

# **Preventing Juvenile Suicide through Improved Collaboration: Strategies for Mental Health and Juvenile Justice Agencies**

Prepared by the  
Youth in Contact with the Juvenile Justice System Task Force  
of the National Action Alliance for Suicide Prevention

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## Introduction

Up to 70 percent of youth in the juvenile justice system have mental health disorders, which severely impact one or more life functions for a significant percentage of these youth (Skowyra & Cocozza, 2007). Due to the multiple traumatic events that these youth have experienced and the sense of hopelessness and isolation that ensues from the experience of confinement, suicide risk for these youth dramatically increases. The following factors need to be addressed by all systems coming in contact with justice-involved youth:

- Suicide is the leading cause of death for youth in confinement (Bureau of Justice Statistics, 2005).
- Youth in residential facilities have nearly three times the suicide rate of peers in the general population (Gallagher & Dobrin, 2006).
- Risk factors for suicide are often more prevalent among youth in this system. (National Action Alliance for Suicide Prevention, 2013).
- Studies report that over half of confined youth had current suicidal ideation (Esposito & Clum, 2001), and one-third also had a history of suicidal behavior (Parent et al., 1994).

The gravity of this situation requires urgent action in order that systems and practitioners in juvenile justice, law enforcement, mental health, substance abuse, child welfare and education work collaboratively to successfully prevent suicide (Skowyra & Cocozza, 2007). This report, developed by the Youth in Contact with the Juvenile Justice System Task Force (<http://actionallianceforsuicideprevention.org/task-force/juvenilejustice>) of the National Action Alliance for Suicide Prevention (Action Alliance) (<http://www.actionallianceforsuicideprevention.org>), provides recommendations for achieving such

collaboration. The task force's Mental Health and Juvenile Justice Systems Collaboration Workgroup was charged with identifying priorities and strategies to help these agencies improve collaboration, ultimately resulting in more effective suicide prevention programming. The workgroup compiled recommendations, tailored for suicide prevention supports and services for youth involved in the juvenile justice system, in two categories:

- **Overarching Priorities:** The workgroup recommends that state and local mental health and juvenile justice agencies pursue ten overarching collaborative priorities to inform joint policy and budgeting decisions associated with suicide prevention for youth involved in juvenile justice.

## Background

Envisioning a nation free from the tragic experience of suicide, the Action Alliance was launched in 2010 by U.S. Department of Health and Human Services Secretary Kathleen Sebelius and former U.S. Department of Defense Secretary Robert Gates. This public-private partnership advances the *National Strategy for Suicide Prevention* (NSSP) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. The Action Alliance's Youth in Contact with the Juvenile Justice System Task Force was established to focus attention on the needs of youth in the juvenile justice system. The task force was co-led by:

- Melodee Hanes, JD – Acting Administrator, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Juvenile Justice
- Joseph J. Cocozza, PhD – Director, National Center for Mental Health and Juvenile Justice, Policy Research Associates

The task force comprised four workgroups: Public Awareness and Education; Suicide Research; Suicide Prevention Programming and Training; and Mental Health and Juvenile Justice Systems Collaboration. Each workgroup developed products specific to its respective task.

### Mental Health and Juvenile Justice Systems Collaboration Workgroup Members and Staff

- Eric Trupin, PhD (workgroup lead) – Director, Division of Public Behavioral Health and Justice Policy, University of Washington
- David DeVoursney, MPP – Program Analyst, Substance Abuse and Mental Health Services Administration (SAMHSA)
- Simon Gonsoulin, Med – Principal Research Analyst, American Institutes for Research
- Carl Wicklund – Executive Director, American Probation and Parole Association
- James Wright, MS, LPC – Public Health Advisor, SAMHSA

- **Strategies:** A set of twelve strategies was developed to facilitate achievement of the overarching priorities. Specific strategies that apply to each overarching priority are listed by number after the discussion of the respective overarching priority. As a visual organizer, a matrix graphically represents the alignment of the strategies and priorities.

The workgroup also developed an environmental scan tool (Appendix A) to help jurisdictions assess strengths, weaknesses, opportunities, and threats across the ten overarching priorities, thereby lending direction to the process of building collaboration between agencies. A summary of the priorities and strategies is listed below.

## Overarching Priorities

**Overarching Priority A:** State mental health and juvenile justice agencies should establish effective data collection and information-sharing for the purposes of 1) law, policy, and program development related to youth at risk for suicidal behavior; 2) individual case-planning and decision-making; and 3) program evaluation and performance measurement addressing suicide prevention.

**Overarching Priority B:** All states should establish policies related to collaboration on issues facing youth who are involved with dual jurisdictions, particularly those youth who are at risk for suicidal behaviors.

**Overarching Priority C:** Juvenile justice and mental health agencies should work together to ensure that youth who are at risk of suicide always receive evidence-based services in the least restrictive settings as possible.

**Overarching Priority D:** Juvenile justice and mental health agencies should collaboratively provide mental health services that respond to the gender, ethnicity, and sexual orientation of youth who are at risk of suicide.

**Overarching Priority E:** All systems should work collaboratively to provide close follow-up and sufficient support to youth who are re-entering the community from secure care, especially youth who have a history of suicidal ideation and behaviors.

**Overarching Priority F:** Juvenile justice and mental health agencies should work in tandem to establish and provide developmentally appropriate services to youth who are at risk of suicide.

**Overarching Priority G:** Youth-serving agencies should establish collaborative agreements and practices to better provide services for youth who are at risk of suicide.

**Overarching Priority H:** Collaboratively developed services and strategies for youth who are at risk of suicide should be evaluated regularly.

