

Transition Services for Adolescent Offenders

Joint Committee on Health Care
Behavioral Health Sub-Committee

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Establishing the Need for Forensic Mental Health Services

- Background
- All local detention facilities conduct mental health screening for all admissions using the Massachusetts Youth Screening Instrument, second edition (MAYSI-2).

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MAYSI-2 Data - FY07

- There were 13,516 reports
- (Henrico County and James River Detention are not included)

- Drug/Alcohol Scale: 2,213 needed service
 597 needed immediate treatment

- Angry-Irritable Scale: 2,646 needed service
 843 needed immediate treatment

- Depressed/Anxious: 2,079 needed service
 533 needed immediate treatment

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MAYSI-2 Data for FY07 continued

- Somatic Complaints: 3,506 needed service
 638 needed immediate treatment

- Suicide Ideation: 461 need services
 - 920 needed immediate treatment

- Thought Disturbance: (males only) 1,521 needed service
 642 needed immediate treatment

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MAYSI – 2 Data FY 2007 continued

- Traumatic Experiences: 7,958
- 59%
- Witness or victim of abuse, rape, murder, etc.
- Powerful predictor of substance abuse, mental health and behavior problems

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Verifying Data

- Each local juvenile detention facility submits data for its population on the second Tuesday of each month
- This data verifies the MAYSI data
- Department of Mental Health, Mental Retardation, Substance Services detention center data is needed to complete this picture

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Transition Regulations for Incarcerated Juveniles

- These regulations become effective January 1, 2008
- They apply to youth identified as needing services following release from Correctional Centers and juveniles sentenced to local detention for 31 days or more
- Facility staff, family, Probation/Parole staff and community providers develop a service plan and identify service provider(s)
- Payment strategies are identified and initiated
- Department of Education regulations require prompt re-enrollment (September, 2006)

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Transition Planning Resources

- The Department of Juvenile Justice has adequate clinical staff to identify needs
- All local juvenile detention facilities have clinical and case management staff
- Needs can be identified and referrals/ appointments arranged

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Concern

- Will the treatment resources be available in the community?
- Will they be public, private, a combination?
- Will indigent consumers be able to access services?
- What will be the priority for this population?

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System Capacity Questions

- How many juveniles are identified as needing services after release?
- How many are referred?
- Does the juvenile have an appointment scheduled prior to release?
- What is the wait time between release and the appointment?

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Questions continued

- How many actually receive services?
- Will indigent consumers be able to access services?
- What will be the priority for this population?

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Public Providers

- Community Services Boards
 - Levels of service are not consistent across the Commonwealth
 - Only Emergency Services and Case Management are required to be provided, funds available

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Legislative Action

- Expand the menu of required services for Community Services Boards
- Services will be provided regardless of the ability to pay
- The forensic population will be a priority population
- Include predisposition youth in the transition services eligibility category

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Budget Amendments

- Fund CSBs to provide services or purchase services from private providers or other public providers
- Provide a revolving pool of funds to support services pending approval of Medicaid or Supplemental Services Income or other payment arrangements

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Alternative Process

- Let the funding follow the juvenile
- Establish a pool for services that allows the Probation or Parole officer, the Correctional Center or a local Detention Center to purchase services from a qualified private or public provider pending the securing of private or public funding or for continuing services for indigent juveniles

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Conclusion

- Given the inconsistent array of services provided by Community Services Boards across the Commonwealth, private providers must be included as an option for transition services.
- If the CSB is to be the entry point for services, transition services need to be mandated and prioritized. Additional funding for purchase of service or service provision will be needed.

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Conclusion

- If the CSB is NOT the designated entry point, funding is needed to follow the child pending arrangements for other payment streams and for children with no resources