

CSEC Lunch and Learn: Juvenile Justice Assessment Team (JJAT)

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WHAT: Juvenile Justice Assessment Team (JJAT)

- JJAT provides mental health, substance use, and psychological assessments and consultation for court involved youth
- JJAT is instrumental in developing and guiding a therapeutic treatment plan for justice involved youth



WHO:

- JJAT includes a diverse team of behavioral health professionals, who are responsible for providing assessments, consultation, and recommendations for therapeutic intervention. The team includes:
 - a clinical psychologist
 - mental health clinicians
 - substance use disorder professionals
- The JJAT team also includes the JJAT Supervisor, Referral and Data Specialist, Family Partner, and SUD Specialist.

WHY?

- Approximately 40 to 80 percent of incarcerated juveniles have at least one diagnosable behavioral health disorder.
[Teplin L.A., Abram K.M., McClelland G.M., Dulcan M.K., Mericle A.A.]
- In 2022, nearly half of all youth screened at JCS had a behavioral health need that required follow up
 - 48% had a further assessment recommended.
- Within the past decade, reliance on the juvenile justice system to meet the needs of juvenile offenders with mental health concerns has increased.
[Teplin L.A., Abram K.M., McClelland G.M., Dulcan M.K., Mericle A.A.]
- Youth who are engaged with the legal system may have underlying, unmet behavioral health needs which could be a contributing factor to their engagement with the criminal legal system. Knowing the nature and extent of these needs may improve the youth's ability to move out of the criminal legal system.

WHY? cont.

- Prior to the inception of the JJAT in 2009, youth seeking behavioral health intervention were challenged to navigate a cumbersome process facing extended delays and the need for insurance or medical documentation to receive service. Outcomes were poor and youth were often not successful in engaging this process. JJAT sought to remedy many of these issues by offering “on-demand” assessment and linkage to services without the requirement for insurance or documentation of Medicaid.

***JJAT’s goal is to help the court better understand the unique circumstances of the youth, enable youth to be linked to appropriate services, and ultimately reduce their involvement with the criminal legal system as their behavioral health needs are identified and met.**



WHEN

- JJAT was created in 2009 in response to the King County Mental Illness and Drug Dependency (MIDD) Action Plan. This strategy, formulated under Prevention Programs Targeted for Youth, seeks to expand assessments for youth in the Juvenile Justice System.
- The program has always been a collaboration between community behavioral health partners and King County Juvenile Court Staff. Currently, JJAT is partnering with Ryther and Seneca Family of Agencies to provide contracted staff who conduct clinical assessments with youth.



HOW

- Referral Process
 - All King County Juvenile Court clients are eligible to receive assessment
 - Juvenile Probation Counselors, defense attorneys, and other court staff can refer a youth to JJAT for an assessment
 - Court staff complete an initial referral form detailing the youth's unique needs and submit it to a centralized email inbox that is monitored by JJAT staff
 - Once a referral is received, the assessment is assigned to one of our assessors for completion.
 - Mental health or substance use disorder assessors meet with the youth for one to two hours for an in-depth assessment interview
 - After the interview, additional information is collected from parents/caregivers and/or court staff in order to gain a more complete picture of each youth's circumstances
 - A final assessment report is completed by the assessor and sent to the referring party within one to two weeks
 - Should it be determined that the youth is appropriate for a psychological assessment or a neuropsychological evaluation, JJAT staff will notify the referral source and work with the referral source to schedule the necessary appointments for the youth.

Types of assessments



- JJAT provides 3 types of assessment:
 - **Mental Health** assessments are requested and completed when youth are reporting or are suspected to be struggling with a mental health issue such as PTSD, anxiety or depression
 - **Substance Use Disorder** assessments are requested and completed when a youth is reporting or is suspected to be struggling with the use of one or more substances such as cannabis or alcohol
 - A **Psychological Evaluation** is requested and completed when diagnostic clarification (beyond what a MH assessment can provide) is needed. Psychological testing is the systematic use of tests to quantify psychophysical behavior, abilities, and problems and to make predictions about psychological performance. Psychologists use tests and other assessment tools to measure and observe a patient's behavior to arrive at a diagnosis and guide treatment.

JJAT and CSEC

- JJAT Clinicians and the CSEC Team work together to identify youth who may be at risk for being trafficked or are being exploited
- JJAT Clinicians have access to youth's CSEC screening results to inform their assessment conclusions
- Kelly and Kris utilize JJAT assessments to complete their CSEC screening tool
 - Information in assessments can provide almost all the indicators needed for determining where youth fall on the continuum of concern on the CSEC screening tool (CSE-IT)
 - E.g. prior abuse or trauma, housing and caregiving, physical health, environment, relationships, coercion/exploitation, etc.
- JJAT, the CSEC team, and JPCs identify needed supports and interventions for these youth

Case Management Support



Juvenile Justice Case Manager & SUD Specialist

- The primary goal of both positions is to connect youth to outpatient behavioral health services, including mental health and/or substance use treatment
- They can also provide resources and support to the family and help address obstacles to the overall wellbeing of the youth.

