

Partners within the System of Care Role of a Behavioral Health Treatment Practitioner in the Juvenile Justice System By Kari Collins for the Reclaiming Futures National Program Office

Every participant in a System of Care must understand their own specific role, including their purpose, parameters, practice and expected outcomes. Equally important to ensuring a strong and effective System of Care is that each participant must also understand their commitment to partner agencies and entities, with a clear understanding of their partner's role.

The judicial system for juveniles is often identified as a System of Care partner that is less frequently involved at the community table. Roles are often thought to be too disparate for the strength-based philosophy that guides the System of Care development and implementation. During the 1980's and 90's, juvenile justice systems moved toward more punitive responses to youthful offenders. Since then, the juvenile justice world has been moving from a punitive frame to one that focuses more on a youth's rehabilitation or habilitation, and the development of skills necessary to become a productive and welcomed member of their community. All states have a Juvenile Code or a Children's Code that sets forth specific substantive and procedural requirements. In addition to that, the United States Supreme Court has also mandated constitutional due process standards that must be followed. Juvenile justice partners often have parameters, practice and expected outcomes that are defined in law and cannot be changed unless they are changed through the legislative process.

According to the *Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System*, 65% - 70% of youth in contact with the juvenile justice system have a diagnosable mental health disorder. Approximately 60% of the youth identified with a mental health disorder also have a substance use disorder. Thirty percent (30%) of youth have a serious enough disorder to require immediate and significant treatment. At least 75% of the youth in the juvenile justice system have experienced traumatic victimization and a reported 93% of youth in detention have been exposed to six (6) or more adverse events. (*Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System*, National Center for Mental Health and Juvenile Justice, Resource Center Partnership Models of Change, pg.3, modelsforchange.net/resourcecenters) This data alone underscores the importance of a strong partnership between juvenile justice, behavioral health and other System of Care partners.

As behavioral health practitioners it is necessary for us to understand and clearly communicate our role with those in the justice system. It is equally important to recognize, understand and respect the role of juvenile justice law enforcement, courts and probation. A healthy working relationship between treatment and justice will help to ensure the best outcomes for the youth that we serve and their families.

Behavioral health practitioners and those that work in juvenile justice often have distinctly different functions yet they overlap when the same youth finds themselves involved with both. In very simple terms the justice system is charged with protection of society, while the behavioral health practitioners are charged with improving the emotional and behavioral health of the youth that they are serving. While juvenile justice and treatment can find themselves at odds in their attempt to help the youth, they can also become part of a unified support network aiding a youth's success.

Role of Behavioral Health Practitioners

1. Confidentiality - Those that work in juvenile justice have a legitimate need to know how the youth is progressing in treatment as it relates to the charges that brought them into the legal system. It is important that we, as behavioral health practitioners, help those within the justice system understand that a therapeutic relationship is built upon trust. The assurance of confidentiality is a cornerstone to effective mental health/substance use treatment. The youth are not going to be honest and open about their feelings and beliefs if they know, or suspect, that anything they say may go back to the courts or their probation officer. We cannot insist upon or force honesty. It is the youth's choice to provide us with honest information, or not.

We should, however, provide the justice system with updates on the youth's progress in treatment. The expectations of the term "progress" should be clearly defined up-front so that a report on a youth's "compliance" means that the youth is attending and participating in a meaningful way in the treatment modality. It also means that they are working towards their treatment goals and they are addressing issues that, directly or indirectly, brought them to the justice system.

The court or other justice staff should not expect to receive accounts of what the youth is reporting in sessions or specifics on what is being said in group sessions. Divulging this information is directly in opposition to the practitioners' oath of ethical practice and professional licensure requirements. As practitioners, we should not require or coerce the youth we serve or their families to sign a release of information that goes beyond this report of progress. If, for treatment purposes, sharing of more in depth information provided by the youth could lead to meeting their treatment goals, the youth and family must be fully informed of the breadth and depth of the information to be shared and the purpose for its release.

