



FOURTH JUDICIAL DISTRICT

*Juvenile Court Mental Health  
Triage Grant Evaluation*

**Prepared by:**

Keri Zehm, Research Analyst II and Scott Vrieze, Research Analyst I  
Fourth Judicial District Research Division

**February 2006**

Fourth Judicial District Research Division Staff:

Marcy R. Podkopacz, Ph.D.  
Research Director

Deborah A. Eckberg, Ph.D.  
Principal Research Associate

Keri Zehm  
Research Analyst II

Gina Kubits  
Research Analyst I

Scott Vrieze  
Research Analyst I

***Hennepin County District Court  
Fourth Judicial District Court of Minnesota***

***Juvenile Court Mental Health Triage Grant Evaluation: Executive Summary***

***Background***

- In 2004, the Juvenile Court in the Fourth Judicial District received a grant from the Medica Foundation to pilot a triage system for juveniles in delinquency court who appeared to have mental health issues. The overarching goal of this pilot was to better identify and serve juveniles with mental health concerns. When a juvenile was suspected to have mental health problems, any court professional or family member could request a meeting with the triage screener. A triage screener is someone who has experience with mental health issues, the court, and various providers. A screener was on-call at all times. If a referral was made to triage the youth, the screener would begin the process of gathering additional information in order to make a recommendation to the court regarding further mental health services. Participation in the triage was voluntary for the juveniles.
- This triage process was expected to reduce the number of 30-day in-patient evaluations and deliver services more efficiently, close to home. The hope was that psychological evaluations could be tailored to address the individual juvenile's specific needs. The pilot also sought to increase the communication among court professionals and increase family participation in the process. It was expected that the triage would provide services to juveniles if they received psychological evaluations from providers in the community, rather than 30-day in-patient evaluations. Parents are also more likely to be involved in the child's treatment when they are receiving services from local community providers rather than when the child is placed out of the home for 30-day in-patient evaluations.

***Research Design***

- Data were collected during triage to capture basic demographic information. In addition, surveys were administered to court professionals in order to receive feedback about the triage process. Parents were also interviewed by phone two months after the court hearing to receive their feedback. Court records were reviewed for all juveniles who received a 30-day in-patient evaluation for the two years before the triage (2003 and 2004) and the year of the triage (2005) to gather court information (e.g., prior offenses, court dates). With these data we could assess whether there were differences between those who were referred for a 30-day in-patient evaluation before and during the triage. Because this pilot was a new way of providing mental health services for juveniles, we did not have comparison data for juveniles who received psychological evaluations from community providers before the triage. We only had data for those who received 30-day in-patient evaluations; therefore, we only compared juveniles before and after triage based on 30-day in-patient evaluations.

***Results***

- One hundred and forty-five (145) juveniles participated in the triage process. Most of them (127) were recommended to receive psychological evaluations, 8 were not recommended to

receive evaluations because prior records were already available and 5 were not recommended to receive evaluations because the triage screener decided an evaluation was not needed. There were five other juveniles that did not have enough information regarding the type of evaluations on their intake forms.

- Judicial Officers expressed the most satisfaction with the triage, whereas other court professionals expressed moderate satisfaction. Although parents felt that they were listened to and treated fairly, they did not think that their children's mental health needs were dealt with in a timely manner. Overall, the parents rated their satisfaction with the triage program as 7.14 on a scale of 1-9, where 9 would indicate complete satisfaction.
- The number of 30-day in-patient evaluations decreased by 48% in the year the triage was piloted. The costs for these evaluations decreased by 55%.
- It was difficult to determine whether or not the triage resulted in expedited court processing and early intervention because there were only 16 juveniles who received 30-day in-patient evaluations during the triage year, and of those, only three were referred by the court to triage.

## *Table of Contents*

Executive Summary	3
Overview of the Triage Report	6
The Juvenile Mental Health Court Triage Process	6
Triage Data	7
Demographics	9
Performance Measures	13
Quality and Targeted Information to Judicial Officers	14
Reduction in the Number of 30-day In-Patient Evaluations	16
Enhanced Communication and Working Relationships Between Mental Health Professionals and the Juvenile Justice System	17
Expedited Court Processing	20
Early Identification and Intervention of Children with Behavioral Problems	21
Increased Family Participation in the Process	23
Overall Conclusions and Report Summary	26
Appendix A: Open-Ended Responses for Triage Feedback Form	27
Appendix B: Open-Ended Responses for Triage Follow-Up Survey	33
Appendix C: Open-Ended Responses for Parent Interview	40

## *Overview of the Report*

The first section of the evaluation report summarizes the triage process and the descriptive data from youth who were sent to triage (e.g., demographics, frequency of triage referrals, and triage recommendations). The second section of the report focuses on the performance measures that were developed specifically for this grant.

### *The Juvenile Mental Health Court Triage Process*

In 2004, the Fourth Judicial District received a grant from the Medica Foundation to implement a pilot triage project to address the mental health needs of juvenile offenders. The project was initially designed for juveniles charged with delinquent offenses; however, during the pilot, triage services were extended to juveniles charged with status offenses (e.g., truancy and runaways). The triage pilot began December 1, 2004 and ended November 30, 2005. There were 145 juveniles that participated in the triage. The goal of the pilot was to better identify juveniles with mental health problems and address their needs in a timely manner. In addition, the triage attempted to reduce the number of unnecessary 30-day in-patient evaluations by providing juveniles with targeted mental health assistance.

When juveniles appeared in court and also had mental health issues, court professionals or the juveniles' family members could request that the juveniles receive assistance with their mental health needs. The judicial officer handling the case could order that the triage screener conduct a triage; if the juvenile and court professionals agreed.

The triage process usually consisted of reviewing the juveniles' available court, corrections and mental health records and consultations with the court professionals, the juveniles, and family members. The triage screeners had discretion as to what types of information they would review and how long the triage would take. As a result, the triage varied in length from 10 to 90 minutes. At the end of the triage, the screeners made recommendations to the judge based on the information reviewed. Recommendations were specific as to what type of further evaluation was appropriate (e.g., mental status exam, psychological testing, medication consultation), as well as where the juveniles should receive that evaluation (e.g., Fourth Judicial District Court Psychological Services, Hennepin County Medical Center). In addition, screeners communicated specific questions and concerns to guide the evaluation and communicate the court's concerns to the person who would do the evaluation. If the court ordered a mental health evaluation of any kind, then all of the information gathered or produced from the triage was forwarded to the evaluators to assist them in assessing the child.

## *Triage Data*

### *Behavioral Issue Warranting an Evaluation*

Juveniles were referred to the triage for a variety of reasons and could have been recommended for multiple reasons. The most common behaviors that warranted a referral to the triage were problems in school (i.e., truancy, poor school performance). Most of the youths had been identified as displaying more than one behavior of concern. Examples of behaviors placed in the “other” category include: “sleeplessness” “car accident” or “attention isn’t always there.”

<b>Behavior</b>	<b>Frequency</b>
Truancy	54
Poor School Performance	49
Violent Behavior	44
Withdrawn Behavior	26
Suspected Drug Use	23
Suicidal Behavior	16
Depression	15
Psychological Disorder	8
Self-Harming	7
Stealing	6
Running Away From Home	5
Family Problems	4
Sexually Assaulted	3
Impulsivity	3
Sexual Offending	3
Medication Issues	2
Other	10

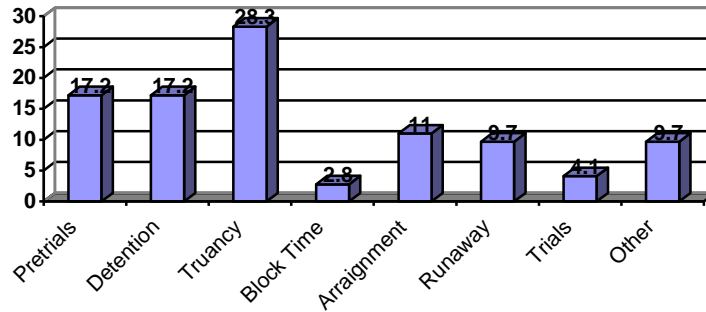
### *Person Requesting the Evaluation*

All court professionals and family members had the opportunity to request a triage; however, probation officers, county attorneys, and public defenders were most likely to make this request.

<b>Professional</b>	<b>Frequencies</b>
Probation Officer	65
County Attorney	45
Public Defender	39
Social Worker	13
Judge	7
Parent/Guardian	6
Project Support	3
Juvenile’s Private Attorney	3
Guardian Ad Litem	6

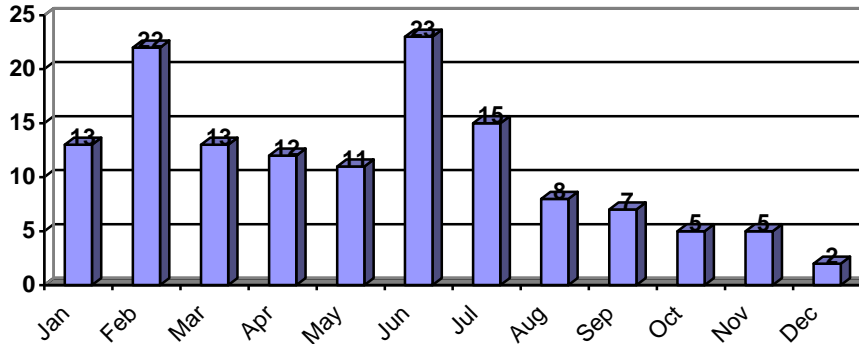
Juveniles were referred to the triage from multiple court calendars: delinquency<sup>1</sup>, truancy, and runaway.