**Overarching Priority I:** Juvenile justice and mental health cooperative agreements should inform courts of existing mental health supports and services to avoid placing youth in the juvenile justice system solely to access mental health services.

**Overarching Priority J:** State Medicaid and juvenile justice agencies should formally establish a collaborative relationship to better provide services to youth who are at risk of suicide.

## Overview of Strategies

To achieve the overarching priorities, the workgroup recommends the following strategies for mental health and juvenile justice agencies seeking to collaborate on suicide prevention goals:

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system.

**Strategy 2:** Use valid screening and risk assessment instruments that identify risk for suicide and immediately provide necessary mental health services.

**Strategy 3:** Implement interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

**Strategy 6:** Explore, at a state-wide level, more effective data collection and information-sharing processes.

**Strategy 7:** Implement, at the state level, innovative funding strategies (e.g., blended funding, pooling, decategorization, coordinating, and devolving) to collaboratively serve dual-jurisdiction youth who exhibit risk for suicidal behaviors.

**Strategy 8:** Explore, at a state-wide level, barriers to effective collaboration and develop strategies for overcoming those barriers, recognizing the opportunities offered by memoranda of understanding and agreement.

**Strategy 9:** Improve state data collection strategies by identifying that data most pertinent to Medicaid and juvenile justice agencies serving youth.

**Strategy 10:** Facilitate collaboration through shared staff members, regularly held joint meetings, ad hoc meetings, shared workgroups, interagency agreements, memoranda of understanding, and data sharing.

**Strategy 11:** Educate juvenile justice staff on Medicaid policy and its application to youth involved in juvenile justice through tailored workshops provided by the State Medicaid agency.

**Strategy 12:** Conduct general training on Medicaid to all child-serving agencies.

## **Overarching Priorities to Improve Collaboration**

The following priorities are recommended to mental health and juvenile justice agencies seeking to collaboratively improve outcomes for youth involved in juvenile justice who may be at risk of suicide. Utilize the environmental scan tool (Appendix A) as you address these priorities.

### **Overarching Priority A**

State mental health and juvenile justice agencies should establish effective data collection and information-sharing for the purposes of 1) law, policy, and program development related to youth at risk for suicidal behavior; 2) individual case-planning and decision-making; and 3) program evaluation and performance measurement addressing suicide prevention.

### **Discussion**

In an effort to improve service delivery and to develop and promote effective laws, policies, and programs, state mental health and juvenile justice agencies should establish parameters for collecting and sharing data that have specific utility for all parties involved in partnerships. Data should be collected for development and evaluation of laws, policies, and programs and for individual case-planning and decision-making. Determining an efficient means for collecting data, such as electronic case management systems or consistent formats, will facilitate the process and make transfer of data from one agency to the other easier and more accurate. Other components of the process should include pilot tests, quality checks of accumulated data, uniform data sources, data back-up, and attention to privacy, confidentiality, and security.

Information-sharing among agencies must start with the premise that information needs to be shared. Information-sharing is critically important in that it:

- saves all practitioners time
- encourages a more coordinated, coherent, and comprehensive approach to supports and services for youth
- can be cost-effective or at least cost-neutral
- helps to establish a set of data or metrics for program evaluation and future decision-making

All parties should collaboratively participate in determining the types of information that should be shared. The Models for Change Information Sharing Tool Kit (<http://modelsforchange.net/publications/282>) (Rosado et al., 2008) provides guidance to jurisdictions seeking to improve their information- and data-sharing practices in the handling of juveniles and reach the ultimate goal of improving the outcomes for those youths. Additionally, successful information-sharing requires privacy policies with stakeholders, which are based on the results of a privacy impact assessment. (Searching the Internet for “privacy impact assessment” will yield many samples.) Procedures to guarantee proper handling and use of shared information should be outlined in memoranda of understanding and/or use agreements. Such memoranda should include release-of-information forms.

Agencies may choose to use open, automated information solutions (e.g., National Information Exchange Model, Global Reference Architecture, Global Federated Identification and Privilege Management). Regardless of automation, information security must be established. Effective ways to protect shared information are outlined in the U.S. Department of Justice’s Office of Justice Program’s Global Information Sharing Toolkit (<http://www.it.ojp.gov/gist>) (2012).

## Strategies That Relate to Overarching Priority A

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 2:** Use valid screening and risk assessment instruments that are administered by qualified staff to identify risk for suicidal behavior through every stage of youth's involvement with the juvenile justice system and immediately provide necessary mental health services.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

**Strategy 6:** Explore, at the state-wide level, more effective data collection and information-sharing processes by:

- Identifying goals for information-sharing
- Identifying key decision points that may require the sharing of information and map out the desired flow of information from one point to the next
- Developing protections for the information that is to be shared
- Developing protocols for the utilization of information-sharing agreements, practitioner's guides, authorization-to-release forms, and other pertinent tools
- Compiling questions that need to be answered to improve law, policy, and program development and to determine whether desired outcomes are being met
- Refining existing databases, and developing any additional, databases necessary to support improved law, policy, and programming
- Establishing each agency's responsibility and accountability for data collection
- Establishing quality control for data collection
- Establishing safeguards against the potential for undesired publication of individual case information in the data collection process

**Strategy 7:** Implement, at the state level, innovative funding strategies to collaboratively serve dual-jurisdiction youth who exhibit risk for suicidal behaviors, such as:

- Blending – conducting a review and analysis of jurisdictions/programs' funding sources and revenue streams to better align funding
- Pooling – combining funds from several agencies, jurisdictions, or programs into a single funding stream
- Decategorizing – removing narrow eligibility requirements or other rules that may restrict how groups can spend funding (thereby making funding streams less categorical)
- Coordinating – aligning categorical funding from a number of jurisdictions, agencies, or funding streams to support agreed-upon initiatives; this is often referred to as "braided funding" in reference to separate funding streams being wrapped together to support programs of unified services
- Devolving – delegating authority for the allocation of funds from higher to lower levels, such as from state agencies to community-based organizations or agencies

**Strategy 8:** Explore, at the state level, barriers to effective collaboration (e.g., funding, confidentiality requirements, philosophical differences) and develop strategies (such as memoranda of understanding and agreement) for overcoming those barriers.

