharing within the entire juvenile court process, from intake to community placement after incarceration
- Case management roles and responsibilities when multiple agencies involved with child/family
- Community-wide evaluation criteria and data collection
- Uniform and/or aligned assessment, diagnosis, and triage for behavioral illness
- Cultural competency issues in diagnosis and treatment
- Insurance reimbursement policy and procedures



# III. Phase 2 Project Plan:

## 3. Collaboratively Develop Solutions

Analyze Findings to Develop:

- Network-wide business protocols and processes
- Policy Recommendations
- Communications Strategies
- Technology Tools