*Types of Court Calendars Triage Requests Came From  
(Percentages)*



The triage project received the greatest number of referrals during the first half of the year and received the highest number of referrals for the months of February and June. Beginning in July, the number of referrals continued to decline for the remainder of the year.

*Number of Triage Requests for Each Month  
(Frequencies)*



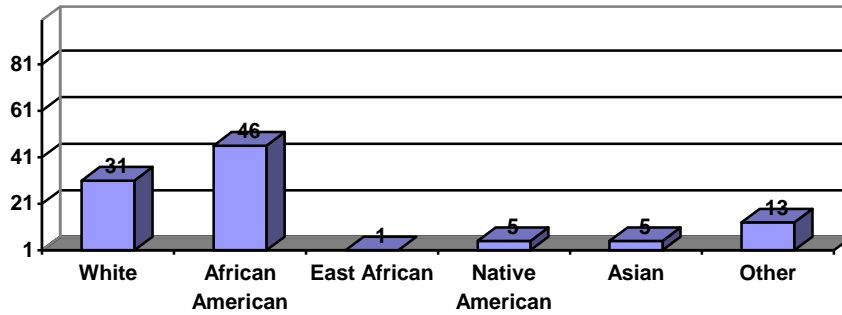
<sup>1</sup> The delinquency calendars include: arraignments, detention, pre-trials, trials, and “block time.” Arraignment calendars are for cases when the juvenile is appearing in court for the first time on a case and has not yet pled to the charges. The detention calendar pertains to cases where a decision is being made as to whether the juvenile will remain in custody or be released. Pre-trial calendars provide an opportunity to negotiate a plea or set the case on for trial. The trial calendars are for cases that are going to trial. “Block time” calendars refer to cases that the judge is exclusively handling and is reviewing during this time. The remaining calendars were grouped into the “other” category (e.g., Dispositions, Petty Arraignments).



*Demographics*

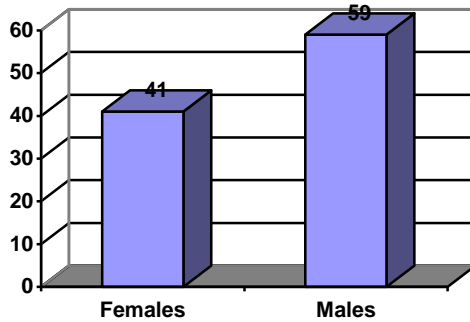
Most of the juveniles who participated in the triage were African American and White. Regardless of race, only eight percent were of Hispanic decent. These demographics reflected those of the juveniles in the juvenile justice system in Hennepin County. Races that were classified into the “other” category include: juveniles of mixed race, Liberians, Pacific Islanders, and West Africans.

*Race of the Juvenile  
(Percentages)*



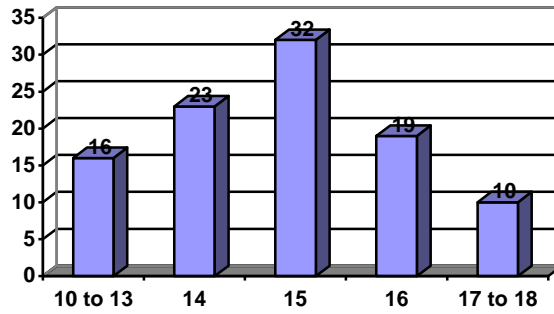
Juveniles participating in triage were more likely to be male. The larger percentage of males reflects their larger numbers in the juvenile justice system.

*Gender of the Juvenile  
(Percentages)*



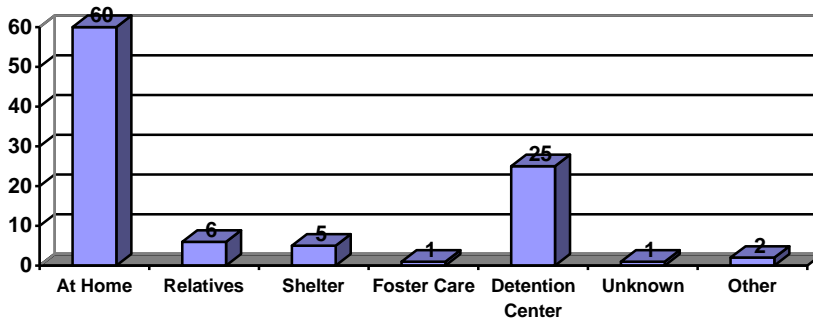
The age of the juveniles in the triage ranged from 10 to 18 years with an average age of 14.74 years.

*Age of the Juveniles  
(Percentages)*



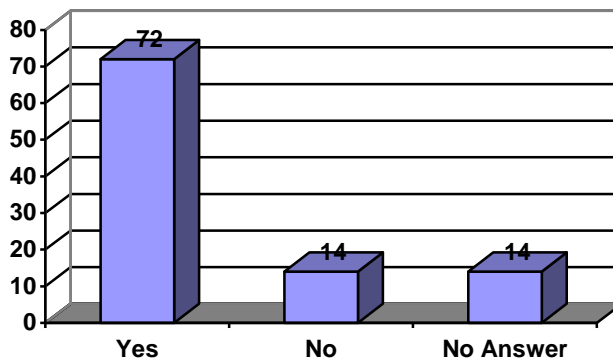
More than two-thirds of the juveniles being triaged were living at home and slightly more than one-third were in detention at the point of the triage.

*Juveniles' Living Arrangements  
(Percentages)*



Most of the juveniles who participated in triage had medical insurance.

*Do These Juveniles Have Medical Insurance?  
(Percentages)*



Triage screeners documented whether the juvenile participating in the triage had any previous experience with mental health services. The most common problems that the juveniles exhibited were problems at school—including behavioral problems, enrollment in special education classes, and learning problems. More than one-third of the juveniles in triage had received prior mental health treatment or a mental health assessment.

*Does the Juvenile have the following problems? (Multiple Problems were Included)  
(Percentages)*

<b>Behaviors</b>	<b>Yes</b>	<b>No</b>	<b>No Information</b>
Behavioral Problems at School	61%	18%	20%
Violence	49%	30%	22%
Previously Received Mental Health Treatment	48%	39%	14%
Received a Previous Mental Health Assessment or Psychological Evaluation	46%	37%	18%
In Special Education Classes	41%	35%	23%
Learning Problems at School	39%	28%	32%
Has an Individualized Education Plan	39%	32%	29%
Previously Taking Psychiatric Medication	35%	45%	20%
Chemical Dependency	31%	44%	24%
Currently Receiving Mental Health Treatment	26%	68%	6%
Suicidal	22%	53%	25%
History of Physical Abuse	22%	38%	40%
Self-Harm	18%	57%	24%
Medical Problems	14%	55%	31%
Taking Psychiatric Medication	13%	70%	16%
History of Sexual Abuse	10%	51%	37%
Taking Medications for Medical Problems	2%	64%	34%

Most of the juveniles (88%) were recommended to receive some kind of mental health evaluation after the triage. The most common evaluations that were recommended were psychological evaluations where appropriate tests were administered based on the juveniles' specific needs but did not require to the juvenile to receive a 30-day in-patient evaluation. Examples of these tests include: intelligence, mental health status, and personality. Perhaps the high numbers of recommended evaluations indicate that juveniles' mental health needs are being addressed with more specific evaluations, rather than 30-day in-patient evaluations.

*Is an Evaluation Warranted based upon the Triage Process?  
(Frequencies)*

Yes	No, prior records are available	No evaluation is needed
127	8	5

Triage screeners also documented the type of specific mental health problems that the juveniles were facing. The most prevalent problems were: mood disorders, disruptive behavior, family dysfunction, and Attention Deficit Hyperactive Disorder (ADHD).

*There are indications of problems in the area(s) of:*

<b>Problems</b>	<b>Frequency</b>
Mood Disorders	92
Disruptive Behavior	72
Family Dysfunction	60
Attention Deficit Hyperactive Disorder (ADHD)	52
Substance Abuse	38
Learning Disorders	33
Anxiety	32
Other	32
Cognitive Disability	16
Psychosis	14
Sexual Disorder	4
Pervasive Developmental Disorder (PDD)	2

The triage screeners also documented what areas the psychological evaluation should address. Medication was the most frequent issue that the triage screeners recommended.

