

APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 1, 2018.** Please include this application form with electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact [Gage Harter](#).

PROGRAM INFORMATION

County: _____

Program Title: _____

Program Category: _____

CONTACT INFORMATION

Name: _____

Title: _____

Department: _____

Telephone: _____ Website: _____

Email: _____

SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: _____

Title: _____

Signature: _____

Operationalizing a System of Care and Breaking Down Silos: The Sharing of a Senior Mental Health Clinician across Juvenile Justice Agencies in Chesterfield County

Chesterfield County, Virginia juvenile justice agencies, as part of a local System of Care community with other child-serving agencies, knew they needed to be innovative and collaborative when it came to addressing the many and varying needs of their court-involved youth. It was clear that youth were showing signs of trauma, mental illness and were at high risk to re-offend. The Court Services Unit, the Juvenile Detention Home, and the Adolescent Reporting Program were all targeting the issues, but in silos. Despite best intentions, there was fragmented sharing of information, and often, youth and their families had to re-tell their stories and provide redundant information to strangers, which is not a trauma-informed approach to working with court-involved youth. Therefore, a shared position was created: the Systems of Care Senior Mental Health Clinician.

The Systems of Care Senior Mental Health Clinician endeavors to meet with youth and their families at every phase of the juvenile justice process. The shared position enables youth and families to see a familiar face at every proceeding and in varying levels of system involvement and subsequent crisis/trauma. Youth and their families are more comfortable with a familiar face, and the juvenile justice agencies are better able to track and assess the needs of their clients. As a result, the needs of this community's juvenile justice clients are met consistently. Further, court-involved youth can remain in the community with tools, connections and resources that reduce recidivism and the symptoms of mental illness.

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EXECUTIVE SUMMARY

Chesterfield County, Virginia juvenile justice agencies, as part of a local System of Care community with other child-serving agencies, knew they needed to be innovative and collaborative when it came to addressing the many and varying needs of their court-involved youth. It was clear that youth were showing signs of trauma, mental illness and were at high risk to re-offend. The Court Services Unit, the Juvenile Detention Home, and the Adolescent Reporting Program were all targeting the issues, but in silos. Despite best intentions, there was fragmented sharing of information, and often, youth and their families had to re-tell their stories and provide redundant information to strangers, which is not a trauma-informed approach to working with court-involved youth. Therefore, a shared position was created: the Systems of Care Senior Mental Health Clinician.

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PROBLEM/NEED FOR PROGRAM

According to an article entitled, “Mental Illness and Juvenile Offenders”, in the International Journal of Environmental Research and Public Health, “the prevalence rate of youth with mental disorders within the juvenile justice system is found to be consistently higher than those within the general population of adolescents. Estimates reveal that approximately 50 to 75 percent of the 2 million youth encountering the juvenile justice system meet criteria for a mental health disorder. Approximately 40 to 80 percent of incarcerated juveniles have at least one diagnosable mental health disorder. Two-thirds of males and three-quarters of females in previous studies of juvenile offender detention facilities, were found to meet criteria for at least one mental health disorder. An additional one-tenth also met criteria for a substance use disorder.” In addition to mental illness, research suggests that upwards of 93% of juvenile offenders report at least one or more traumatic experiences, with the average number of different types of trauma a juvenile experiences being six. Involvement in the juvenile justice system, especially being detained, can re-traumatize, or even induce a new traumatic event.

As with most governmental entities, agencies often work in silos, and juvenile justice agencies are no exception. Children “enter” the juvenile justice system first through the Court Services Unit (CSU), a state-operated but locally-situated office of intake, probation, and parole officers. From there, depending on their offenses and their history, juveniles may or may not serve time in the local juvenile detention center while awaiting adjudication and disposition. Also, during

that time, and/or upon release, those same juveniles may spend time in the Day or Evening Reporting Program (CARP). The juvenile justice system in Chesterfield prides itself on collaborating to host joint trainings in many evidence-based practices, including Moral Reconation Therapy (MRT); and trauma-informed and trauma-responsive interactions and approaches. While staff from all three agencies meet regularly, sharing training opportunities (Youth Mental Health First Aid), collaborating and communicating often, the administrators of those agencies were troubled that there was not a consistent impact on the juveniles served and therefore, no real evidence of that shared communication and collaboration on outcomes for juveniles served by this system. In addition, in our collective efforts to be more trauma-informed and trauma-responsive, acknowledging that transitions are particularly difficult for this population, we endeavored to find a way to connect our programs, so that juvenile offenders and their families would feel like we were operating as one system of care in meeting their needs as well as holding them accountable for their delinquent behavior.

