Pay Now/Pay Later
Bridging the Gap Between Juvenile Justice and Mental Health Services

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This project is dedicated to the youths whose lives were lost within our juvenile justice systems.

In memory of Brandon Green and Frank Cass Junior.
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Executive Summary

Introduction

Pay Now/Pay Later is a mental health care policy aimed at developing and implementing a universal assessment system to identify the mental health needs of youth in juvenile detention centers (JDC’s). The assessments will be utilized as a referral resource to link recently released youth to community mental health providers to prevent re-incarceration. Pay Now/Pay Later aims to pay now for immediate mental health needs of children in the juvenile justice system in order to prevent paying later with lives, communities, and state dollars lost to the imprisonment of our youth.

Problem

Currently, JDC’s across the state of Tennessee do not offer a universal mental health and referral assessment to detained youth or track youth recidivism rates. The lack of attention to these areas of concern highlights three main problems for juvenile detention stakeholders in Tennessee.

1. Nationally, suicide is the 3rd leading cause of death for youth 15-24 years old. However, detached youth are four times more likely to report suicidal ideation and subsequent attempts than the general youth population.
   a. Only 6% of detained youth in TN are identified by JDC staff as experiencing symptoms of suicidal ideation. We believe this to be a gross underestimation based on national trends.

2. TN JDC staff are undertrained in applying learned skills to identify symptoms of poor mental health functioning.
   a. 100% of TN JDC’s provide mental health training to staff.
      i. Only 61% offer a mental health assessment to detained youth.

3. Tax payer’s dollars do not effectively support youth intervention needs to prevent high rates of detained youth recidivism.
   a. In 2011, $900,000 was spent on Tennessee juvenile justice and youth mental health service collaborations.
      i. Only 33% of JDC’s offer community resources to youth for intervention and recidivism prevention.

Research across the United States has shown this problem is not exclusive to Tennessee. Tennessee’s Southeast regional neighbor, Alabama has shown that detained youth experiencing poor mental health functioning have a higher likelihood of being re-arrested for more severe and violent re-offending behavior. Wisconsin has shown that providing mental health interventions to detained youth is more cost effective (7:1) than allowing them to re-offend and be held in detention centers after each arrest.

Solution

Pay Now/Pay Later will utilize the 2006 Tennessee Commission on Children and Youth recommended implementation of the Global Appraisal of Individual Need- Short Screener (GAIN-SS) to improve safety for detained youth, increase staff application of mental health training, and link children to community resources to prevent future re-incarceration. Juvenile detention staff will complete the GAIN-SS with detained youth and their guardians. Next staff will apply a child’s GAIN-SS score referral
recommendation by linking them to an equivalent community service. Finally, should a youth be re-arrested and detained, staff will employ previously completed assessments to track youth recidivism rates.

**GAIN-SS**

The GAIN-SS is a 23-item, culturally diverse survey that measures mental health, substance abuse, crime and violence. It is utilized as a supplemental tool to identify symptoms of behavioral health disorders. Results of the survey indicate an individual’s referral for in-depth assessment to determine if one’s disruptive behavior stems from an underlying disorder.

First, juvenile detention officers can administer it, although a licensed mental health provider is preferred. Second, the survey can identify behavioral health disorders (90% accuracy rate) and then make subsequent referrals for in-depth assessments. Conversely, it can also rule out individuals who do not display behavioral health disorder symptoms (96% accuracy). Third, it costs $100 for five year unlimited use by licensed users. Formal training is recommended however it is not required. This training is free and can be accessed online. Finally, the survey is statistically sound as evidenced by high internal consistency and significant correlation with the clinical version of the survey.

**Outcomes**

Success of Pay Now/Pay Later will be observed by the following outcomes:

1. 100% of TN JDC will use GAIN-SS to offer suicide and mental health assessment to detained youth
2. 100% of TN JDC staff will have formal identification and assessment training for symptoms of poor mental health functioning
3. 100% of TN JDC’s will have an opportunity to identify and link necessary community resources to prevent future youth re-incarceration

**Implementation**

The Pay Now/Pay Later policy process will be designed by a volunteer committee of stakeholders, including government officials, policy experts, financial consultants, mental health professionals, and representatives of the juvenile justice system. This committee will be responsible for creating guidelines for staff training, implementation of GAIN-SS for intake assessment policies, and create community resource linkage guides for GAIN-SS referral recommendations.