*Specialized Issues to be Addressed:*

<b>Issues</b>	<b>Frequency</b>
Medication	45
Other	16
Fetal Alcohol Syndrome	7
Neuropsychological	5

## **Performance Measures**

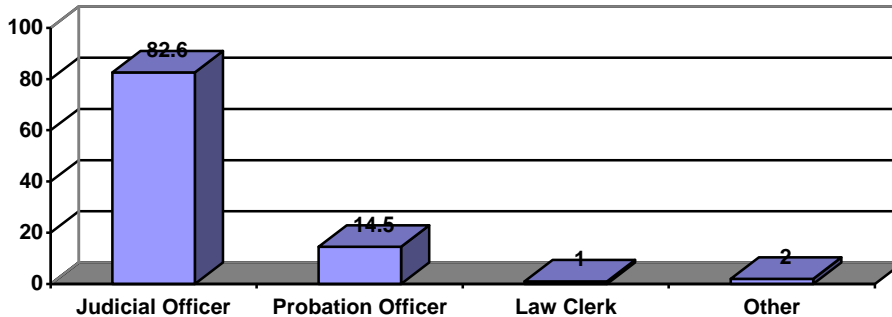
This section summarizes the six performance measures that were created to evaluate the success of the pilot triage project. The six performance measures are as follows:

1. Quality, targeted information to judicial officers to assist them in legal decision making.
2. Reduction in the number of 30-day in-patient psychological evaluations.
3. Enhanced communication and working relationships between mental health professionals and the juvenile justice system.
4. Expedited court processing.
5. Early identification of and intervention with children with behavioral problems.
6. Increased family participation the process.

**1. Quality and targeted information to judicial officers for legal decision making.**

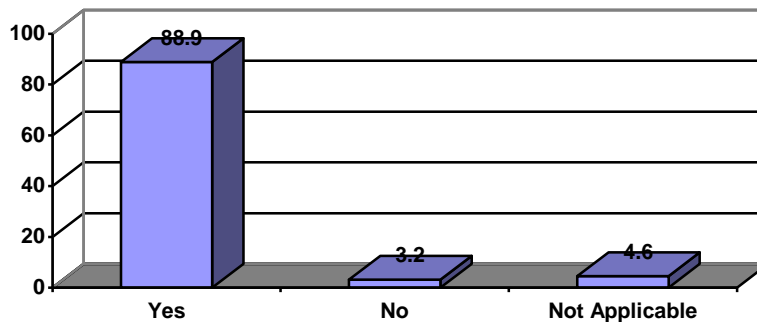
We measured this goal by asking judicial officers, their clerks, and probation officers to complete a feedback form for each evaluation they received. Although clerks and probation officers were given the opportunity to provide feedback for the triage, judicial officers were most likely to complete the triage feedback form.

*Who is completing this form?  
(Percentages)*



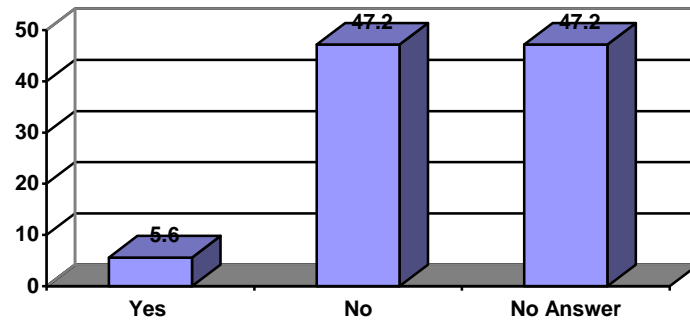
A majority of those who provided feedback for the triage indicated that they found the triage to be useful for them. Respondents often indicated that they had followed the triage professionals' recommendations, that the triage did address the juvenile's specific needs, while identifying what prior treatment had occurred (see Appendix A for the list of open-ended responses).

*Was the triage useful for you?  
(Percentages)*



Respondents mostly indicated that they did not have any suggestions as to how the triage could be improved (47%). Those who did offer suggestions indicated that certain procedural issues could be more streamlined (e.g., finding more efficient ways to interview juveniles who were in detention). Although respondents found the triage helpful, they indicated that they would have liked more information as to why the recommendations were being made (see Appendix A for the list of open-ended responses).

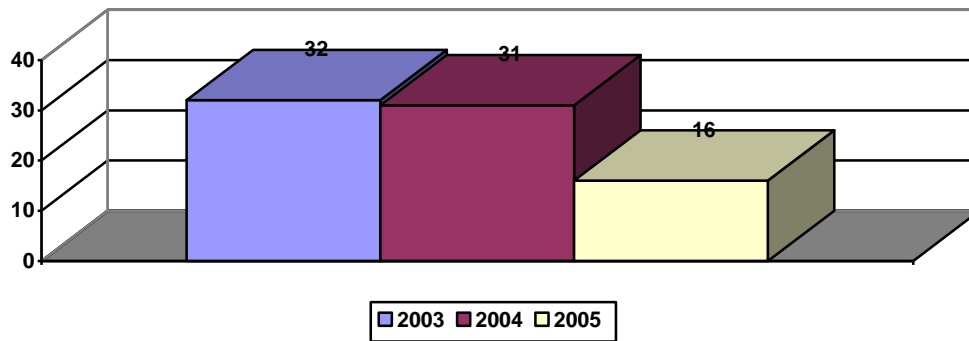
*Do you have any suggestions on how the triage could be improved?  
(Percentages)*



## 2. Reduction in the number of 30-day in-patient evaluations.

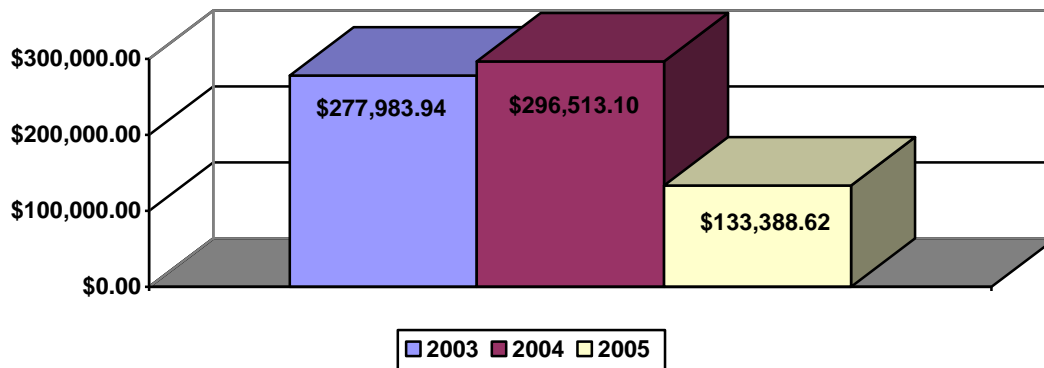
The major goal in the triage was to reduce the number of 30-day in-patient evaluations. These evaluations are not only costly, but the juvenile may be better served with a more specific evaluation tailored to his or her particular problem or mental health assistance that does not require them to be placed out of the home. During the triage, the number of 30-day in-patient evaluations decreased from 31 to 16, which is a 48% decrease<sup>2</sup>.

*Number of In-Patient Evaluations during the Triage and Two Years Prior to the Triage (Frequencies)*



Fewer 30-day in-patient evaluations during the triage also meant a decrease in cost. During the triage the costs were reduced by 55% from the previous year resulting in a savings of \$163,124.48.

*Costs for In-Patient Evaluations*



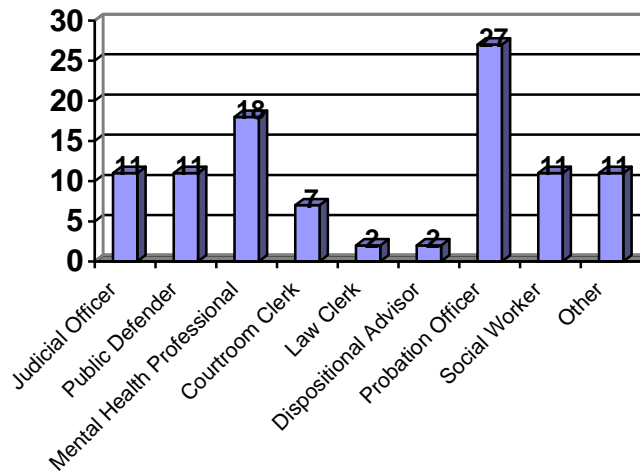
<sup>2</sup> The numbers presented are for each calendar year even though the triage began in December, 2004. There were only four cases that received an in-patient 30-day evaluation during December, 2004.



**3. Enhanced communication and working relationships between mental health professionals and the juvenile justice system.**

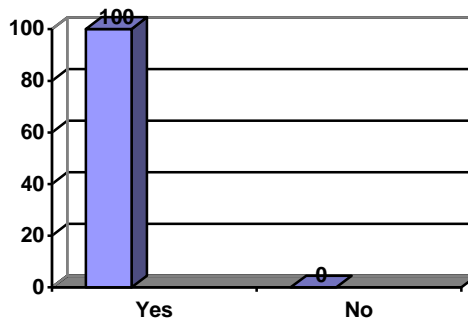
An online survey was sent out to all court professionals who participated in the triage to gather feedback and to assess satisfaction with the triage process. Most of the triage professionals completed the survey, with the largest number of responses coming from probation officers and mental health professionals. The “other” category included other members of the triage, such as the administrative assistant, committee member, and corrections nurse.

*Who Completed the Triage Follow-up Survey?  
(Percentages)*



We asked the judicial officers the following question, “do you feel the triage gave you valuable information with which to make your decisions?” All eleven of the judicial officers who completed the survey indicated that the triage pilot gave them valuable information.

*Do you feel the triage gave you valuable information with which to make your decisions?  
(Percentages)*



The survey included questions about the triage process in three areas: their overall opinions, problems they experienced with the triage, and what they found helpful about the triage. Below are the means for each statement.