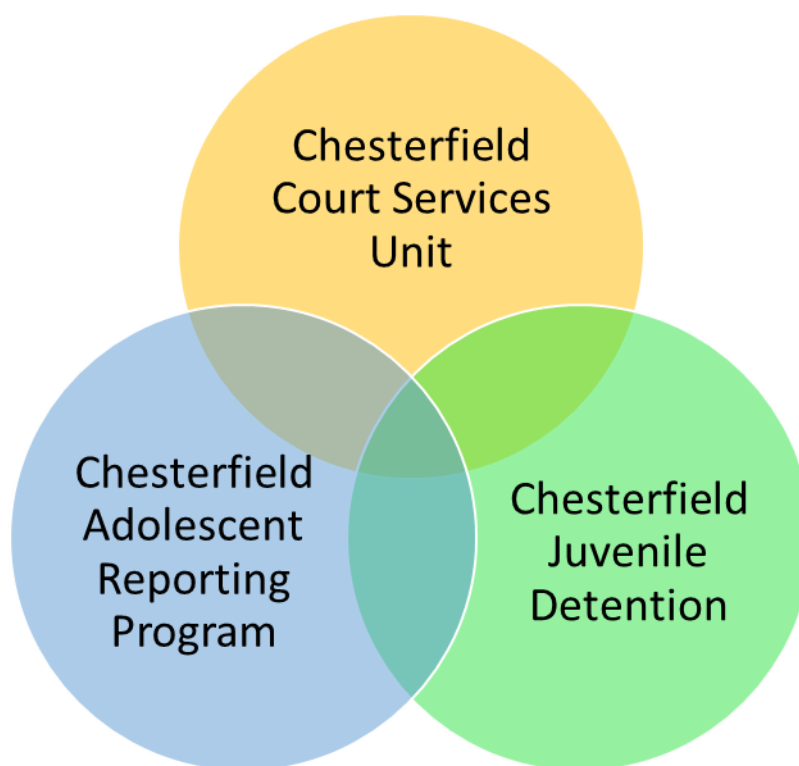
With the collaborative input of the directors of the CSU and CARP, the Juvenile Detention Center Director took a vacant administrator position and transformed it into the Juvenile Justice System of Care Senior Mental Health Clinician. The primary purpose of this newly-created and innovative position is to conduct an initial mental health screening with juveniles and their families before the courts, work with juveniles in the detention center in a variety of ways including (1) provide crisis intervention measures; (2) facilitate supportive groups with the pre-dispositionally detained youth; (3) support direct care staff in building healthy rapport with the detained youth by working one-on-one with staff and residents as well as providing staff

training (i.e., Youth Mental Health First Aid); AND facilitate supportive groups and provide supportive counseling to juveniles in CARP.

DESCRIPTION OF PROGRAM

The Systems of Care Juvenile Detention Senior Mental Health Clinician position interfaces with the juvenile, also known as the client, and family, at three different phases within the justice system process. The relationship diagram below, illustrates the systems of care interaction. The initial interaction can occur at any phase on the diagram; Chesterfield Court Services Unit, Chesterfield Juvenile Detention Home, or Chesterfield Adolescent Reporting Program. Regardless of where the client enters the justice system with respect to the above-mentioned areas, the client and family are integrated in the process.

System of Care Mental Health Clinician's Interface with Juvenile Justice Agencies



Chesterfield Juvenile Court Services Unit

The ideal system of care approach would be initiated at the Chesterfield Juvenile Court Services Unit. During this process, a new probation client and family are seen by the Systems of Care Clinician for a mental health screening. This process is the initial effort at prevention and diversion, by screening for potential mental health concerns and assisting the court with resource recommendations. The client and family discuss precipitating factors leading to probation status and presenting issues; to include prior history of mental health concerns. The client is then seen individually for further screening. The screening results and concerns are summarized with the family and client. The Clinician collaborates with the Probation Officer and

provides a recommendation, followed by a written summary. If the client continues through the systems of care, the parents can be referred to participate in a Parenting Support Group. This group is offered by the Systems of Care Clinician and the Senior Probation Officer. The group is held at the Chesterfield Juvenile Court Services Unit, and the Senior Probation Officer solicits feedback from the parents regarding the best time frames and topics, before each group iteration is established (up to 4 sessions). The group process allows for sharing and emphasizing successful parenting strategies, education of various topics, i.e., trauma responsiveness, suicide prevention and intervention, social media, adolescent growth, and development.

Chesterfield Juvenile Detention Home

The next phase of the process may be Juvenile Detention. If the client's behaviors are not satisfying probation rules and the client meets the statutory requirements for secure detention, he/ she can be remanded to detention. Upon intake, the juvenile is required to complete a series of mental health screening forms, (check list, yes/ no format, MAYSI-2), facilitated by a Youth Supervisor. Based on the results of screening, the juvenile is seen by the Systems of Care Clinician or the Case Manager by the next business day. The family is contacted via phone or during the parent visitation process to discuss any mental health concerns the client may have and answer questions relative to the secure confinement setting.