**Strategy 9:** Improve state data collection strategies by identifying that data most pertinent to Medicaid and juvenile justice agencies serving youth.

## Overarching Priority B

All states should establish policies related to collaboration on issues facing youth who are involved with dual jurisdictions, particularly those youth who are at risk for suicidal behaviors.

### Discussion

States should engage in comprehensive planning and collaboration, including cross-system training, to reduce the risk of suicide among youth involved in the juvenile justice system. Following appropriate screening and assessment by a qualified mental health professional, youth identified as at risk of suicide should be immediately connected to a setting where treatment is provided. This treatment should be tailored to the unique needs of the youth and involve all necessary systems to support positive outcomes.

Policy work should involve the variety of systems (e.g. juvenile justice, mental health, education, social services) that interact with youth and will likely include creation of state laws, written policies, and executive orders. States should not only address data and information-sharing, decision-making, and policy and program improvement, but also consider barriers. Strategies for overcoming those barriers should be detailed in written memoranda of agreement or understanding. For example, any fiscal barriers to collaboration should be addressed.

### Strategies That Relate to Overarching Priority B

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

**Strategy 6:** Explore, at the state-wide level, more effective data collection and information-sharing processes by:

- Identifying goals for information-sharing
- Identifying key decision points that may require the sharing of information and map out the desired flow of information from one point to the next
- Developing protections for the information that is to be shared
- Developing protocols for the utilization of information-sharing agreements, practitioner's guides, authorization-to-release forms, and other pertinent tools
- Compiling questions that need to be answered to improve law, policy, and program development and to determine whether desired outcomes are being met
- Refining existing databases, and developing any additional, databases necessary to support improved law, policy, and programming
- Establishing each agency's responsibility and accountability for data collection
- Establishing quality control for data collection
- Establishing safeguards against the potential for undesired publication of individual case information in the data collection process

**Strategy 7:** Implement, at the state level, innovative funding strategies to collaboratively serve dual-jurisdiction youth who exhibit risk for suicidal behaviors, such as:

- Blending – conducting a review and analysis of jurisdictions/programs' funding sources and revenue streams to better align funding
- Pooling – combining funds from several agencies, jurisdictions, or programs into a single funding stream
- Decategorizing – removing narrow eligibility requirements or other rules that may restrict how groups can spend funding (thereby making funding streams less categorical)
- Coordinating – aligning categorical funding from a number of jurisdictions, agencies, or funding streams to support agreed-upon initiatives; this is often referred to as “braided funding” in reference to separate funding streams being wrapped together to support programs of unified services
- Devolving – delegating authority for the allocation of funds from higher to lower levels, such as from state agencies to community-based organizations or agencies.

**Strategy 8:** Explore, at the state level, barriers to effective collaboration (e.g., funding, confidentiality requirements, philosophical differences) and develop strategies (such as memoranda of understanding and agreement) for overcoming those barriers.

## Overarching Priority C

Juvenile justice and mental health agencies should work together to ensure that youth who are at risk of suicide always receive evidence-based services in the least restrictive settings possible.

### Discussion

Difficulties for youth at risk for suicidal behavior can be exacerbated by placement in restrictive environments where contact with family and other community caregivers is limited, which only fuels feelings of isolation, hopelessness, and helplessness. Less restrictive, community-based alternatives with access to interventions that have demonstrated success in reducing offending behaviors should be prioritized for the majority of juvenile offenders. Intensive evidence-based treatments, such as Functional Family Therapy (FFT) (<http://www.ojjdp.gov/mpg/Functional%20Family%20Therapy-MPGProgramDetail-29.aspx>) and Multi-Systemic Therapy (MST) for Juvenile Offenders (<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=254>), have consistently demonstrated both improved outcomes related to future crime as well as decreased risk for suicide and self-harm (Trupin 2007).

In all settings, youth involved in juvenile justice must be screened for suicide risk at in-take and as needed on an ongoing basis. When a need for intervention is identified, it is essential that evidenced-based interventions are provided to youth and their families to prevent suicide ideation, attempts, and deaths. For more information on this, see *Screening and Assessment for Suicide Prevention: Tools and Procedures for Risk Identification among Juvenile Justice Youth* (<http://actionallianceforsuicideprevention.org/system/files/JJ-6-R2-Screening-Assessment.pdf>).

## Strategies That Relate to Overarching Priority C

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 2:** Use valid screening and risk assessment instruments that are administered by qualified staff to identify risk for suicidal behavior through every stage of youth's involvement with the juvenile justice system and immediately provide necessary mental health services.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

## Overarching Priority D

Juvenile justice and mental health agencies should collaboratively provide mental health services that respond to the gender, ethnicity, and sexual orientation of youth who are at risk of suicide.