### Overall opinions of the triage

Statement	Mean
The triage improved the quality of the psychological evaluations returned to the court.	2.84
The triage created an obstacle for juveniles to receive mental health services.	3.49
The triage helped focus or narrow the scope of court ordered evaluations.	2.65
I would like to see the triage continue as a permanent addition to Juvenile Court.	2.60
The triage helped juveniles receive mental health services.	2.60

*(1 = Strongly Agree 3 = Neutral, and 5 = Strongly Disagree)*

### Problems with the triage

Statement	Mean
The triage process took too long.	2.84
Not enough information was gathered during the triage.	3.30
The triage process is too inconsistent.	2.59
I had no problems with the triage process.	3.07

*(1 = Strongly Agree 3 = Neutral, and 5 = Strongly Disagree)*

### Things people found helpful about the triage

Statement	Mean
The triage identified that the juvenile was already accessing mental health services.	2.56
The triage process added to the understanding of the juvenile.	2.47
Having a mental health professional on-site to consult with about mental health issues.	2.09
The triage process expedited the evaluation.	2.74
The triage process provided more options other than the traditional 30-day residential.	2.58
I did not find anything helpful about the triage process	3.70

*(1 = Strongly Agree 3 = Neutral, and 5 = Strongly Disagree)*

When respondents told us in their own words about other problems they experienced, they mentioned the following:

- The quality of the triage differed based on who was conducting the triage.
- Not all court professionals participated in the triage.
- The triage process was delayed when too many cases came in at once.

(See Appendix B for a complete list of the open-ended responses.)

Respondents were also able to tell us in their own words about anything else they found helpful, examples include:

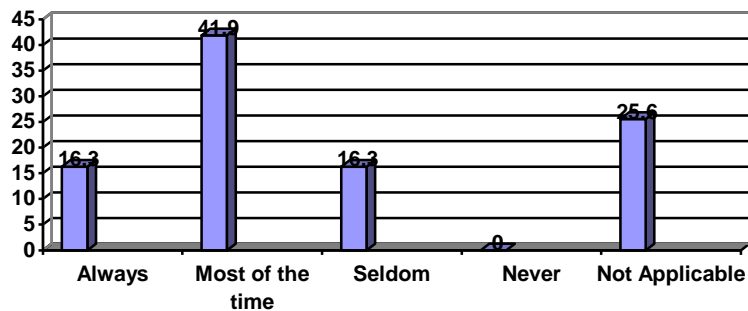
- The triage saved time by not having to use court time to deal with mental health issues.
- The triage helped the families have a greater role in their child's mental health.

Because there was a sharp decline in triage requests toward the end of the year, we included a question asking if individuals *always* used the triage. If they reported that they did not always use the triage we asked them to tell us why not. Reasons for not always using the triage included:

- The amount of time it would take.
- Inconsistencies in how the triage was conducted.
- The juvenile already had services in place.

Overall, court professionals used the triage most of the time and no one reported that they had never used the triage. Those who answered “not applicable” were those who provided feedback about the triage but were not in a position to request a triage (e.g., administrative assistant, committee member, law clerk).

*Did you always use the triage when a juvenile was in need of mental health services?  
(Percentages)*



Survey respondents were asked to rate their overall satisfaction with the triage by providing their agreement with the statement below. Respondents’ ratings were slightly above average, indicating that respondents felt neutral about the triage.

Statement	Mean
How would you rate your overall satisfaction with the Triage Project?	5.30

*(1 = Very Dissatisfied 5 = Neutral, and 9 = Very Satisfied)*

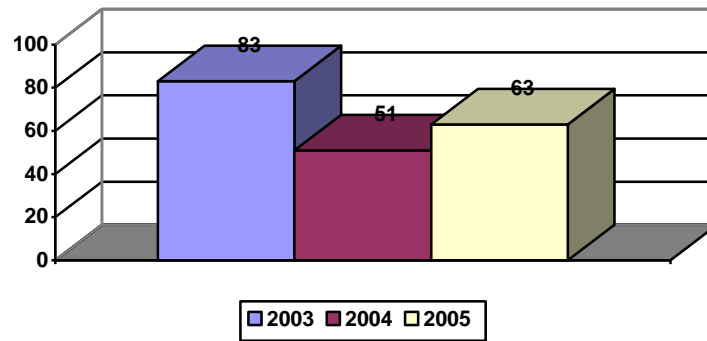
Court professionals were given the opportunity to tell us how they felt that the triage could be improved. Comments included that the triage wasn’t used enough by all parties, that there should be only one triage screener, and that more support was needed for triage.

The final question asked the court professionals about any additional comments. Some comments included suggestions, such as finding a balance between the costs of services and adequately addressing juveniles’ needs, or finding a way to handle multiple cases that come to triage at the same time.

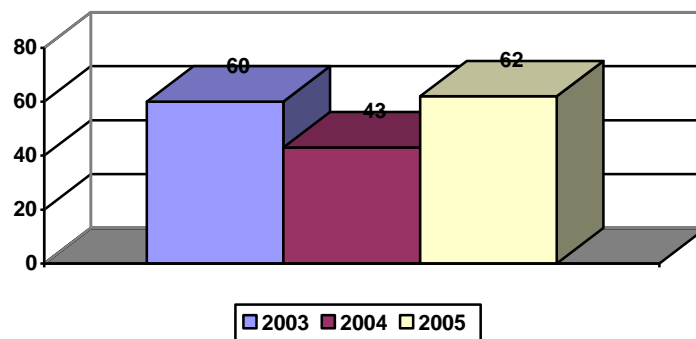
#### 4. Expedited court processing.

This goal was addressed by comparing the number of days from the first appearance until the day of the disposition and the day of the adjudication for juveniles who received 30-day in-patient evaluations during the triage to those who received 30-day in-patient evaluations the two years before the triage. Dispositions in juvenile cases pertain to what is required of them by the court and is similar to a sentence in adult court (e.g., attend school, remain law abiding) and adjudication pertains to whether the juvenile has been adjudicated a delinquent and is similar to the adult court's finding/plea of guilty. If the triage was able to expedite the court process, we would expect the number of days to be less during the year of the triage compared to the two years before the triage. For juveniles who received a 30-day in-patient evaluation before and during the triage, there was no decrease in the number of days from first appearance to adjudication nor was there a decrease in days from the first appearance to the day of the disposition. However, there were only 16 juveniles who received an in-patient evaluation during the triage and this number decreases to three if we only include juveniles who received a 30-day in-patient evaluation after participating in the triage (all 16 are reported here). The fact that there were juveniles who received 30-day in-patient evaluations without participating in triage, suggests that some court professionals were not always using the triage. Therefore, the sample size for 2005 was not large enough to determine whether the triage influenced how quickly cases were processed. In addition, there are other variables that could influence how quickly cases are processed, such as the specific issues in the case, the severity of the offense, and the schedules of court professionals.

*Number of Days from First Appearance to Disposition*



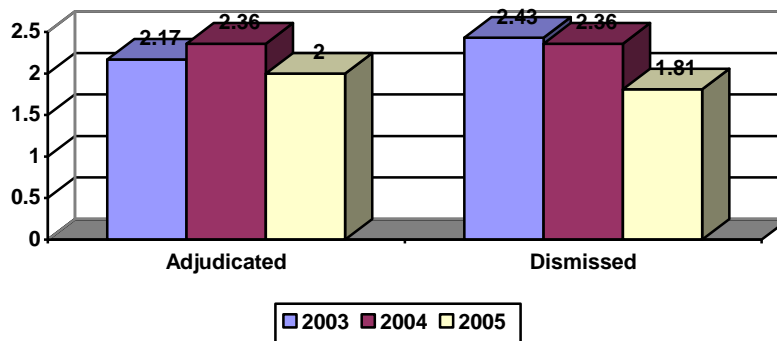
*Number of Days from First Appearance to Adjudication*



**5. Early identification and intervention of children with behavioral problems.**

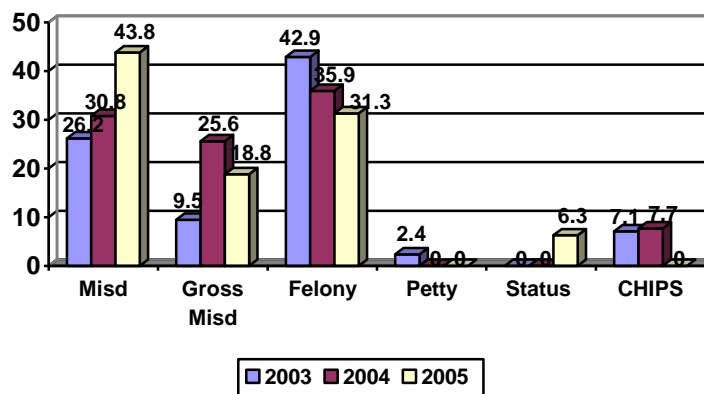
We addressed this goal by comparing juveniles who received 30-day in-patient evaluations prior to the triage pilot to those who received 30-day in-patient evaluations during the triage (again we used all 16 juveniles rather than the 3 who participated in the triage) to see whether triage juveniles have less experience with the system (fewer cases in the system), less severe cases (e.g., runaways, trancies) or were younger in age. If juveniles are being identified early because of triage, we would expect them to be younger and have less prior offenses compared to those before the triage. Juveniles who received a 30-day in-patient evaluation during the triage pilot had fewer prior offenses and prior dismissed cases compared to those before the triage. These results may indicate that the juveniles who received 30-day in-patient evaluations while in triage received help for their mental health problems earlier than those in previous years.