While in detention, the juvenile can receive individual and group supportive counseling. If mental health issues are present at intake or at any point during the juvenile's stay, the Clinician develops a mental health precaution list, stipulating restrictions for safety reasons to be implemented and monitored by direct care staff. Education and consultation about the juvenile's mental health concerns are provided to the direct care youth supervisor and the shift supervisor. Collaboration and consultation is also conducted with the on-site medical department. In some cases, collaboration may be necessary with the Chesterfield Crisis Team, (Community Services Board for assistance with obtaining a temporary detention order to a psychiatric hospital). If this occurs, coordination, guidance, and support continue to be offered to the client, family, and Probation Officer by the Systems of Care Mental Health Clinician. Subsequently, many clients return to detention, where the mental health and screening process resumes, until the client is stabilized and integrated into the general population. Clients who do not return are placed at more therapeutic settings where their intensive mental health needs are addressed.

Juveniles staying 30 days or more in detention become eligible to participate in a therapeutic group known as the "Talk and Vent" group. The first group was held on October 20, 2016 to provide detained juveniles an opportunity to openly discuss thoughts and feelings associated with the pressures and struggles of being confined and has been held on a weekly basis since that date. The group is only open to pre-dispositional juveniles and is facilitated by the Systems of Care Clinician, the Detention Mental Health Case Manager, and a Youth Supervisor.

Juveniles are selected based on their level in the behavior management program. The setting is

relaxed, held on an open unit, resembling family room style seating along with hors d'oeuvres. Facilitators model and elicit pro-social conversation, emphasizing accountability, responsibility, and language consistent with solution-focused decision making.

As a representative of both the Court Services Unit and the Juvenile Detention Home, the Systems of Care Clinician serves on a newly-created detention review committee that meets weekly to review the pre-dispositional detention population to determine if any of those youth can be stepped down to a less secure alternative, such as electronic monitoring or outreach. The committee reviews mental health needs, ensuring all necessary evaluations/ assessments have been conducted. In addition, the detention review committee identifies family members and/or persons of support that the detained youth could call or visit while in detention.

Chesterfield Adolescent Reporting Program

The Adolescent Reporting Program is a structured program for both pre-dispositional and post-dispositional court-involved youth and is an alternative to secure detention. Some clients are referred to CARP, as a result of their mental health screening conducted at the Chesterfield Juvenile Court, and some are referred upon release from Chesterfield Detention.

Clients are referred to CARP-Day when they are on supervised probation and suspended or expelled from school. Their participation is mandated until they return to school. CARP-Evening is a 30-day sanction for youth who violate the terms of their probation. While enrolled in CARP, the client will continue to receive psychoeducational and skills-based group treatment

with the Systems of Care Clinician. The group sessions are provided twice weekly. The sessions continue to reinforce the concept of decision making, consequential thinking, pro-social behaviors, and identification of thoughts and feelings. The Clinician is also utilized for crisis intervention. Such interventions have involved clients reporting Child Protective Services (CPS)-related disturbance, clients requiring additional assistance with mood regulation, and clients requesting supportive counseling.

Additional support services for the CARP staff consist of case consultations and training. In July 2017, the Systems of Care Clinician certified CARP staff in Youth Mental Health First Aid.

Partnerships

In September 2017, Richmond Department of Social Services, Richmond Department of Justice Services, Richmond City Health District, and Chesterfield Juvenile Court Services Unit launched their Youth Empowerment Initiative. The Systems of Care Clinician and the Director of CARP serve as Chesterfield's representatives for this collaboration. The Youth Empowerment Group is a collaborative project that was designed to support the development of a youth-led, resilience-building initiative. A team of youth leaders from Richmond, (Post-Dispositional Detention Program, Group Homes), and Chesterfield (Juvenile Detention Post-Dispositional Program participants and CARP clients), are designing and implementing projects that focus on the six domains of social and emotional learning, for the purpose of engaging other area youth in conversations and activities that educate on the topic of resilience. The youth leadership

group (termed the “RVA Resilient Teens”) meets monthly, and this current cohort will work together through the end of the 2017-2018 school year.

RVA Resilient Teens held their first community service project on February 22, 2018. This two-hour event provided activities, information, fun and food. RVA Resilient Teens shared information about moving forward after challenging experiences and traumatic events. This concept is called resilience, and the RVA Resilient Teens are spreading awareness about how resilience is built and why it’s important that all providers work to “reflect, respond, and restore hope” to area youth.