### Discussion

Mental health services should be provided that are evidence based and culturally competent. These services should emphasize family and caregiver involvement. Emphasis should be placed on youth learning and utilizing skills that help them tolerate distress and learn to regulate their emotions. This is particularly true for individuals demonstrating suicidal ideation or emotional crisis. Collaborative efforts should focus on providing effective supports and services to each individual, with sensitivity to gender, ethnicity, or sexual orientation. Services that engender an enhancement sense of maturity of thought and emotions are to be considered a protective factor against suicide risk (Kaslow, et al, 2002).

Consistent and sustained commitment to collaboration by system leaders will lead to better educated and empowered parents and caregivers, more engaged and fairly treated youth, and juvenile justice, law enforcement, and other child-serving-system staff who are better trained in effective interventions to suicide.

## Strategies That Relate to Overarching Priority D

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 2:** Use valid screening and risk assessment instruments that are administered by qualified staff to identify risk for suicidal behavior through every stage of youth's involvement with the juvenile justice system and immediately provide identified emergency mental health services.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

## Overarching Priority E

All systems should work collaboratively to provide close follow-up and sufficient support to youth who are re-entering the community from secure care, especially youth with a history of suicidal ideation and behavior.

## **Discussion**

Youth transitioning from secure care to their home-based communities need transition plans that address all potential areas of concern (e.g., education, physical health, mental health, job skills, substance abuse, peer/family relationships, and risk of suicide). Effective transition plans encompass a meshing of comprehensive services and supportive policies provided by all involved systems collaborating to foster better outcomes for youth and their families. Intra-agency communication avoids delays or oversights that could keep youth from successfully re-entering their communities, e.g.:

- Home-based schools should receive records and other anecdotal information about the youth's educational needs and progress prior to re-enrollment in the home-based school.
- For youth placed on medication as part of mental health treatment while confined, an appointment at a community mental health agency must be established and the youth must be provided with enough medication for the period between release and the initial appointment.
- Effective communication and collaboration allow youth with substance abuse disorders to be referred to substance abuse counseling services prior to leaving the secure facility, which can facilitate better outcomes upon re-entry into the community.

Representatives of all involved agencies should meet with all significant parties, including family members, to map out strategies for the youth's successful re-entry. This pre-release step, combined with close follow-up with all of the same parties once the youth has re-entered the community, will establish an environment of mutual trust in which youth and families are viewed as key decision makers.

## **Strategies That Relate to Overarching Priority E**

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

**Strategy 6:** Explore, at the state-wide level, more effective data collection and information-sharing processes by:

- Identifying goals for information-sharing
- Identifying key decision points that may require the sharing of information and map out the desired flow of information from one point to the next
- Developing protections for the information that is to be shared
- Developing protocols for the utilization of information-sharing agreements, practitioner's guides, authorization-to-release forms, and other pertinent tools
- Compiling questions that need to be answered to improve law, policy, and program development and to determine whether desired outcomes are being met
- Refining existing databases, and developing any additional, databases necessary to support improved law, policy, and programming
- Establishing each agency's responsibility and accountability for data collection
- Establishing quality control for data collection
- Establishing safeguards against the potential for undesired publication of individual case information in the data collection process

**Strategy 7:** Implement, at the state level, innovative funding strategies to collaboratively serve dual-jurisdiction youth who exhibit risk for suicidal behaviors, such as:

- Blending – conducting a review and analysis of jurisdictions/programs' funding sources and revenue streams to better align funding
- Pooling – combining funds from several agencies, jurisdictions, or programs into a single funding stream
- Decategorizing – removing narrow eligibility requirements or other rules that may restrict how groups can spend funding (thereby making funding streams less categorical)
- Coordinating – aligning categorical funding from a number of jurisdictions, agencies, or funding streams to support agreed-upon initiatives; this is often referred to as “braided funding” in reference to separate funding streams being wrapped together to support programs of unified services
- Devolving – delegating authority for the allocation of funds from higher to lower levels, such as from state agencies to community-based organizations or agencies

**Strategy 8:** Explore, at the state level, barriers to effective collaboration (e.g., funding, confidentiality requirements, philosophical differences) and develop strategies (such as memoranda of understanding and agreement) for overcoming those barriers.

**Strategy 9:** Improve state data collection strategies by identifying that data most pertinent to Medicaid and juvenile justice agencies serving youth.

**Strategy 10:** Facilitate collaboration through shared staff members, regularly held joint meetings, ad hoc meetings, shared workgroups, interagency agreements, memoranda of understanding, and data sharing.

**Strategy 11:** Educate juvenile justice staff on Medicaid policy and its application to youth involved in juvenile justice through tailored workshops provided by the state Medicaid agency.

**Strategy 12:** Conduct general training on Medicaid to all child-serving agencies.

## Overarching Priority F

Juvenile justice and mental health agencies should work in tandem to establish and provide developmentally appropriate services to youth who are at risk of suicide.

### Discussion

All providers involved in juvenile justice should have a working knowledge of the most current scientific findings on the adolescent brain and emotional development. Because youth will be of different ages and in different developmental, emotional, and psychological stages, providers must tailor interactions, interventions, and treatments accordingly. Communication and cognitive approaches with youth must be appropriate to not only chronological age, but also to emotional and psychological age. Among adolescents of the same chronological age, those who are psychologically younger will have different developmental needs than those who are psychologically older. Accounting for developmental stages is also critical when assessing risk and intervening in an emotional crisis. When possible, all communication should be articulated to youth in both written and oral forms.

### Strategies That Relate to Overarching Priority F

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 2:** Use valid screening and risk assessment instruments that are administered by qualified staff to identify risk for suicidal behavior through every stage of youth's involvement with the juvenile justice system and immediately provide necessary mental health services.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

## Overarching Priority G

Youth-serving agencies should establish collaborative agreements and practices to better provide services for youth who are at risk of suicide.