The timeline for implementation of Pay Now/Pay Later will begin July 1st, 2015. Committee members will assign position details and training expectations in this month. Juvenile detention administrators will have identified staff trained by August 1st, 2015. Committee evaluation members will begin assessing progress and barriers to implementation goals September 1st, 2015.

**Evaluation**

The increased rate of mental health training and application of GAIN-SS in TN JDC’s will represent success with short-term assessment goals established by Pay Now/Pay Later. Consequently, long-term successes will be demonstrated by the lowered suicide attempts and recidivism rates. The successes in all of these areas will reduce taxpayer costs for the immediate housing and care of children in detention facilities and long-term implications of youth and adult incarceration. The policy change will contribute to the outcomes of better mental health for children in our community. The
expected time to evaluate the benefits of implementation will occur in three-month cycles over from July 1st, 2015 to June 30th, 2019. A longitudinal study could then be completed in one-year increments to continue evaluation of the expected progression. Finally, a cost benefit analysis would also need to be completed to determine the savings of mental health services being provided as opposed to housing re-offenders in juvenile detention facilities.

**Conclusion**

Child and youth safety has been prioritized by Governor Bill Haslam as evidenced by Executive Order No. 10 which inducted the Governor’s Cabinet on Children. The goal of Pay Now/Pay Later is to help achieve our Governor’s goal of increased safety and well being of detained youth, inside and outside of juvenile detention centers. Research has shown that evidenced-based practices are the most effective way to achieve policy goals. The implementation of an evidenced based, formal mental health assessment and referral tool will help keep detained youth safer, improve youth outcomes through recidivism prevention, and effectively distribute tax payer dollars to ensure successful and safer communities for all Tennesseans.
Pay Now/Pay Later Policy Proposal

Problem Statement

The Pay Now/Pay Later policy is designed to address a number of problems that plague the state of Tennessee’s Division of Juvenile Justice and it’s subsequent stakeholders.

Detained Youth, Mental Health and Suicide

In 2004, the Tennessee Commission on Children and Youth (TCCY) completed the state’s only comprehensive report that revealed evidence of detained youth experiencing high levels of poor mental health functioning. Furthermore, this report showed significant findings that JDC staff members are unable to apply and utilize their mental health training skills. Finally, the report identified that Tennessee does not offer a tracking system to measure youth recidivism. This lack of information prevents the state from accurately tracking youth detention cost-expenses. Consequently, TCCY Executive Director Linda O’Neil and her staff recommended that a universal mental health screening tool be implemented across all JDC’s to bridge the gaps of support for Tennessee’s detained youth.

In identifying mental health symptoms, TCCY researchers asked JDC staff members to identify the detained youth who were experiencing symptoms of poor mental health functioning. Initially, the staff identified only 23% of detained youth as having poor mental health symptoms. Then TCCY researchers gave JDC staff a five-question guideline for identification. Implementation of this basic assessment revealed that over 50% of detained youth were experiencing at least one clinically significant symptom of poor mental health functioning.
This is not the only example of youth mental illness underestimation in JDC’s across Tennessee. Nationally, suicide is the third leading cause of death among youth aged 15-24. Furthermore, incarcerated youth are four times more likely to attempt suicide. Yet only 6% of Tennessee’s detained youth are identified as experiencing symptoms of suicidal ideation or planning. These findings indicate that a significant number of detained youth who are at risk of suicide are invisible within Tennessee’s Division of Juvenile Justice.

Tragically, the invisibility of detained youth suicide materialized at Tennessee’s Mountain View Youth Development Center (MVYDC) in July and August of 2014. Brandon Green (16 years old) and Frank Cass Junior (18 years old) committed suicide by hanging themselves within one month of each other. Both of these young men had prior arrests for nonviolent offences at younger ages and histories of significant trauma. This is evidenced by their shared mental health diagnoses of Post Traumatic Stress Disorder and Poly-substance Dependence Disorder.