*Total Number of Prior Offenses*



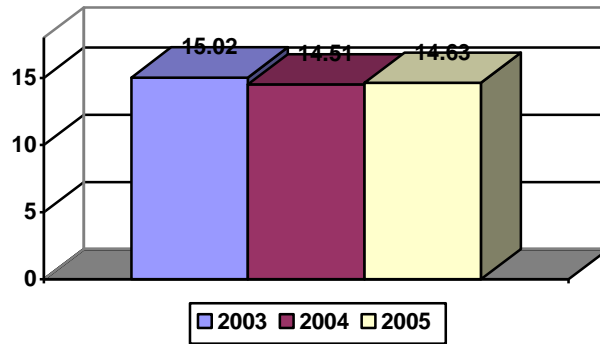
Juveniles during the triage were more likely to receive a 30-day in-patient evaluation from a misdemeanor case or a status offense compared to those in prior years. They were also less likely to receive a 30-day in-patient evaluation from a felony case compared to those prior to the triage. Again, it appears that the juveniles who received 30-day in-patient evaluations while in triage had a less extensive criminal history and may have received help earlier compared to those before the triage.

*Case that Warranted the Triage (Percentages)*



There appeared to be minimal differences in the age of the juveniles before and during the year the triage was piloted.

*Age of the Juveniles when Placed in the 30-day In-Patient Evaluation*

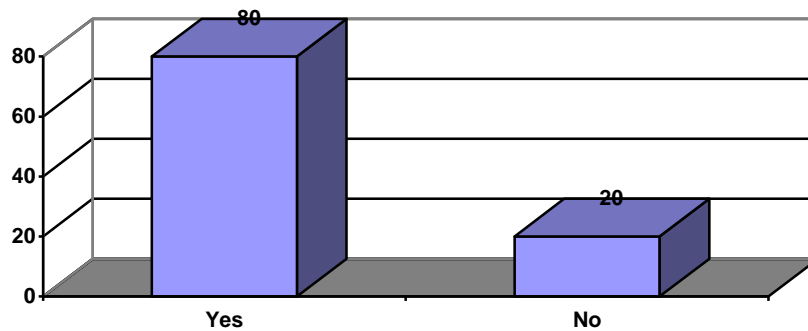


**6. Increased family participation in the process.**

The final performance measure for the grant pertained to increasing the family’s involvement in the process. This measure was conducted by interviewing parents by phone after the court order to get their feedback about the triage and their child’s mental health issues. Parents were called two months after the child’s hearing to see if they would be willing to participate in an interview about their experience with the triage. This timeframe was chosen to allow enough time to pass for the parents to comply with the court order. Less than half of the parents (37%) participated in the phone interview. The most common reasons that the interviews were not completed were due to the phone numbers being disconnected or incorrect (33%), because no one answered the phone when the interviewer called (22%), or because we had no phone number for the juvenile (14%). In addition, interviews were not conducted when the parents did not speak English (16%) or they refused to be interviewed (14%).

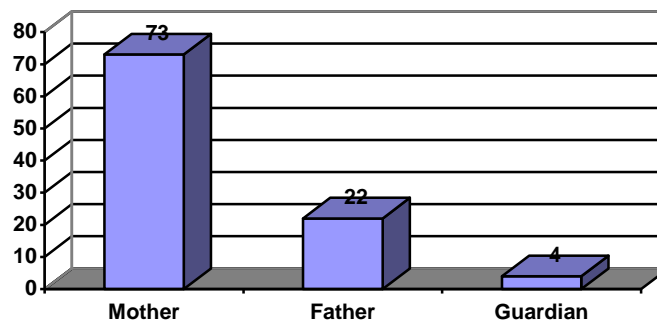
Most of the parents who were interviewed indicated that they were involved in the triage process.

*Did the parent participate in the triage?  
(Percentages)*



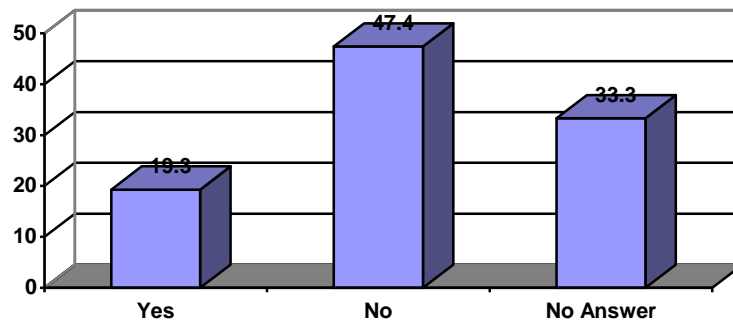
Mothers were more likely than fathers and guardians to participate in the triage.

*Who participated in the triage?  
(Percentages)*



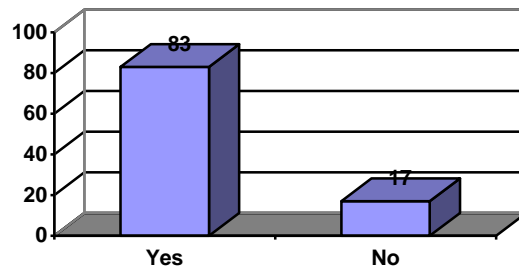
A majority of the parents who were interviewed reported that the services did not help their child. Those who did not provide an answer indicated that they did not know whether the services had helped their child because they were still in the process of receiving services and it was too early to tell. Reasons as to why it did not help included: the juvenile would not cooperate with the evaluation or that the services had not yet been implemented and it was too early to know whether the child had been helped. (For a full list of the open-ended reasons please see Appendix C.)

*Did the Mental Health Services Help Your Child?  
(Percentages)*



Most of the parents who were interviewed reported that they were able to follow through with the court order. Those who were not able to follow it indicated that they were waiting for the evaluation to be scheduled or that the juvenile would not cooperate.

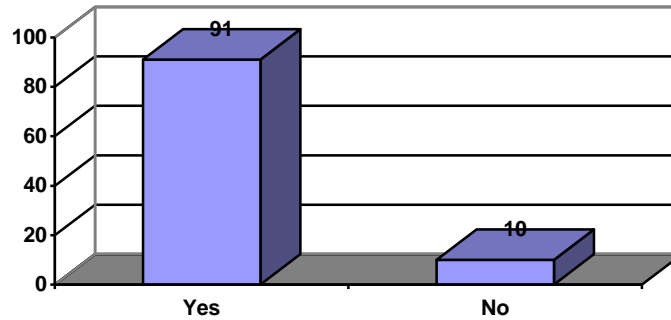
*Were you able to follow through with the court order?  
(Percentages)*





A large percentage of the parents reported that they understood the information that was given to them by the triage staff.

*Did you understand the information that was given to you by the Mental Health staff?  
(Percentages)*



Parents were read the following statements and were asked to indicate their agreement on a scale of 1 to 9 where 1 = strongly disagree, 5 = neutral, and 9 = strongly agree.

<b>Statement</b>	<b>Mean</b>
The court treated me fairly.	7.05
My child's mental health issues were dealt with in a timely manner.	5.44
I understand what is required of me in order to comply with the court's decision.	7.53
The court listened carefully to what I (or my child's lawyer) had to say in this case.	6.72
How would you rate your overall satisfaction with the information given to you by the mental health staff?	7.14

## *Conclusions and Summary*

Judicial officers indicated a high level of satisfaction with the triage. They agreed that the triage helped them with their decisions as to disposition. They also reported that they followed the recommendations of the triage screener in almost all of the cases.

There was a noticeable decrease in the number of 30-day in-patient evaluations during the triage. This was a reduction not only in terms of the number of unnecessary 30-day in-patient evaluations but also saved thousands of dollars. Although the number of 30-day in-patient evaluations was reduced, there were still 127 juveniles who received psychological evaluations after participating in the triage. This indicates that juveniles who went through the triage may be receiving more targeted assistance with their mental health issues compared to juveniles seen prior to the triage by receiving a psychological evaluation instead of a 30-day in-patient evaluation. Data were not available for the juveniles who received psychological evaluations before and during the triage so we were not able to determine whether there were differences between these two groups of juveniles.

The triage attempted to expedite the court process. It is difficult to conclude whether the triage successfully met this goal because we did not have a large enough sample size during the year the triage was piloted to compare to previous years. When examining the number of days from first appearances to adjudication and disposition, there do not appear to be any reductions in the number of days during the year the triage was piloted. However, there are many variables besides the triage that can influence how quickly a case is processed.

Court professionals had moderately positive views about the triage; however, their overall satisfaction with the triage was neutral. Respondents felt that the triage was not fully supported by all court staff and that some people avoided using the triage services. Others expressed concern regarding the inconsistencies among the different triage screeners and that the triage may benefit from having only one screener. This change has already occurred. After the pilot ended, a full-time mental health professional was assigned to handle triages thereby eliminating inconsistencies in the process.

An additional goal of the triage was to identify and intervene with juveniles with mental health problems as early as possible. This outcome measure was also difficult to assess because of the small number of juveniles who received a 30-day in-patient evaluation during the year of the triage. In this evaluation we reported the criminal history information for the few juveniles who did receive 30-day in-patient evaluations before and during the triage. It appears that those who received 30-day in-patient evaluations during the triage had fewer prior adjudications and fewer cases that were charged and dismissed. These juveniles were also more likely to have a case at the misdemeanor and status offense level compared to those who received 30-day in-patient evaluations before the triage pilot began.