All treatment practitioners are held to certain required reporting under law. These include a duty to warn of imminent danger to self or others and a duty to inform about suspected abuse or neglect. There is also a possibility that a judge would issue a court order that would need to be addressed, and you should become familiar with your agency's procedures on responding to court orders. The youth and their family must be made aware of all reporting requirements at intake, during assessment, and during treatment.

2. Graduated sanctions and rewards - Graduated sanctions and rewards are used within many juvenile justice systems today. These are administered to encourage positive pro-social behaviors and reduce or eliminate the negative behaviors that resulted in their court involvement. Because these sanctions and rewards are to be individualized to the youth, the behavioral health practitioner should clearly understand what is being used (or will be used) with their client. By remaining aware of the court's use of sanctions and rewards, you will be able to recognize new or increasing troubling behaviors and successes that the youth has achieved.

The courts sanctions and rewards should be processed in the treatment setting to ensure that the youth understands what they are, why and when they are administered by the court, and how they link to their treatment work. These sanctions and rewards must always be decided by the court in order to eliminate a possible blurring of roles. If the youth is non-compliant with treatment related expectations stipulated by the court, encourage juvenile justice to work with the behavioral health practitioner to determine if an order to increase participation in treatment interventions could be beneficial. A simple court order to increase

participation in treatment may not achieve better outcomes if the youth is simply doing more of the same thing (e.g. sitting in treatment and not working on their treatment goals.) On the other hand, the treatment practitioner may determine that an increase to the required time in treatment or an additional treatment modality may be of benefit to engaging the youth in active treatment.

3. Drug testing - The majority of courts require abstinence. If drug testing is used to indicate compliance with a diversion plan, disposition/probation plan or court order it should remain the responsibility of the juvenile justice system. Those that do not provide drug testing may contract with a facility for the service. The treatment practitioner may elect to use drug testing as part of the treatment intervention, but the results, like other information shared in the therapeutic process, should remain confidential.

In some jurisdictions the treatment staff may agree to provide results of the drug screen to the court. If this is the case within your agency, you need to inform the youth and their family of this fact at the time of intake, during assessment and during treatment. The treatment agency will keep on file a signed informed release of information obtained from the youth and their family. The youth and their family need to understand what part, if any, the drug testing plays in their course of treatment. They also need to be very clear as to why this information is being shared with juvenile justice, and some possible outcomes of the results. The youth and their family need to be reassured about what is confidential during treatment, what is shared with a release of information, and when a legal duty to report occurs.

4. Team work and collaboration - As treatment practitioners we should make a case for becoming an important member of a diversion, court or probation team in order to improve the outcomes for the youth we serve. In becoming an active member of a team we can consistently provide progress reports, glean information about the youth's involvement with other agencies, stay updated on progress towards completion of the diversion or probation plan and, with the youth, incorporate this information in designing or updating more effective treatment plans and appropriate interventions to meet the youth's needs.

On a program level, treatment practitioners can also offer new options to add to the list of meaningful rewards and strength based pro-social activities that the court could use. As a member of an inter-agency team, we bring with us a clear description of our role, our purpose and our goals. We must be prepared to discuss each of the items listed above in order to start off with open and honest conversations. When we identify a barrier to our work we must be willing to problem solve amongst our team members. At times, particularly with system level barriers, it may include facilitating a solution-seeking meeting of supervisors, decision-makers, youth and family members, and court and/or law officials.

Developing written descriptions of roles and expectations amongst System of Care partners can only help clarify the strengths within your system as well as identify some of the concerns or barriers. As a behavioral health practitioner, it is imperative that we know, and that we can articulate, our role within the juvenile justice system when it comes to confidentiality, graduated sanctions and rewards, drug testing and team participation. We also must understand and respect the mandated purpose and goals of the juvenile justice system. Cross training of policies, laws, processes, and terminology can demystify and reduce or eliminate confusion when a youth finds him/herself involved with both partner agencies. It can also develop strong professional relationships that result in supporting our youth in the achievement of their goals.