Furthermore, neither of the young men was identified as experiencing symptoms of suicide at the time of their deaths. Child Fatality Investigators revealed that Mr. Cass was unsupervised for one hour and forty-five minutes prior to his suicide. Additionally, MVYDC staff reported to investigators that Mr. Green was more social and happy than usual on the day of his death. They also reported Mr. Green had been giving away his belongings. In retrospect, staff recognized that Mr. Green’s elevated mood and giving behaviors were classic symptoms of suicide ideation and planning.

Unfortunately, MVYDC staff members were unable to properly recognize the suicidal symptoms exhibited by the young men for a number of reasons. Most notably,
investigators explained a mental health screening tool could have been utilized to prevent the young men’s deaths. The committee recommended this tool should be implemented among all levels of juvenile correctional facilities to track detained youth’s mental health symptoms and improve staff communication for monitoring the most at-risk youth. Furthermore, Pay Now/Pay Later proposes this tool could be utilized to track youth recidivism and state expense rates of juvenile correctional facilities.

In 2004, TCCY began the movement to prevent the deaths of Brandon Green and Frank Cass Jr. by recommending implementation of a mental health screening tool in JDC’s. These young men would have been six and eight years old at that time. Although they were too young to have real contact with the juvenile justice system, their trajectories to involvement were still in motion. Ten years later, the lives of these two individuals collided and ended at MVYDC. Ten years later, Tennessee leaders continue to call for a mental health screening tool that can be used to prevent such tragedies. Pay Now/Pay Later aims to answer that call by proposing a real solution to the problem.

**Pay Now/Pay Later Solution**

The problems identified provide a unique opportunity for a number of different solutions. Nationally, juvenile justice advocates have identified mental health as a significant issue for detained youth. In 2009, Tennessee was identified as one of the top three states across the nation needing juvenile justice reform. Consequently, they were awarded a number of federal block grants to implement Diversion programs. These services are recognized as evidenced-based, prevention programs that aim to keep children out of the juvenile justice system. Additionally Shelby County, Tennessee juvenile justice programs have partnered with the Annie E. Casey Foundation (AECF) to
implement a number of reforms to improve safety and rehabilitation to decrease recidivism rates for detained youth. Finally, emergency psychiatric services have significantly expanded across the state. Consequently, detained youth have increased access to crisis assessment staff and referral for acute stabilization services.

However, all of these services are inaccessible to youth unless they have been identified as experiencing symptoms of poor mental health functioning. Consequently, the Pay Now/Pay Later initiative aims to bring mental health identification to the doorstep of Tennessee’s Juvenile Justice Department. **We propose implementing the Global Appraisal of Individual Need- Short Screener (GAIN-SS) across all juvenile detention center intake procedures.** Use of the GAIN-SS will serve to improve safety and life outcomes for detained youth, increase staff application of mental health training and contribute to the development of state recidivism tracking systems.

**Global Appraisal of Individual Need-Short Screener**

The GAIN-SS is a 23-item, culturally diverse survey that measures mental health, substance abuse, crime and violence. It is utilized as a supplemental tool to identify symptoms of behavioral health disorders. Results of the survey indicate an individual’s referral for in-depth assessment to determine if one’s disruptive behavior stems from an underlying disorder.

First, juvenile detention officers can administer it, although a licensed mental health provider is preferred. Second, the survey can identify behavioral health disorders (90% accuracy rate) and then make subsequent referrals for in-depth assessments. Conversely, it can also rule out individuals who do not display behavioral health disorder symptoms (96% accuracy). Third, it costs $100 for five year unlimited use by licensed
users. Formal training is recommended however it is not required. This training is free and can be accessed online. Finally, the survey is statistically sound as evidenced by high internal consistency and significant correlation with the clinical version of the survey.