### Discussion

To reduce fragmentation and duplication of services and to improve program efficiency and outcomes for youth involved in one or more systems, child-serving agencies should establish collaborative agreements and practices. While not inclusive, this list may include agencies dedicated to mental health, juvenile justice, child welfare, substance abuse, education, law enforcement, and labor. All agencies involved must commit to overcoming barriers (e.g., philosophical, structural, language/communication, staff resistance) that often prevent effective alignment of services.

Agencies seeking to collaborate with one another to better meet the needs of youth and their families will also benefit from establishing memoranda of understanding for sharing information, cross-training staff, adopting common screening tools, and aligning practices. By sharing responsibility, resources, and decision-making, collaborating agencies can provide wraparound services that facilitate the successful transition of youth back into the community.

### Strategies That Relate to Overarching Priority G

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 2:** Use valid screening and risk assessment instruments that are administered by qualified staff to identify risk for suicidal behavior through every stage of youth's involvement with the juvenile justice system and immediately provide necessary mental health services.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

**Strategy 6:** Explore, at the state-wide level, more effective data collection and information-sharing processes by:

- Identifying goals for information-sharing
- Identifying key decision points that may require the sharing of information and map out the desired flow of information from one point to the next
- Developing protections for the information that is to be shared
- Developing protocols for the utilization of information-sharing agreements, practitioner's guides, authorization-to-release forms, and other pertinent tools

- Compiling questions that need to be answered to improve law, policy, and program development and to determine whether desired outcomes are being met
- Refining existing databases, and developing any additional, databases necessary to support improved law, policy, and programming
- Establishing each agency's responsibility and accountability for data collection
- Establishing quality control for data collection
- Establishing safeguards against the potential for undesired publication of individual case information in the data collection process

**Strategy 7:** Implement, at the state level, innovative funding strategies to collaboratively serve dual-jurisdiction youth who exhibit risk for suicidal behaviors, such as:

- Blending – conducting a review and analysis of jurisdictions/programs' funding sources and revenue streams to better align funding
- Pooling – combining funds from several agencies, jurisdictions, or programs into a single funding stream
- Decategorizing – removing narrow eligibility requirements or other rules that may restrict how groups can spend funding (thereby making funding streams less categorical)
- Coordinating – aligning categorical funding from a number of jurisdictions, agencies, or funding streams to support agreed-upon initiatives; this is often referred to as "braided funding" in reference to separate funding streams being wrapped together to support programs of unified services
- Devolving – delegating authority for the allocation of funds from higher to lower levels, such as from state agencies to community-based organizations or agencies

**Strategy 8:** Explore, at the state level, barriers to effective collaboration (e.g., funding, confidentiality requirements, philosophical differences) and develop strategies (such as memoranda of understanding and agreement) for overcoming those barriers.

**Strategy 9:** Improve state data collection strategies by identifying that data most pertinent to Medicaid and juvenile justice agencies serving youth.

**Strategy 10:** Facilitate collaboration through shared staff members, regularly held joint meetings, ad hoc meetings, shared workgroups, interagency agreements, memoranda of understanding, and data sharing.

**Strategy 11:** Educate juvenile justice staff on Medicaid policy and its application to youth involved in juvenile justice through tailored workshops provided by the state Medicaid agency.

**Strategy 12:** Conduct general training on Medicaid to all child-serving agencies.

## Overarching Priority H

Collaboratively developed services and strategies for youth who are at risk of suicide should be evaluated regularly.

### Discussion

Evaluation is a key component in the development and management of any program and is particularly useful for the collaborative efforts of juvenile justice and mental health agencies. Program managers from both agencies must work together to evaluate operations, practices, accomplishments, and results. While there are many evaluation models used in the field with both practitioners and evaluators, it is suggested by this work group that whichever the model is used, it should include the following steps:

- 1) Define the problem or practice to be evaluated
- 2) Implement evidence-based or evidence-informed practices
- 3) Develop a logic model
- 4) Identify the necessary measures

- 5) Collect and analyze the data
- 6) Report the findings
- 7) Reassess the logic model

## Strategies That Relate to Overarching Priority H

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 6:** Explore, at the state-wide level, more effective data collection and information-sharing processes by:

- Identifying goals for information-sharing
- Identifying key decision points that may require the sharing of information and map out the desired flow of information from one point to the next
- Developing protections for the information that is to be shared
- Developing protocols for the utilization of information-sharing agreements, practitioner's guides, authorization-to-release forms, and other pertinent tools
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- Establishing each agency's responsibility and accountability for data collection
- Establishing quality control for data collection
- Establishing safeguards against the potential for undesired publication of individual case information in the data collection process

## Overarching Priority I

Juvenile justice and mental health cooperative agreements should inform courts of existing mental health supports and services so to avoid placing youth in the juvenile justice system solely to access mental health services.

## Discussion

Between 60–70 percent of youth involved in the juvenile justice system manifest a co-occurring behavioral health disorder (mental health and substance abuse) for which the youth would benefit from an evidence-based treatment intervention (National Council on Disability, 2002). The practice of placing a youth in a juvenile justice setting in order to access these services requires policy and legislative monitoring. Courts need to work closely with public behavioral health, chemical dependency, child welfare, and public education systems to identify accessible interventions that do not require youth to be placed either under the care of the juvenile court or remanded to secure detention in order to access mental health interventions. Court administrators, judges, prosecuting attorneys, and the defense bar need to create facilitated and prioritized access outside of the system for youth needing interventions.