Another vital partnership that the System of Care Clinician has become involved in is the regional area Trauma Informed Community Network. The Court Services Unit Director and the Systems of Care Clinician serve as Chesterfield’s juvenile justice representatives of the Trauma Informed Community Network. They currently assist this network with focus group meetings for agency/ department staff. The focus groups are geared at assessing and addressing the needs of the service providers; thereby assisting each agency and department at becoming more trauma-informed and trauma-responsive.

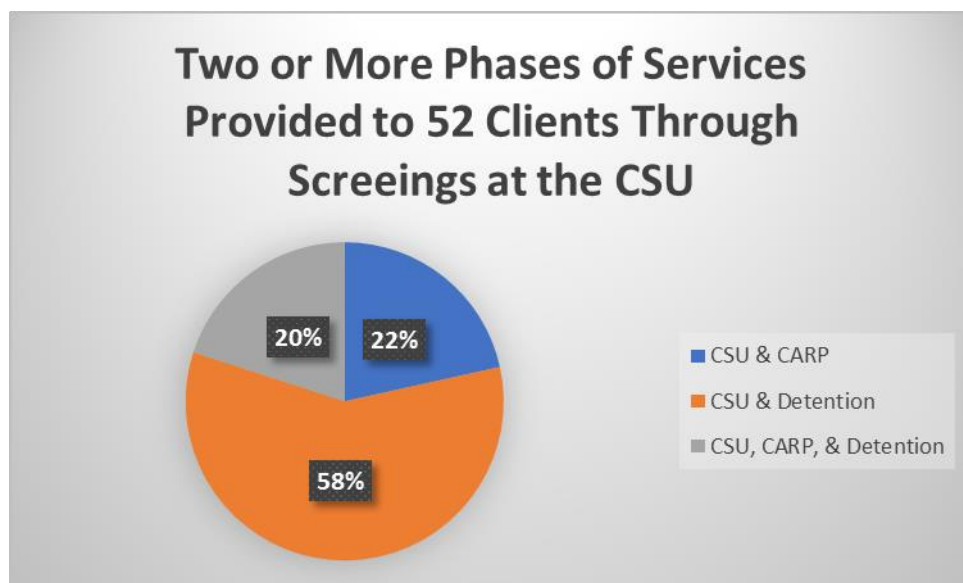
STAFFING AND COST OF PROGRAM

The program employs one full-time staff. The cost of the program is the salary and benefits of the Systems of Care Senior Mental Health Clinician which represents about \$80,000; however,

the position replaced that of an administrator position at the juvenile detention center, so there was no additional cost to any of the departments or the County.

RESULTS & SUCCESS OF PROGRAM

A total of 52 mental health screenings at the Chesterfield Juvenile Court Services Unit have been conducted since the employment of the Systems of Care Clinician position. As described above, the client/ juvenile can enter the system of care at any of the three phases. The diagram below illustrates the number of clients and services provided. Thirty-eight of the fifty-two clients receiving a mental health screening, also received services at Chesterfield Detention. Fourteen of the fifty-two screened also received services at CARP. Thirteen of the fifty-two screened received services at all three phases, representing continuity-of-care which is the prominent tenet of being a true System of Care. Therefore, our goal of breaking down silos was met, and we are only in the second year of this collaboration.



Operationalizing a System of Care and Breaking Down Silos: The Sharing of a Senior Mental Health Clinician across Juvenile Justice Agencies in Chesterfield County

Chesterfield County's juvenile justice agency leaders knew they had to do something to identify and begin addressing the mental health needs and the trauma histories of the children they were all serving. While resources are limited, and new positions are hard to come by in local government, they worked collaboratively and creatively to transform a vacancy into a newly-conceived and created position that could work across the system to help kids and families.

Chesterfield County, Virginia juvenile justice agencies, as part of a local System of Care community with other child-serving agencies, knew they needed to be innovative and collaborative when it came to addressing the many and varying needs of their court-involved youth. It was clear that youth were showing signs of trauma, mental illness and were at high risk to re-offend. The Court Services Unit, the Juvenile Detention Home, and the Adolescent Reporting Program were all targeting the issues, but in silos. Despite best intentions, there was fragmented sharing of information, and often, youth and their families had to re-tell their stories and provide redundant information to strangers, which is not a trauma-informed approach to working with court-involved youth. Therefore, a shared position was created: the Systems of Care Senior Mental Health Clinician.

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The position, thanks to the person that was hired (an experienced LCSW with extensive experience working with juvenile justice youth), has exceeded expectations by not only screening youth at the Court Services Unit and finding creative and collaborative ways to engage youth in both a residential and a non-residential setting, but by forging partnerships not only throughout the County but across the Richmond metropolitan region. As a result, the needs of this community's juvenile justice clients are met more consistently. Further, court-involved youth can remain in the community with tools, connections and resources that reduce recidivism and the symptoms of mental illness.