Several states across our country have been successful with implementation of the GAIN-SS for detained youth’s mental health screening needs. In 2011, North Carolina launched the “Reclaiming Futures Initiative” which aims to improve mental health and substance abuse treatment services for detained youth. After implementation, North Carolina Juvenile Justice leaders recognized that 73% of all detained youth were in need of mental health services. In 2012 Wayne County, Michigan began utilizing the GAIN-SS in the “C.H.O.I.C.E.S.” program to identify first-offense youth whose arresting behavior were linked to poor mental health functioning. Youth complete the screening at the Juvenile Assessment Center (JAC) then released based upon their community referral needs. The JAC is nationally recognized as a leader in juvenile justice reform because of the evidenced based approaches utilized to improve safety and future outcomes for youth.

Pay Now/Pay Later aims to implement the GAIN-SS as an intake procedure for all youth entering a juvenile detention center. We will replicate the success of identifying detained youth’s poor mental health symptoms that were so evident in North Carolina. This will allow Tennessee’s JDC staff to better determine when a child is at risk of developing suicidal symptoms. Furthermore, as demonstrated in Michigan, staff will be able to link children to community resources for treatment to prevent future arrests. Additionally, the use of an evidenced based tool will allow staff to improve communication and monitoring of a child’s mental health needs.
Pay Now/Pay Later Beneficiaries: Youth, JDC staff and Tennessee Tax Payers

Youth

The most important beneficiaries of the Pay Now/Pay Later proposal are the children and youth who are high risk for involvement with the juvenile justice system. Specifically in Tennessee, the most at risk children are those from minority groups and low-income families.\textsuperscript{13} Research has shown that children in these high-risk groups are also less likely to graduate high school and more likely to be re-arrested as they age into adulthood.\textsuperscript{14, 15} Consequently these risk factors also negatively impact communities that would benefit from children becoming productive and educated members.

Children most at-risk of involvement with the juvenile justice system also experience a number of factors that contribute to their arrests. Research shows that children who experience externalizing symptoms of poor mental health functioning are more likely to exhibit behaviors that lead to arrests.\textsuperscript{16} These symptoms are characterized by aggression, hyperactivity, and disruptive behavior. In Tennessee, children of under-represented racial groups are more likely to be incarcerated for these types of behaviors. Specifically, in 2011 African Americans comprised 21% of the youth population aged 10-17 in the state of Tennessee.\textsuperscript{17} Despite these minority numbers, African Americans in the same age group in the same year totaled 25% of youth on probation, 49% of incarcerated youth, and 72% of youth transferred to adult court. As shown in Appendix X, the graph visually points out the great disparity: African Americans are much more likely to become systematically entrenched in Tennessee’s Divisions of Juvenile Justice.

This disparity might be due to diagnosis bias of mental illness related to race. In a 2007 study, over 1,000 psychiatrists, psychologists, and social workers were surveyed
with vignettes describing the characteristics of a male adolescent with Conduct Disorder. The experimental vignette group only varied in identifying the adolescent as black, white, or Hispanic. Results showed clinicians were more likely to diagnosis white youth with a Conduct Disorder versus black or Hispanic youth. Researchers concluded the diagnosis bias was contributed to clinicians’ skewed perceptions of an individual’s ethnic/culture behavior norms. Pay Now/Pay Later serves as an equalizer in the mental health diagnosis and treatment of underrepresented racial groups in Tennessee.

**JDC Staff Members**

As previously mentioned, the TCCY 2004 statewide study revealed several barriers for staff identifying detained youth’s poor mental health functioning. Most notably, 100% of JDC’s offer mental health training to their staff members. However, application of these learned skills is limited due to only 61% of JDC’s utilizing mental health assessments. Universal implementation of the GAIN-SS across JDC’s would give staff the tools to actively apply their skills and improve communication for monitoring high-risk children. Furthermore the GAIN-SS would allow staff to refer the most severely symptomatic children to a more appropriate system of care.

Evidence of success has occurred through The Center for Juvenile Justice Reform. This agency reports that 2,000 sites in 44 states utilize a mental health screening tool for all intake procedures at juvenile corrections facilities. Pennsylvania, Washington, Louisiana and Illinois utilize the agency’s “Model For Change” program to improve standards of mental health care for detained youth. Evidence from these programs indicates that staff members feel better equipped to care for children with mental illnesses. This improvement was measured by staff reports of their improved ability to
identify signs and symptoms of suicide. Furthermore, the increased number of referrals for children to receive community-based mental health services demonstrated success. Finally, results from these programs indicate that awareness of the problem had improved children’s access to community mental health providers.