## Strategies That Relate to Overarching Priority I

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-

systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 2:** Use valid screening and risk assessment instruments that are administered by qualified staff to identify risk for suicidal behavior through every stage of youth's involvement with the juvenile justice system and immediately provide necessary mental health services.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 4:** Immediately divert youth with increased risk of suicide to a setting where appropriate treatment is available.

## Overarching Priority J

State Medicaid and juvenile justice agencies should formally establish a collaborative relationship to better provide services to youth who are at risk of suicide.

### Discussion

Youth served by the Medicaid and juvenile justice systems make up a significant percentage of system-involved youth. To more effectively design and administer benefit packages for this population, Medicaid officials must be informed about the needs of youth in juvenile justice. Likewise, juvenile justice staff must be informed of Medicaid policy so that they can coordinate with funded services, support enrollment of youth exiting juvenile justice, and fill gaps in coverage for youth at risk of suicide.

Building a shared understanding of the number of youth involved in juvenile justice who are enrolled in Medicaid, of the amount of money spent on youth involved in juvenile justice, and of the most frequent diagnoses that are related to suicide risk in this population will empower state governments to improve suicide prevention efforts. To that end, prescribed and common data collection across state Medicaid and juvenile justice agencies is recommended. Specific data-related issues that should be considered include: shared goals for use of data, data and privacy protections, protocols for the management and sharing of data, priority questions which data could be used to answer, and database management.

### Strategies That Relate to Overarching Priority J

**Strategy 1:** Form an interagency task force (to include justice, education, mental health, social services, and other agencies/systems), with active family and community involvement, that promotes cross-systems training on helping youth cope with the juvenile justice system, with an emphasis on strategies to reduce the risk of suicide.

**Strategy 3:** Ensure that youth are being served with interventions that have evidence supporting their effectiveness with youth at risk for suicidal behaviors.

**Strategy 5:** Provide access to evidence-based mental health care that is culturally sensitive, trauma-sensitive, and gender-specific and that encourages family involvement.

**Strategy 6:** Explore, at the state-wide level, more effective data collection and information-sharing processes by:

- Identifying goals for information-sharing
- Identifying key decision points that may require the sharing of information and map out the desired flow of information from one point to the next
- Developing protections for the information that is to be shared
- Developing protocols for the utilization of information-sharing agreements, practitioner's guides, authorization-to-release forms, and other pertinent tools
- Compiling questions that need to be answered to improve law, policy, and program development and to determine whether desired outcomes are being met

- Refining existing databases, and developing any additional, databases necessary to support improved law, policy, and programming
- Establishing each agency's responsibility and accountability for data collection
- Establishing quality control for data collection
- Establishing safeguards against the potential for undesired publication of individual case information in the data collection process

**Strategy 9:** Improve state data collection strategies by identifying that data most pertinent to Medicaid and juvenile justice agencies serving youth.

**Strategy 10:** Facilitate collaboration through shared staff members, regularly held joint meetings, ad hoc meetings, shared workgroups, interagency agreements, memoranda of understanding, and data sharing.

**Strategy 11:** Educate juvenile justice staff on Medicaid policy and its application to youth involved in juvenile justice through tailored workshops provided by the state Medicaid agency.

**Strategy 12:** Conduct general training on Medicaid to all child-serving agencies.

## Matrix of the Overarching Priorities and Strategies

Strategies	Priority A: Effective data collection & info-sharing	Priority B: Policies related to collaboration	Priority C: Least restrictive, evidence-based services	Priority D: Sensitivity to gender, ethnic & sexual orientation	Priority E: Follow-up & system linkages for youth re-entry	Priority F: Developmentally appropriate services	Priority G: Collaboration of child-serving agencies	Priority H: Regular evaluation of services	Priority I: Access to mental health services	Priority J: Formal relationship between Medicaid & JJ
Strategy 1: Form an interagency task force	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strategy 2: Use valid screening & risk assessment instruments	✓		✓	✓		✓	✓		✓	
Strategy 3: Use evidence-based interventions	✓		✓	✓	✓	✓	✓	✓	✓	✓
Strategy 4: Divert suicidal youth to treatment	✓	✓	✓	✓		✓	✓		✓	
Strategy 5: Provide care that is sensitive to culture, trauma, and gender	✓		✓	✓	✓	✓	✓			✓
Strategy 6: Explore decision points, agreements, and practices	✓	✓			✓		✓	✓		✓

## Matrix of the Overarching Priorities and Strategies (continued)

Strategies	Priority A: Effective data collection & info-sharing	Priority B: Policies related to collaboration	Priority C: Least restrictive, evidence-based services	Priority D: Sensitivity to gender, ethnic & sexual orientation	Priority E: Follow-up & system linkages for youth re-entry	Priority F: Developmentally appropriate services	Priority G: Collaboration of child-serving agencies	Priority H: Regular evaluation of services	Priority I: Access to mental health services	Priority J: Formal relationship between Medicaid & JJ
Strategy 7: Implement innovative funding strategies	✓	✓			✓		✓			
Strategy 8: Address barriers to effective collaboration	✓	✓			✓		✓			
Strategy 9: Improve data collection strategies of Medicaid & JJ	✓				✓		✓			✓
Strategy 10: Facilitate collaboration through joint meetings, etc.					✓		✓			✓
Strategy 11: Educate JJ staff on Medicaid policy and its application					✓		✓			✓
Strategy 12: Conduct training on Medicaid for child-serving agencies					✓		✓			✓

## **Conclusion**

In recognition of the higher rate of suicide and suicidal behaviors among youth involved in the juvenile justice system who have mental health disorders, substance abuse disorders, and other relevant risk factors for suicide (e.g., a history of child sexual and physical abuse and other forms of trauma), it is urgent that all youth-serving systems effectively collaborate across all levels of government. This collaboration will likely save the lives of vulnerable youth by creating opportunities to intervene prior to the youth engaging in suicidal behavior and greatly enhance the provision of appropriate and effective supports and services. Implementing the strategies recommended in this paper will enable systems and practitioners to reduce the risk of youth suicide while achieving the collaborations necessary for sustained positive suicide prevention strategies.