Court professionals hoped that the triage would increase family members' participation in the process. A majority of the parents who were interviewed had also participated in the triage, these parents were more likely to be the child's mother than the father or a guardian. Parents indicated that they understood the information that they were given and that they were complying with the

court's orders. Parents were less likely to agree that the court had helped their children because the child would not cooperate or the services had not been implemented. The delay in receiving services was also evident when parents were asked if their child's mental health issues were dealt with in a timely manner. Parents were less likely to agree the services were timely compared to other aspects of the triage (e.g., their satisfaction and perceptions of fair treatment).

In conclusion, the triage received the most support from the judicial officers. Parents expressed satisfaction with the court process but had mixed feelings about how the triage had helped their children with the mental health problems they had. Court professionals expressed moderate support for the triage and offered several suggestions as to how to improve things. Common criticisms of the triage included the inconsistencies in how the different triage screeners conducted the triages. Others complained that not everyone participated in the triage and that certain people would intentionally bypass the triage. One of these issues has already been addressed. For example, after the triage ended a full-time mental health professional was hired to handle all triages. Having only one person conduct the triages will eliminate the inconsistencies in the triage process. Because the triage has become a permanent addition to the juvenile court, professionals may be more likely to participate in the process. They may now realize that the triage is the first step when dealing with juveniles' mental health needs rather than a short-term project that will end after the grant period. Ongoing training may be needed to emphasize utilization of the triage as well as to address any problems that arise. Court professionals may also collaborate with each other to determine the best practices for the triage, in order to ensure that the triage process meets the balance of quality and efficiency.

## Appendix A: Open-Ended Responses for the Triage Feedback Survey

*These responses include what the respondents told us verbatim and are reported exactly as the respondents typed them.*

### ***In what ways did the triage help you?***

1. A new psychological evaluation might have been helpful but was not recommended by the person making recommendations. Recommendation for therapy was something I argued with.
2. Assisted in determining the need and scope of psychological evaluation for the child.
3. Avoided a full psychological evaluation and instead recommended a more focused psychiatric consultation.
4. Avoided duplication of services.
5. Background information on the respondent was helpful including previously prescribed drugs and psychological evaluations. Recommendations and the reasons for them was also helpful.
6. Child has received many services to no avail. Needs medical evaluation. This got it done quickly.
7. Clarify numerous problems the respondent had and helped in suggesting treatment.
8. Confirmed need for psychological evaluation arranged for the evaluation by HCHSPHD while child in detention.
9. Confirmed that we (judge/public defender/county attorney) were headed in right directions on req. updated psychological evaluation; also helpful on exploring FAS/FAE issues. [Triage screener] was kind/helpful towards mother and answered her questions.
10. Confirmed the need for a psychological evaluation and how to proceed with an evaluation.
11. Confirmed the need for psychological evaluation.
12. Confirmed the recommendations of the public defender and social worker.
13. Decided that a psychological evaluation was not necessary. Identified and narrowed the issues to anger management and chemical use.
14. Defined concern for public safety.
15. Defined the problem which needed to be addressed.
16. Determine appropriate consequences for disposition.
17. Determined need to obtain pre-existing records and for a psychiatric evaluation.
18. Determined that the psychological evaluation of the child was not necessary at this time but continued for further review.
19. Focus on issues that need to be addressed.
20. Followed recommendations. It's nice to get the information from the triage—information that isn't in the file.
21. Gave background information concerning past psychological evaluations.
22. Gave me things to consider.
23. Gave me useful information and also gave me confidence that the child was not likely to be cutting herself.
24. Gave reassurance that psychological evaluation was needed.
25. Good discussion about the test needed.
26. Good information to make a decision today about in-patient psychological evaluations.

27. Helped define specific areas for the evaluation.
28. Helped define the treatment issues needed.
29. Helped determine scope of psychological evaluation.
30. Helped determine that an additional inpatient evaluation was necessary.
31. Helped facilitate getting the psychological evaluation ordered. Psychologist was helpful and insightful and practical.
32. Helped in knowing whether to order a psychological evaluation.
33. Helped me decide to order psychological evaluation for child.
34. Helped me determine an appropriate disposition, whether consequences alone were sufficient or if treatment might be needed-what potential treatment issues might be.
35. Helped the parties to agree concerning the evaluation.
36. Helped to make a disposition immediately that could address mental health needs.
37. Helpful suggestions for further evaluation.
38. I followed the psychologist's suggestions for a psychological evaluation.
39. I followed the recommendations. It's good to know what the possible issues are.
40. I think it helped the mom feel like she was listened to. I will have to see if we come up with other disposition options.
41. Identified prior treatment history/sources of information.
42. It helped me decide whether detention was needed, and whether the child was likely to be able to control impulses if required.
43. It helped me to determine whether the child was able to understand the proceedings, helped me formulate an appropriate immediate disposition to address the child's current situation and needs and to determine whether a disposition review would be necessary.
44. It helped me to know whether there might be a psychological treatment need, whether alternative school was appropriate, whether there might be ongoing chemical health problems, and how quickly those issues should be addressed.
45. It kept us from ordering an unnecessary psychological evaluation.
46. It limited the scope of the psychological evaluation to the current problems.
47. It not only identified the need for an evaluation/assessment, but the service provider available to do the work.
48. It recommended a full psychological evaluation.
49. It verified the points noted in the petition and my concerns.
50. It was clear a psychological was needed and triage told me where it would be done and who would pay. That wasn't crucial information for me.
51. It was helpful in facilitating a psychiatric evaluation to determine if child is ADHD and could benefit from medication.
52. It was helpful in making a recommendation that an updated psychological was not needed, but that the juvenile continues to need therapeutic services.
53. It was helpful to determine what services might be needed for this family and to access the services ASAP—many issues present including grief, ADHD, violent behavior and possible FASD.
54. Learned of prior involvement with Project Support and family's failure to attend appointments. Services had previously been offered. Respondent and family not straight with court. Psychological assessment not needed.
55. Learned that there had been three prior evaluations and that another evaluation would not be very beneficial.

56. Listed specific areas of concern which the psychological evaluation should address.
57. Made it clear that the child did not need immediate intervention.
58. Making a decision whether a psychological evaluation would be appropriate.
59. More information for father—with neuropsychological and CD evaluation hopefully there will be good information for disposition purposes.
60. No psychological evaluation was needed--rather a special education assessment through the child's school.
61. Particularly noting the cutting history—potential for self-inflicted injury is important to me.
62. Pinpointed the issues that the child had and the areas that needed to be evaluated.
63. Provided concrete information on which to guide further psychological orders, including needed medications.
64. Provided professional expertise needed to allow the court to order an in-patient evaluation.
65. Recommendations and reasons for them were helpful.
66. Recommendations were helpful for updated psychological evaluation and chemical dependency evaluation with emphasis on depression and anxiety and family issues
67. Recommended psychological evaluation--I will order it from information received.
68. Recommended what type of psychological evaluation was needed.
69. Reiterated my opinion for a psychological and medication evaluation.
70. Respondent is doing really well since the last court date. Information was useful in understanding the case.
71. Screener came down to courtroom and got all questions answered right away and recommendations right there
72. Set forth specific areas to be addressed in psychological evaluation.
73. Set forth the specific areas of concern which the psychological evaluation should address.
74. Solidify a plan to make appropriate recommendations to the court. Validated concerns about the seriousness of this student's mental health issues and needs.
75. Summarized a complex of individual and family issues and made an appropriate recommendation for disposition.
76. The recommendations were very helpful and I ordered them.
77. The triage assisted in determining whether the court should order an updated psychological evaluation and possible recommendations for intervention if the juvenile admits.
78. The triage evaluator was able to confirm the probation officer's concerns about the psychological state of this young man and to recommend a psychiatric evaluation at HCMC as well as psychological evaluation at human services and to get these ordered without going through psychological services.
79. The triage was able to interview the appropriate parties (child's grandmother, probation officer, and attorney) and determine that she has serious, atypical mental health issues that require a 30-day inpatient evaluation.
80. The triage was able to put all the diagnoses together seeing that [juvenile] has many needs and no one has brought together.
81. The triage was helpful in confirming the need to address chemical dependency issues prior to doing a psychological. evaluation. There was some delay in obtaining results, however.

82. The triage was useful in working with family, by having them talk about needs of child and behavior of child.
83. They were helpful dealing with both child and mother concerns. They were able to identified child's need.
84. This young girl--11 years old--picked up 5 new citations between this scheduled pretrial and her last hearing, the public defender. requested an evaluation I suggested the triage. The two evaluations were prompt and able to determine that the mother had already scheduled several consults which should be completed in the next several weeks. We scheduled the next hearing on a date following the consults so that we can have those results.
85. Triage addresses concerns the parties and court have about the child and, hopefully, appears as an immediate response to the family. It is a great way of narrowing the focus on mental health issues or expanding the scope.
86. Triage answered the question whether a child who pled to a CSC 5 charge needed more than just a psycho-sexual evaluation.
87. Triage professional spoke to child and parent and go information about psychological history. Saved us from ordering a full evaluation.
88. Verification of parties sense that a psychological would be beneficial
89. Verified need to follow up on psychological issues
90. Yes, it helps to get insight into youth and also tell whether the youth needs a psychological or not.
91. Yes, outlined specific issues to be addressed in the psychological evaluation.
92. Yes, provided more information concerning the need for the evaluation.