**Tennessee Taxpayers**

Incarceration of youth in Tennessee without mental health services is not only bad for the incarcerated; it is also a large waste of money for taxpayers. A study of 700 youth in the Alabama’s Juvenile Justice System shows that during 14 months, those youth with substance abuse and mental health disorder were much more likely to reoffend after their initial arrest. Furthermore the second offences increased in severity of violence. This highlights the importance of early intervention in treating the youth before they reoffend.

Early intervention could save the state of Tennessee countless tax dollars in paying for recidivism in the coming years. One exciting study in Wisconsin underlines the importance of mental health treatment in saving state dollars spent on recidivism. The study compared 101 youth at a high security correctional facility who were receiving treatment as usual to 101 youth who were receiving comprehensive mental health treatment. Despite the initially high costs to begin the mental health treatment, the detention as usual group ended up costing the state 7 times the amount of money after an average of only 52 months!

Similar results would ensue nationally: the average state-funded detained youth in the United States costs tax payers about $240 a day and the nation spends about $5.7 billion a year to imprison youth, even though increased incarceration does not necessarily increase community safety. If we spent our state money more efficiently, we could
drastically reduce our number of youth detainees and come out on top in both community safety and less expensive justice system costs.

The problems of the Tennessee Division of Juvenile Justice seem overwhelming. With the buy in of stakeholders and politicians to improve these problems, and the enacting of evidence-based policy, these problems could be effectively treated.

**Pay Now/Pay Later Implementation Plan**

Implementation of a universal mental health screening tool for intake procedures at juvenile detention centers is one of the simplest and most cost-effective strategies for identifying detained youth’s mental health needs. Furthermore, it allows staff to apply their mental health training in a formal and constructive manner. Finally, the GAIN-SS can also be used as a referral tool for children safe enough to return to their community.

As previously mentioned, Tennessee has started taking steps in the right direction by recognizing the severity of the mental health problems for detained youth. Currently, state leaders are focused on preventing children who experience symptoms of poor mental health functioning from having first contact with the juvenile justice system through a federal Mental Health/Criminal Justice Collaboration grant from the Bureau of Justice Assistance. Tennessee’s Substance Abuse and Mental Health Services Administration (SAMHSA) was awarded this grant in 2009. It supports the Tennessee Integrated Court Screening and Referral Project (TICSRP). This program aims to serve 6,000 children with non-violent charges in ten counties. Children who have been referred receive a Child and Adolescent Need and Strengths- Mental Health (CANS-MH) screening. The CANS-MH assessment identifies a child’s area of need, which translates to a community referral.
Additionally, our supporter State Senator Doug Overbey of District 8 serves on the Child Fatality Prevention Commission (CFPC). Senator Overbey was a CFPC member who investigated the suicides at MVYDC this past summer. Pay Now/Pay Later team members met with Senator Overbey to discuss the state’s need for this policy. Senator Overbey fully supported this policy evidenced by his recognition that mental health problems plague Tennessee’s juvenile justice facilities.

Pay Now/Pay Later aims to work in collaboration with TCCY, Senator Doug Overbey and SAMHSA to include the GAIN-SS with the TICSRP program during the grant’s next fiscal year. Implementation of the GAIN-SS will serve as a “safety net” program by identifying children that miss the prevention/diversion services offered by the TICSRP program. Additionally, JDC staff members will have better communication for monitoring high risk children that transfer between facilities due to court procedures. Finally, linking children to community mental health programs will replicate the cost-effective success found in Wisconsin.