## **Appendix A: Environmental Scanning Tool**

The following tool is designed to assist jurisdictions seeking to collaborate on efforts to prevent suicide among youth involved in the juvenile justice system. With this tool, jurisdictions can assess strengths, weaknesses, opportunities, and threats across the ten overarching priorities (A-J). More commonly known as a SWOT framework, this assessment of relevant information within and outside of an organization makes obvious the internal and external factors that, in this case, impact collaborative efforts to prevent suicide among youth involved with juvenile justice. Gathering and studying this information will result in specific action steps and indicators to achieve greater collaboration.

### **Strengths and Opportunities**

Strengths are internal qualities of an agency that will be beneficial in addressing the priority in question. For example, a strength under Priority A might be: "Data-sharing agreements already exist across the state behavioral health, juvenile corrections, and juvenile probation agencies." Building on this strength might be expressed thusly: "These agreements can be amended to emphasize suicide prevention."

Opportunities, on the other hand, are situations external to an agency that may be helpful in a given priority. For example, an opportunity under Priority C might be: "The state behavioral health system has set up a network of centers to support the implementation of evidence-based community behavioral health services." The resulting action step associated with this opportunity might be: "Our agency will engage these centers, facilitating access to a network of community-based providers that can connect youth living in community settings who may be at risk of suicide to evidence-based behavioral health services."

### **Weaknesses and Threats**

Weaknesses are qualities internal to an agency that may make it more difficult to address the priority in question. In Priority H, for example, a weakness might be, "The staff devoted to evaluation within the Department of Juvenile Justice has recently been reduced, which will prohibit additional resources for evaluating suicide prevention efforts."

Threats are situations outside of an agency that may make it more difficult to address the priority in question. A threat in Priority F might be, "Many of the youth involved in the juvenile justice system come from rural areas that lack behavioral health services. The lack of behavioral health providers in these areas who have expertise in working with children and youth is especially problematic."

### **Action Steps**

Action steps are specific activities that advance progress on a given priority. Action steps to further Priority J, for example, might include:

- 1) Identify a representative from the state Medicaid agency to participate in juvenile justice system-efforts related to behavioral health and suicide prevention
- 2) Identify a representative from the state juvenile justice agency to participate in Medicaid service planning efforts related to behavioral health and suicide prevention
- 3) Ensure that youth exiting the justice system have the necessary resources to enroll in Medicaid and Children's Health Insurance Program (CHIP)

## **Indicators and Benchmarks**

A mechanism for assessing progress toward suicide prevention will greatly enhance collaborative efforts. Depending on the availability of data, this assessment may take a variety of forms. Indicators can track outcomes (e.g., percent of justice-involved youth reporting suicidal ideation 60 days after returning to the community) or process measures (percent of justice-involved youth identified as at-risk for suicide who have received services from a community behavioral health care provider within two weeks of community re-entry). Benchmarks can also be used at a more basic level to track efforts, such as representatives from juvenile justice, mental health, substance abuse, and Medicaid agencies all participating in quarterly planning meetings.

## **Overarching Priority A**

Mental health and juvenile justice agencies at the state, local, and tribal levels should establish effective data collection and information-sharing for the purposes of 1) law, policy, and program development related to youth at risk for suicidal behavior; 2) individual case planning and decision-making; and 3) program evaluation and performance measurement addressing suicide prevention.

- 1) How does the juvenile justice system work with mental health and other related partners to share information? How do these systems currently coordinate data collection and share data?

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- 2) What are the strengths of current data-collection and information-sharing efforts? What are current opportunities?

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- 3) What are the weaknesses of current data-collection and information-sharing efforts? What are current threats?

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- 4) What action steps can be taken to develop or strengthen data collection and information-sharing across partners?

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- 5) What indicators or benchmarks can be used to assess data collection and information-sharing?

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## **Overarching Priority B**

All states should establish policies related to collaboration on issues facing youth who are involved with dual jurisdictions, particularly those youth who are at risk for suicidal behaviors.

- 1) Does the juvenile justice agency have formal policies related to collaboration with partners (e.g., mental health, broader medical care, substance abuse treatment, schools, and law enforcement)?

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- 2) What are the strengths of current collaboration policies? What are current opportunities?

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- 3) What are the weaknesses of current collaboration policies? What are current threats?

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- 4) What action steps can be taken to develop or strengthen collaboration policies related to suicide prevention for youth involved in juvenile justice?

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- 5) What indicators or benchmarks can be used to assess collaboration policies?

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## **Overarching Priority C**

Juvenile justice and mental health agencies should work together to ensure that youth who are at risk of suicide always receive evidence-based services in the least restrictive settings as possible.

- 1) How does the juvenile justice system work with mental health and other partners to promote care in the least restrictive settings possible, using evidence-based services?

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- 2) What are the strengths of current efforts to ensure delivery of evidence-based services in the least restrictive settings possible? What are current opportunities?

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- 3) What are the weaknesses of current efforts to ensure delivery of evidence-based services in the least restrictive settings possible? What are current threats?

