



# State of Connecticut

OFFICE OF THE CHIEF COURT ADMINISTRATOR  
COURT SUPPORT SERVICES DIVISION  
936 Silas Deane Highway, Wethersfield, CT 06109

## Overview of Court Involvement of Juveniles and Young Adults

### Arrest Data:

- 118,581 arrests in Connecticut in 2012 (Department of Public Safety)
  - 106,757 arrests of 18+ year olds (90% of arrests)
  - 32,684 arrests of 18-24 year olds (30% of 18+)
  - 11,824 arrests of <18 year olds (10% of arrests; 93% ages 13-17)

### Prevalence of Mental Health and Substance Use Problems:

- Mental Health:
  - National literature reports 60% of juvenile justice population has a mental health disorder.
  - Connecticut juveniles report a rate of 64% of symptoms on the MAYSI-2 screener.
  - 70% of detainees in Connecticut have diagnosable mental health disorder. 60% report history of outpatient treatment, 20% report hospitalization history.
  - Significant impairment in 25% of detained population (Skowrya & Coccozza, 2007).
- Substance Use:
  - Youth in juvenile justice system have highest prevalence rates of all adolescents. High rates of co-occurring for Conduct Disorder, ADHD and Depression.
  - Among arrestees aged 12-17, compared to those never arrested, 61% vs. 32% used alcohol, 43% vs. 13% used marijuana, 24% vs. 8% misused prescription medications, 12% vs. 1% used crack/cocaine in past year (National Survey on Drug Use and Health (NSDUH), SAMHSA 2011).
  - Connecticut data follows similar trend. In Connecticut, 7% of youth ages 12-17 and 21% aged 18-25 meet criteria. Less than 13% who need treatment receive it from licensed provider ("Access to Substance Use Treatment for Insured Youth: Phase II, Legislative Program Review & Investigations Committee, June 2013).
  - Nationally 50% of detainees use (Teplin et al., 2002, 2006). Over 50% of Connecticut detainees report use.
- PTSD:
  - Rates of PTSD in juvenile justice-involved youth are estimated between 3%-50% (Wolpaw & Ford, 2004; Lang, Ford, & Fitzgerald, 2010)
  - In Connecticut, estimate 36% of court referred juveniles exposed to trauma.
  - 90% of detainees report trauma-exposure; 10-20% meet PTSD criteria.

**Juvenile Court Intake (not arrest data):**

- 13,985 delinquency and status offense cases added in FY 11-12 (up to age 17). Seventeen year olds came under juvenile court jurisdiction beginning on July 1, 2012.
- 2,178 detention admissions in FY 11-12

**Services Available:**

- Diversion Services:
  - School-based Diversion Initiative
  - Juvenile Review Boards
  - Family Support Centers
- Screening and Evaluation:
  - Behavioral Health Screening by Probation and Detention (risk/needs, mental health, substance abuse, trauma, suicidal ideation; medical, mental health, dental staff in detention)
  - Clinical Coordinators and Consulting Psychiatrist (1,000+ consults annually)
  - Court-based assessments and competency evaluations (800+ annually)
- Treatment Services:
  - In-home intervention models (MST, BSFT, FFT, MDFT, IICAPS)
  - Community-based cognitive behavioral therapies (TARGET, ART, Social Problem Solving, MET/CBT); investing in TF-CBT
  - Short-term residential treatment (stabilization and assessment, substance abuse)
  - Commitment to DCF for long-term residential treatment and group home (< 200)
- Challenges/Recommendations:
  - Families need better access to information and timely access to services (e.g., school-based mental health clinics, evidence-based models, substance abuse inpatient/outpatient and peer support)
  - Schools, primary care physicians, and community treatment providers need to coordinate identification and delivery of treatment services
  - Working to expand diversion options
  - Transition to adult services

**Adult Court Intake (not arrest data):**

- 109,148 criminal cases added in FY 11-12
- Adult Probation had 45, 221 cases as of July 1, 2013

**Services Available:**

- Diversion Services:
  - Pre-trial Alcohol Education Program
  - Pre-Trial Drug Education Program
  - Pre-Trial School Violence Prevention Program
- Screening and Evaluation:
  - Risk/Needs, Substance Use
  - Examinations for Alcohol or Drug Dependence
  - DMHAS Jail Diversion Program
- Treatment Services:
  - Adult Behavioral Health Services (ABHS)
    - 20,742 referrals were made to CSSD contracted ABHS providers (9/12-8/13)
    - 3,889 (19%) integrated mental health and substance abuse evaluations were administered to CSSD 16 – 24 year olds
    - 828 (21%) of these clients had a recommendation for at least one of the following mental health treatments: mental health group, trauma group, individual counseling and/or medication evaluation and management
  - Advanced Supervision and Support Team (ASIST) (368 clients in FY 11-12)
  - Alternative In the Community (AIC) (10,000+ referrals annually)
  - Residential Treatment Programs (291 beds, waitlist of 350+)
  - Mental Health Supervision Unit
- Challenges/Recommendations:
  - Limited capacity for small specialized caseloads for 14-24 year olds
  - Most program services geared to older population
  - Additional information regarding Medicaid eligibility
  - Low Medicaid rates leading to high staff turnover (clinicians, APRNs, MDs)

## Juvenile Behavioral Health Program Descriptions

**Family Support Centers (FSCs):** A multi-service program for Family with Service Needs (FWSN) referred juveniles and their families in order to provide services to divert from further court involvement through improved school attendance and performance, improved family functioning, and improved community connections. A Family Support Center serves each of the 12 juvenile courts. Core FSC services include assessment, crisis intervention, family mediation, education advocacy, case management, psycho-educational and cognitive behavioral groups (e.g., Aggression Replacement Training, MET/CBT, Voices, Girls Circle, Boys Council, Trauma Adaptive Recovery Group Education Training), flexible funding, and referrals to other services that children and families need (e.g., MST, MDFT, outpatient counseling).