***Do you have any suggestions for how the triage could be improved? If yes, please explain.***

1. Triage screener seemed a bit confused about the process, though she did a good job.
2. More information from the triage staff as to why they recommend the psychological evaluation.
3. might want to consider therapy as well as drugs.
4. It would be very helpful if the triage person could have a space to interview the kids--the deputies don't want the triage people in the holding area but transport of the kid back to JDC is way too time consuming.
5. If the triage program continues, there needs to be new training for all the new judicial officers, for the proper use of triage.
6. I wish you could do on the spot evaluations, too. The triage team can do an excellent job of assessing a situation but then the family has to be counted on to follow up and follow through.
7. I had to get permission from public defender and county attorney and referee before coming up, then needed referee to sign a court order, this delayed getting up to the office and starting. I knew that I wanted these evaluations and that they would be appropriate at 8:45 when I showed up this morning. This just caused a bit of a delay, as it is now 11:00 and we have not gotten into court yet.
8. I feel that this process is good. Its helpful to have a better understanding of the family and helps with making the right recommendations for the youth.

9. I don't have any suggestions for how to improve the triage process.
10. Good suggestions but need to hear facts behind suggestions.



## Appendix B: Open-Ended Responses for the Triage Follow-Up Survey

### *What do you think should be done to improve the triage process?*

1. While the triage project appears to facilitate some aspects of the evaluation process, I don't believe the total time lost by mental health professionals participating directly in the triage service is ever recovered in the evaluation end-product, i.e. the triage project represents a net loss, rather than gain, in professional time spent on evaluations for the court. If, on the other hand, paraprofessionals could be assigned and trained to staff triage services to the Court (with mental health professional oversight vs. mental health direct service staffing), the net flow of professional costs and times might become profitable!
2. We are doing it! We have a Ph.D. psychologist who is handling the triage and we are working on some new release forms and standardizing procedures. This is a learn-by-doing project and I anticipate great success.
3. Waiting in line to see a judge to get an order for screening and then waiting in line after the screening added an unnecessary burden of time for all parties. Screening should be opened up for consultation between professionals and the screeners. Many of the cases I saw were ones in which a consultant could answer many of the questions that were posed, circumventing the need for an evaluation entirely.
4. Varying criteria. Criminal history does not always determine needs of the child and family.
5. Too much time spent by doctoral level mental health professionals doing tasks that could have been completed by a social worker in a more cost effective fashion.
6. The process will improve if the procedure is better structured and consistent for all cases.
7. The process was under-utilized, it can be helpful if used. Also needs to be consistent
8. The evaluators need to understand the limitations of some of their recommendations. My experience was that they narrowed it to specific testing, which did not give the complete picture.
9. Single evaluator
10. Keeping bench motivated and informed about use of triage
11. Nothing at this time.
12. NOTHING
13. No suggestions
14. More timely
15. More stakeholder buy in!!!!
16. If all the parties won't cooperate, we can't make this program work.
17. More consistent use
18. Keep the process streamlined to avoid delays in completion.
19. It currently works as well as anything does here. Early identification of kids on a calendar who need triage is needed to process requests expeditiously.
20. If the triage wants to continue, then I think that the whole bench needs to enforce it not just a few. I also believe that reasons why a triage needs to be done needs to be expressed to the parties involved. I also think that if a party is going to ask for a Psychological evaluation, perhaps send a e-mail to the clerk and or parties before the hearing so the process can get started as soon as the child shows up. Or at the very least, go to the clerk

ASAP before going on the record when the party is going to request a evaluation. This should speed up the process.

21. I think the judicial officers should be more involved with the process and receive more information.
22. I think it should happen in the context of project support, after the hearing occurs and after collateral information has been gathered. That way all the relevant information is available and the evaluator, the child, and his or her family is not pressed for time.
23. I think it's all about working out the kinks. Things seem to have improved.
24. I only had one experience with the triage group and I feel that my knowledge about the process is very limited so I don't feel that I'm in a position to make suggestions.
25. I like the idea that one person will be involved in the process as opposed to many people from three different departments. I would like to make sure that the process is more streamlined and that children and families will not be required to wait more than 20 to 30 minutes.
26. I didn't think there was anything wrong with it. It was a big help .
27. Have only one Department Staff this unit with clearly defined guidelines as to what information and recommendations are provided. Currently both Social Services and Probation have different views of what the triage process reports.
28. Have access to family records pertaining the child psychological issues in the school and community prior to coming to court.
29. Have back-up available to the psychologist if there are too many cases referred to triage simultaneously.
30. Greater consistency
31. Involvement of more judges
32. Eliminate it.
33. Don't know
34. Devise some method of determining sooner when the triage process should be implemented so that the results of the triage can be received within the normal ending times for the calendars.
35. Change it to consultation. Shorten the process. Acknowledge the needs of both the court and the child.
36. Be clear on who can use it. If a child has private insurance it is not helpful. The private insurance will not use the information gathered by our staff. Public defenders need more education on why we need to do it.
37. Be able to access the mental health professionals prior to going into court. Not needing the public defenders or the court's permission to discuss.
38. Based on the few cases I had that used this process I can't think of any improvements.
39. Allow it to remain mandatory for accessing evaluations, but speed up the process. Also do not require already mandatory evaluations to be triaged.
40. A diverse group of staff to address issues of language-culture. Refugees from other places who come with multi-issues is extremely hard to properly assess in a short period of time. They-nor do we-at times-have access to prior chemical or mental health services that at times clients have had in the past.
41. A mandatory meeting with all judges so they can have a better understanding of triage.
42. one mental health professional

***Were there any other problems you experienced with the triage? If so, please describe them here.***

1. There was confusion on the bench as to who was supposed to sign off (order) the process to begin and weeks went by before anything happened.
2. The timing, often you had to wait to get into court (which take too much time), then you were ordered to talk with the triage team, then back to court. Often it was my opinion prior to going into court that a psyche or med evaluation. needed to be done and the waiting and talking just took time up.
3. the quality of the process depended on which person was doing the triage.
4. The public defenders fought us when we asked for it because they did not want to be inconvenienced by the time it took.
5. The process took 20-30 when I provided the service; with others it took as long as 90. There was no consensus among the mental health professionals as to how to provide the service and, to an extent, what the service was meant to be.
6. The process of waiting for the interview to take place after the judge has given permission for it to happen.
7. The process just takes a little longer which upsets people.
8. The information given was inaccurate. Services were denied on the case by the committee against my wishes and the client re-offended, which resulted in a very serious charge.
9. The inconsistency of screeners: some would see the client, some would only review records, etc. produced results of more limited usefulness on some occasions. If the screener meets with the client, many times an evaluation can be averted because there is a simple question that the screener can answer on the spot.
10. The County Attorney's, Public Defenders and Social Workers would do anything to bypass the triage. They put a lot of pressure on the clerks to try and by pass it. I do not believe that their offices explained the triage process well enough for the parties to appreciate what the bench was trying to do.
11. Sometimes there were too many cases simultaneously referred to Triage, causing delay.
12. Parties often objected to the triage process and sometimes refused to go through the established steps.
13. Often a case was triaged off of the arr. or Detention calendar, and the covering PO didn't have enough information to share, or not enough time to look at the file and ask for the triage.
14. My recollection of the main point of the triage project was that it was supposed to cut down on 30 and 45 day inpatient evaluations. I suspect that it did so--but to my mind it also added another layer of bureaucracy to get through for busy professionals on intake calendars. It may have saved time and resources for other stakeholders in the juvenile justice system, but it made my job harder.
15. Lack of knowledge of, and focus on, the court's concerns. Process was, at times, centered too much on the child's welfare.
16. It was chaotic (in my humble opinion) to begin with, but then it seemed the wrinkles were better ironed out towards the end. The process going smoothly also depended on which psychologist one encountered. It does seem to be another obstacle to go through. when we function under time constraints as it is.

17. It was basically useless
18. Inconsistency. In some cases triage was required while in others it was not. Also mandatory evaluations for EJJ, Cert Studies, and psychosexual evaluations needed to be triaged when they are required by law.
19. Identifying those cases which needed to be triaged early in the calendar so that those cases could be triaged while other cases were heard instead of learning at the middle or end of the calendar that the case needed to be triaged and then not receiving the results of the triage until after the calendar should have ended.
20. I thought the idea of the project was to make sure that services were tailored to better address the specific needs of the child. However, in practice, it seemed that it was more about the "bottom line" -- meaning reducing costs for the county. It is unrealistic to expect that often numerous months and years of issues can be distilled down in a 10-20 minute interview process. Hence the recommendations that come from the process are not very reliable. A busy pre-trial calendar is not the appropriate venue for such an important assessment. The evaluator and the subjects of their interviews should not be pressed to assess things in such a short period of time. Moreover, in order for the evaluation to be valid, collateral information needs to be reviewed which is often not available at the time of the hearing and if it is, there is insufficient time to really review it.
21. I had no problems with the triage, the staff were great. The information was very useful and it seem like the parents was glad that we had it.
22. I did not feel as if I got the information after triage in a useful manner.
23. I am only now involved with the triage process in its continued form funded by Hennepin County. The County has hired Dr. Michael Sancilio to handle the triage. He had two cases earlier this week from [judicial officer] who was very satisfied with his work. He expects to clarify the specific questions to be answered in each juvenile mental health assessment and refer the child to an appropriate assessor. If this works, it will be wonderful.
24. Given the number of evaluators, the process was bound to be inconsistent. There should have been protocols developed before the process began. For instance, there was not agreement as to whether the triage included a conversation with the child.
25. Enough information was probably gathered, but not enough was given to the judicial officer
26. Cultural and language competency-due to our growing diverse population- is an issue of great concern.
27. As a triage professional, I initially had difficulty interfacing with staff who were ancillary to the process, such as JDC staff, who were unfamiliar with the project. As the process became routine, there was less time required such as getting access to the client.