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- 4) What action steps can be taken to ensure the use of evidence-based services in the least restrictive settings possible?

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- 5) What indicators or benchmarks can be used to ensure the use of evidence-based services in the least restrictive settings possible?

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## **Overarching Priority D**

Juvenile justice and mental health agencies should collaboratively provide mental health services that respond to gender, ethnicity, and sexual orientation to youth who are at risk of suicide.

- 1) How does the juvenile justice system work with partners to promote services that are responsive to gender, ethnicity, and sexual orientation?

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- 2) What are the strengths of current efforts to use services that are responsive to gender, ethnicity, and sexual orientation? What are current opportunities?

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- 3) What are the weaknesses of current efforts to ensure the services that are responsive to gender, ethnicity, and sexual orientation? What are current threats?

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- 4) What action steps can be taken to develop or strengthen efforts to ensure services that are responsive to gender, ethnicity, and sexual orientation?

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- 5) What indicators or benchmarks can be used to assess efforts to ensure services that are responsive to gender, ethnicity, and sexual orientation?

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## **Overarching Priority E**

All systems should work collaboratively to provide close follow-up and sufficient support to youth who are re-entering the community from secure care, especially youth who have a history of suicidal behaviors.

- 1) How does the juvenile justice system work with mental health providers, schools, community organizations, families, and other partners to ensure follow-up care for youth re-entering the community who are at risk of suicide?

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- 2) What are the strengths of current follow-up care for youth who are at risk of suicide? What are current opportunities?

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- 3) What are the weaknesses of current follow-up care for youth who are at risk of suicide? What are current threats?

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- 4) What action steps can be taken to develop or strengthen follow-up care for youth who are at risk of suicide?

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- 5) What indicators or benchmarks can be used to assess follow-up care for youth who are at risk of suicide?

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## **Overarching Priority F**

Juvenile justice and mental health agencies should work in tandem to establish and provide developmentally appropriate services to youth who are at risk of suicide.

- 1) How does the juvenile justice system work with partners to promote the use of developmentally appropriate services?

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- 2) What are the strengths of current efforts to ensure developmentally appropriate services? What are current opportunities?

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- 3) What are the weaknesses of current efforts to ensure developmentally appropriate services? What are current threats?

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- 4) What action steps can be taken to develop or strengthen efforts to ensure developmentally appropriate services?

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- 5) What indicators or benchmarks can be used to assess efforts to ensure developmentally appropriate services?

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## **Overarching Priority G**

Youth-serving agencies should establish collaborative agreements and practices to better provide services for youth who are at risk for suicide.

- 1) Does the juvenile justice agency have collaborative agreements and practices related to collaboration with partners (e.g. mental health, broader medical care, substance abuse treatment, schools, law enforcement) in response to youth at risk for suicide?

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- 2) What are the strengths of current collaborative agreements and practices? What are current opportunities?

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- 3) What are the weaknesses of current collaborative agreements and practices? What are current threats?

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- 4) What action steps can be taken to develop or strengthen collaborative agreements and practices related to suicide prevention for juvenile justice-involved youth?

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- 5) What indicators or benchmarks can be used to assess the effectiveness of collaborative agreements and practices?

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## **Overarching Priority H**

Collaboratively developed services and strategies for youth who are at risk of suicide should be evaluated regularly.

- 1) How does the juvenile justice system work with partners to evaluate collaborative efforts to prevent suicide among youth involved with juvenile justice?

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- 2) What are the strengths of current evaluation efforts? What are current opportunities?

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- 3) What are the weaknesses of current evaluation efforts? What are current threats?

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- 4) What action steps can be taken to develop or strengthen evaluation efforts across partners?

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- 5) What indicators or benchmarks can be used to assess evaluation efforts?

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## **Overarching Priority I**

Juvenile justice and mental health cooperative agreements should inform courts of existing mental health supports and services so to avoid placing youth in the juvenile justice system solely to access mental health services.

- 1) Are youth currently placed in the juvenile justice system so that they can receive behavioral health services? If so, are any steps being taken to ensure that this does not continue to happen?

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- 2) What are the strengths of current efforts to reduce these types of inappropriate placements? What are current opportunities?

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- 3) What are the weaknesses of current efforts to reduce these types of inappropriate placements? What are current threats?

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- 4) What action steps can be taken to reduce these types of inappropriate placements?

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- 5) What indicators or benchmarks can be used to assess efforts to reduce these types of inappropriate placements?

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## **Overarching Priority J**

State Medicaid and juvenile justice agencies should formally establish a collaborative relationship to better provide services to youth who are at risk of suicide.

- 1) How does the juvenile justice system at state, local, and tribal levels currently work with Medicaid?

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- 2) What are the strengths of current work with Medicaid? What are current opportunities?

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- 3) What are the weaknesses of current work with Medicaid? What are current threats?

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- 4) What action steps can be taken to develop or strengthen work with Medicaid?

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- 5) What indicators or benchmarks can be used to assess efforts to establish a collaborative relationship between state Medicaid and juvenile justice agencies?

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The National Action Alliance for Suicide Prevention is the public-private partnership advancing the *National Strategy for Suicide Prevention* (NSSP) (<http://actionallianceforsuicideprevention.org/NSSP>) by championing suicide prevention as a national priority, catalyzing efforts to implement high-priority objectives of the NSSP, and cultivating the resources needed to sustain progress. The Action Alliance envisions a nation free from the tragic experience of suicide. For electronic copies of this paper or for additional information about the Action Alliance and its task forces, please visit  
<http://www.actionallianceforsuicideprevention.org>.