Training and Consultation

- The JJAT staff members provide training and consultation to JCS staff and stakeholders.
- JJAT serves as a resource to juvenile court staff and stakeholders regarding recent advances in behavioral health research and best practices.
- Consultation is generally:
 - **Client-centered:** This approach focuses on an individual client (recipient of service) and helps service providers better help that client. The consultant functions assesses the client, makes a diagnosis and recommends changes to the consultee.
 - **Consultee-centered:** This relationship focuses on the consultee rather than a particular client, helping build new skills via training and/or supervision. The consultant typically does not meet clients directly. Consultees seek consultation to increase knowledge, skills, confidence, and/or objectivity.

Universal Behavioral Health Screening

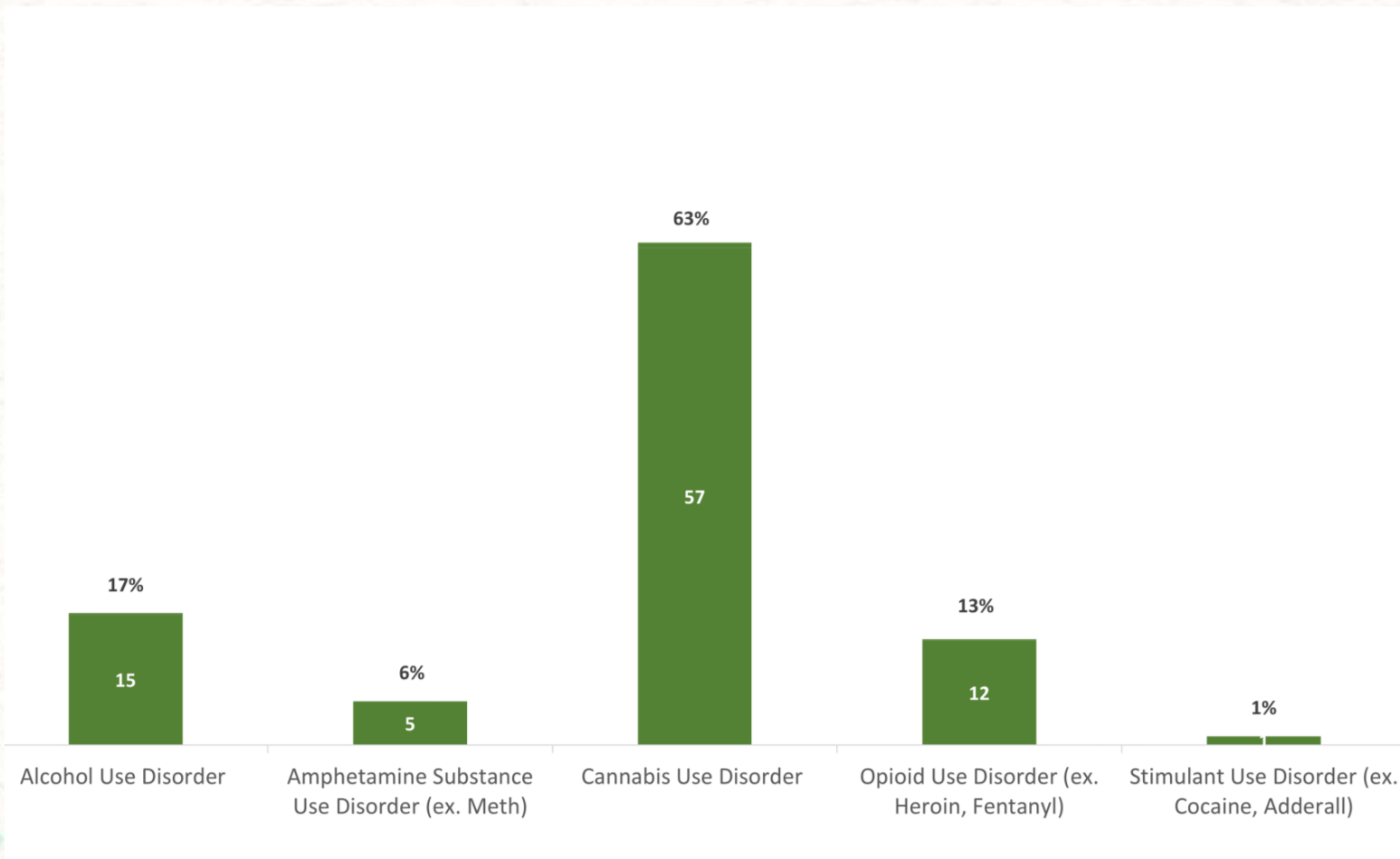
- Behavioral health screening is the assessment of a client to determine whether they may be at risk for a behavioral health concern.
- A positive screen is NOT a diagnosis. Emphasize that screening tools only measure risk and are not a diagnosis.
- Universal screening shifts the focus from a reactive, wait-to-fail model to a proactive system in which needs are identified early and interventions are client centered.
- All youth who are referred to Juvenile Court Services will be screened for behavioral health issues, including anxiety, depression, trauma, and substance use.