***Was the triage helpful in other ways? If so, please describe them here.***

1. Triage was also used by probation officers who were preparing for hearings in the future and consulted about questions to raise for Triage at the time of the hearing.
2. The questions above were difficult to answer because sometimes the triage process helped, sometimes it didn't, depending on the evaluator and the complexity of the case. Overall, however, the process was not helpful because the evaluators tended to minimize the need for services when services were clearly needed.
3. The family felt validated that their child needs psychological help.
4. Suggested other help that the child might need. It gave more insight into the family. It allowed the family a chance to talk w/a psychological, staff. They were able to find out if parents had insurance.
5. Screening on site for concerns such as intellectual limitations or psychosis, skipping whole steps of evaluation and referral.
6. It was helpful--again, depending on which psychologist one had, on doing option development & accessing other services we might not have known of.
7. It seemed to help families to have mental health screening at the outset of a court appearance. It seemed to give them more confidence in the judicial and mental health evaluation processes.
8. In one case it was extremely efficient and helpful but in the other case (previously mentioned in this survey) it was painfully slow and confusing
9. I believe it is helpful to have an evaluation up front to address on the spot concerns.
10. Avoided the use of court time to learn about the juvenile's mental health history and to discuss various options which would be available to assist the juvenile

***What prevented you from always using the triage?***

1. Was not always available in a way that fit schedule needs of all the players
2. Time and inconsistent practice.
3. They did not need it if their private insurance was going to pay for the evaluation
4. There are times when there is ample information without utilizing the triage process.
5. The parties would bypass the clerk and ask the Judicial Officer to waive the triage. Which means I would have to process the evaluation the "old" way. Which causes confusion and non-consistency between judicial officers, processes and supervisors.
6. The parties seemed to want to hurdle over this process most times because I heard it just took too long.
7. The family has already had a diagnosis for the child and services were in the home.
8. The fact that I didn't feel the client need an assessment.
9. The time it takes to get an opinion that I had figured out prior to even coming to court.
10. Some juveniles have been to court in the recent past and the court file shows that they are already actively involved in treatment, and their current and future needs seem clear without triage.
11. People seemed to find ways to avoid it--and by people, I mean probation officers, county attorneys, public defenders, & people on the bench.
12. Parties refusing to cooperate, lack of time available (i.e. it would be late in the morning when the parties identified that an evaluation was needed and there wouldn't be enough time for the family to meet with Triage staff and then return to the courtroom for delivery

of the recommendations), or the Triage staff person was busy working with another family.

13. nothing
14. Not sure if it was needed
15. Not enough time to address it when you have multiple hearing to deal with. Also, at times the court staff and myself would forget that a triage needed to be done before services could be ordered.
16. Non-agreement from all parties on willingness to use this option. Fear of time delay in reaching a settlement.
17. My efforts to get around it
18. Mental health services were accessed in ways other than a court order, or were from screening committee recommendations.
19. It was repetitive with all the information that had already been gathered.
20. It was easier to access services for some youth without using the triage process because their parents were cooperative and they had medical insurance
21. I would use the triage when it was requested by the parties...I seldom initiated it as the parties would frown up on it as they believed it would take too much time.
22. I did not have the final say...Juvenile Corrections did.
23. Child already receiving mental health services
24. Both parties objecting to the need for same and my own forgetfulness.
25. At times public defenders would argue the need to access this much needed service.

***Do you have any other comments that you would like to share with us about the triage?***

1. When they were telling us we had to go to court, have the court order the triage and then come back to court and I have 5 or 6 kids on the runaway calendar, I do not have the time to use that process if more than one child needs it.
2. To reiterate, I suspect the triage service is taking more professional time away from mental health court evaluations than it is saving.
3. I believe the triage is saving the county money, it was able to ask parents about their insurance and told the parents they could pay for the testing. They were able to identify the youth who had serious mental health problems. They were able suggest the type of treatment that the youth may need.
4. The staff were very professional and listened to the family and providers. It would be great if the evaluator would have contact with inpatient providers to admit the child during a crisis situation.
5. The committee work was helpful in putting judges, county attorneys, public defenders, corrections and social services in same room with focus on helping a project succeed
6. Just make the child and services to the child the priority--not how much the services cost.
7. It seemed like some county attorneys were reluctant to use triage when they anticipated a less restrictive recommendation than they were requesting.
8. If it was more quickly accessible, (in and out as soon as you got to court) it would be more helpful.
9. I think the triage process greatly assisted in determining whether a mental health evaluation should be conducted, and if so, the manner and scope of the evaluation and what other mental health resources could be available for the juvenile and the family.
10. I think it was a good project

11. I think it is a great concept as many of our clients are often in a crisis when we see them. Cultural and language competency is of great concern.
12. I like the meaning behind the triage process, but it needs to change to make it more efficient.
13. I believe it should be continued.
14. I'd like to see program continued as an option.
15. As a screener, I noted that the process was poorly designed and couldn't have been effective. It was underutilized because the investment of time required didn't produce sufficient results to justify this investment of time for individuals whose work schedules were already overwhelming.

## Appendix C: Open-Ended Responses for the Parent Interviews

### *Did the mental health services help your child? Please explain.*

1. Child did not cooperate with mental health services.
2. Child doesn't have mental health problems.
3. Child has not had evaluation yet.
4. Child hasn't received services.
5. Child is not complying with mental health professionals. Child's behavior is not understood by mental health professionals.
6. Child is still participating in therapy. Therapy has been working.
7. Doesn't know services are not yet completed.
8. Interventions have not begun.
9. It helped the mother to understand that the child did need the evaluation. The evaluation helped the child to understand himself.
10. Juvenile has been participating in what he has to do with court he has been attending school.
11. Mother and child have just started an intervention—so too little time to see if services have been helpful.
12. Mother explains that the mental health services helped, but didn't help very much.
13. Parent is not sure if the child has received the services yet.
14. Services are pending.
15. Services are still in progress so mother isn't sure.
16. Services haven't been initiated.
17. The child didn't cooperate at all with mental health services.
18. The court gives too much weight to what the child thinks or wants. The people providing the services aren't Christians and that poses a problem for the father.
19. Therapy is working. With the psychiatrist's approval, prescribed medication was never taken.
20. There have not really been interventional services—just evaluation.
21. There interventional services such as counseling or therapy.
22. Yes, but too early too tell.

### *Were you able to follow through with the court order? If no, what prevented you from following it?*

1. I could not schedule a neuropsychological evaluation until 4-27 because HCMC was booked.
2. Fulfillment is in progress.
3. Fulfillment of court order is pending.
4. He decided to let the daughter stay with the mother for a little while to see if her behavior would change.
5. The child didn't cooperate with order.



***Is there anything you think we can do to improve how mental health issues are addressed in Juvenile Court?***

1. Child did not want to go to the evaluation because he didn't want to be identified as retarded, or as having a mental disorder.
2. Child was ordered to cooperate with evaluation last year. Nothing happened. Take parents concerns seriously.
3. Court needs to listen to families more. Court needs to learn what the issues are.
4. It would have helped to have a second opinion concerning child's mental health.
5. Judges and prosecutors need to look at specifics of each kid's individual needs. They also need more mental health training so they can understand the ramifications of a child's psychological status and capacity. They also need to take into account family dynamics.
6. Kids slip through the cracks. It takes too long for children to actually get to court. Once in court, things are fine. It just takes too long to get to that point.
7. Listen more attentively to concerns of mother. Mother doesn't believe her child has a mental health issue. Mother thinks there are drug issues. Mother feels triage was too short to make good recommendations.
8. Look for alternative programs for these children because these children are different. Ways to help these children work out their problems. Make kids understand why they're in trouble. Give kids problem solving skills and life management skills.
9. More of an emphasis on therapy—not medication.
10. Mother thinks it was all fair and good.
11. Mother thinks the psychologist didn't spend enough time with mother and daughter to make informed decisions.
12. Mother thinks therapy should start immediately in cases such as these. Interventions should begin earlier.
13. School liaison officer did not address her truancy until the end of year. It took way too long to get to court.
14. The child did not understand some of the questions on the MAYSI-II that she took when ordered to probation.
15. The court should have evaluated the child sooner, instead of waiting until he accumulated many offenses. Because the mental health services would have informed the family and child on how to prevent the child from offending.
16. The court should take the parents concerns more seriously because the parents know their children better than the court.

***Did you understand the information that was given to you by the Mental Health Staff?  
If no, what information did you not understand?***

1. Hurried environment. The psychologist was not interested in parents' needs.
2. Mother did not understand that she was the person who would have to set up appointments.
3. Somewhat, some of the information was hard for her to understand.