**Youth Equipped for Success (YES!):** This program model serves youth through multiple evidence-based and research-based interventions in a center-based or home-based setting. Family discord, substance use/abuse, school attendance and performance, decision making, and social skills development are just some of the areas that are targeted through interventions such as Aggression Replacement Training (ART), Social Problem Solving Skills Training: Viewpoints (SPST), MET / CBT / FSN, Voices, Trauma Adaptive Recovery Group Education Training (TARGET), Save Our Streets (Violence Prevention for Youth). There is a YES! program for each juvenile court. Where geography is large Brief Strategic Family Therapy (BSFT) or Functional Family Therapy (FFT) is offered.

**In-home Services:** CSSD provides access to several in-home treatment services to stabilize youth, improve family functioning, promote positive growth and development, and facilitate the healthy integration of the child within the community. Treatment services typically last four to six months. Intensive, In-home Child and Adolescent Psychiatric Services (**IICAPS**) treats children and youth with high end psychiatric needs as a means to prevent or step down from psychiatric hospitalization. One hundred twenty-four (124) juveniles completed IICAPS in FY 12-13. Multisystemic Family Therapy (**MST**) is an intensive, evidence-based family-and community-based treatment program that focuses on the entire world of chronic and violent juvenile offenders (homes and families, schools and teachers, neighborhoods and friends). It blends the best clinical treatments—cognitive behavioral therapy, behavior management training, family therapies and community psychology to reach this population. The overriding goal of MST is to keep adolescents who have exhibited serious clinical problems—substance use, violence, emotional disturbance—at home, in school and out of trouble. Therapists on the team have very small caseloads and are on call 24 hours a day, seven days a week. Multidimensional Family Therapy (**MDFT**) is another intensive, evidence-based youth and family treatment model and targets juveniles with exhibiting substance use and related behavioral and emotional problems.

**Out-of-Home Services:** CSSD contracts for short-term stabilization and assessment programs (2 weeks to 90 days (14 beds), substance abuse treatment up to 120 days (14 beds). Through DCF, Probation can access Multidimensional Treatment Foster Care (MTFC). MTFC works with the juvenile, the biological family and foster family to prepare for a successful return home after about 12 months. Juveniles in need of long term residential or group home treatment are commitment to DCF.

## **Adult Behavioral Health Program Descriptions**

**Adult Behavioral Health Services (ABHS):** CSSD contracts with 33 licensed behavioral health clinics to provide short term and intermediate outpatient treatment to medium and high risk/need offenders and defendants. Adult behavioral health services provide gender responsive and trauma informed treatment that target clients' criminogenic needs that may have contributed to their criminal activities. Services include the use of validated assessments, cognitive behavioral and motivational enhancement therapy and evidence-based models. ABHS treatment continuum of care includes: integrated substance abuse and mental health evaluations; individual and group substance abuse, co-occurring, trauma and mental health treatment, intensive outpatient treatment and medication evaluation and management.

**Advanced Supervision and Support Team (ASIST):** ASIST provides supervision, clinical case management, criminogenic interventions, and mental health treatment through collaboration between the Local Mental Health Authority (LMHA), adult probation, parole and the Alternative In the Community (AIC) program. ASIST program staff work with specially trained mental health probation and parole staff and court personnel, providing a viable community based treatment and supervision alternative to incarceration. This program has reduced the number of clients with mental illness being incarcerated or violated due to a lack of community based mental health services. Currently ASIST is located in 9 locations: Bridgeport, Willimantic/Danielson, Hartford, Manchester, Middletown, New Britain Waterbury, New London and New Haven with expansion to 4 additional sites in 2014 ( Bristol, Meriden, Norwich and Stamford).

**Alternative In the Community (AIC):** AIC is a community based program which provides assessment, case management and individual and group services, substance testing and community service to offenders/defendants involved in Connecticut's criminal justice system. AIC administers a comprehensive risk/need assessment using the Level of Service Inventory-Revised and Adult Substance Use Survey-Revised. AIC's use evidence-based, cognitive behavioral interventions including Reasoning and Rehabilitation 2, Short Version; Treating Alcohol Dependence, and Moving On. Group interventions are gender separate and target client risk and needs aimed to teach pro-social, skilled thinking, address substance abuse needs and employment services and job development.

**Residential Treatment Beds:** Through a Memorandum of Agreement (MOA) with the Department of Mental Health and Addiction Services (DMHAS), CSSD clients have access to 291 adult (ages 18 and above) licensed residential drug treatment beds (may have minor co-occurring disorders). These beds range in length of stay from 21 days to 6-9 months. Currently, there are 357 clients awaiting placement.