JJAT Data - 2022

- 397 referrals received, 224 distinct youth
 - 287 assessments completed
- JJAT had a 36% increase in referrals in 2022, compared to 2021
 - JCS had overall increase in filed cases; universal behavioral health screening implemented
- Challenges to completing assessments:
 - Youth/family availability
 - Appropriate location (in custody vs. out of custody)
 - Technology issues
 - Collateral contacts
 - Staffing levels
 - Referral canceled

SUD Diagnosis (2022)



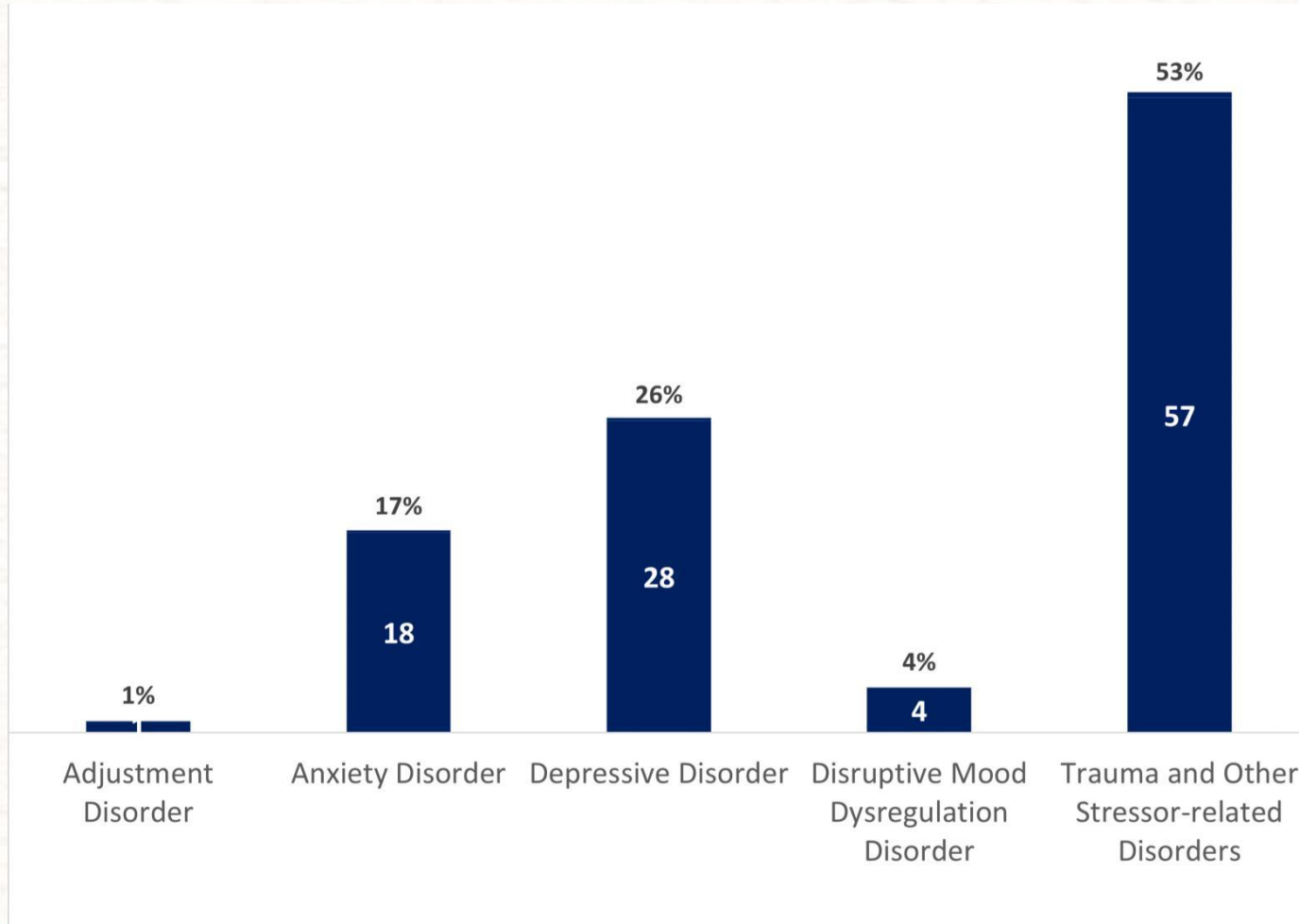
Cannabis use disorder is the most common primary SUD diagnosis.

*53% of youth with a primary SUD diagnosis also have a secondary SUD diagnosis, indicating the majority of youth are using multiple substance types concurrently.

The most frequent secondary use diagnoses are:

Cannabis (n=14), followed by Alcohol (12), and Opioid (11).

MH Diagnosis (2022)



Trauma and stressor disorders is the most common primary diagnosis.

*45% of youth with a primary MH diagnosis also have a secondary MH diagnosis. The most frequent secondary diagnoses are Depressive disorder (n=23), followed by Trauma and other stressor disorder (15), and Anxiety disorder (8)

Questions?

References:

Psychiatric disorders in youth in juvenile detention. Teplin LA, Abram KM, McClelland GM, Dulcan MK, Mericle AA Arch Gen Psychiatry. 2002 Dec; 59(12):1133-43.