The Pay Now/Pay Later implementation plan will be launched as a pilot program in Senator Overbey’s District 8 counties: Sevier and Blount. The pilot program will start July 1st, 2015. The counties’ juvenile court judges will identify JDC staff members for licensing and training purposes. These staff members will be called “Mental Health Screeners” (MHS). Through the first 6 months, MHS staff will meet once a week to discuss progress and devise solutions to any identified barriers. The MHS staff will also prepare monthly reports on productivity and use of the GAIN-SS. The remaining six months MHS staff will continue this format however progress meetings can be scheduled as needed but must occur twice a month. The meetings and reports will be overseen by
JDC administration. Furthermore, the reports will be submitted to juvenile court judges on a monthly basis. Finally TCCY staff will review and submit all meeting minutes and monthly reports to SAMHSA administrators at the closing of every fiscal quarter.

**Pay Now/Pay Later Evaluation and Outcomes**

The number one goal of Pay Now/Pay Later is for a universal mental health screening tool to be added as part of intake procedures for all juvenile detention centers. Consequently, short-term goals will be measured by utilization of the tool. Secondly we will see progress in the identification of mental health problems for intake youth. Next, use of this tool will be measured in referrals made to community support providers. Finally, the tool will also be used to track recidivism rates and ongoing symptoms of poor mental health functioning as a child interacts with the juvenile justice system. The number of community referrals versus recidivism rates of children will gauge success. Our long-term goal will be for more children to be referred to community support services and lowered rates of recidivism.

Pay Now/Pay Later success in Blount and Sevier Counties will lead to the ultimate goal of making this a universal tool implemented in all sixteen JDC’s across the state. Pay Now/Pay Later aims to have the GAIN-SS started in all facilities by July 1st, 2019. As success grows, we will also see the supervision of the program shift. Thus we propose enlisting the guidance of the AECF which has brought success to the area of Memphis, TN.

The AECF works to improve the effectiveness and efficiency of juvenile detention centers across the nation. These reforms are ongoing processes that occur in a number of different ways. One policy change the AECF explores for all collaborating
agencies is the use of objective measurement tools to make decisions to increase safety in
detention settings. Additionally, the AECF recognizes that supporting children in the
community rather than detention improves long-term quality of life outcomes for
children. Between 2007 and 2012 there was a 50% drop in detention admissions for the
Memphis area after such tools were designed and implemented. Since 2012 the area has
seen another 40% drop in admissions. Consequently, our recommended policy follows
the philosophy of the AECF in linking children to community supports to improve
outcomes for at-risk youth populations.

**Campaign Plan**

**Influence Map**

Our policy needs support from local officials, state law makers and courts. It also
needs support of administration in the judicial system. The implementation should come
from our state representatives or our senator and law makers in Nashville, Tennessee.
The possible road blocks are those that are not familiar with the system and think that the
policy is not important enough to implement or they think that it is already in place to
some degree. Another road block may be that it is thought to be too expensive based on
what they may have heard and not based on facts.

**Coalition Building**

State Senator Doug Overbey has been met with regarding our proposal. He is
supportive of the issue and will talk with Lt. governor Ron Ramsey in Nashville about
getting the policy support. Senator Doug Overbey has spent time working with Child
Help of Blount County, and was appointed to the Child Fatality Prevention Team by the
Lt. Governor Ron Ramsey. Periodically, Senator Overbey will assess the operations of child fatality prevention efforts and make recommendation for changes as needed.

Additionally, we look to garner support from the TCCY juvenile justice advocates who collaborate with state leaders on the TICSRP program and similar programs. TCCY staff members are important supports due to their funding allocation responsibilities of federal and state grants for juvenile justice services. TCCY has been involved with the JDC assessment study, Disproportionate Minority Contact with Tennessee’s Juvenile Justice research and the MVYDC Child Fatality Investigation Team.

Finally, we look to collaborate with AECF as the PNPL project expands to achieve it’s universal implementation goal. As mentioned, AECF supports evidenced-based, objective measurement tools to make decisions for youth safety in detention centers. The great progress AECF has made in Shelby County, TN will be replicated through their support with the Pay Now/Pay Later initiative.

Funding

National

Pay Now/Pay Later serves to complement the TICSRP program currently underway in our state. TICSRP is supported by SAMHSA, which works within the U.S. Department of Health and Human Services (DHHS). Since 2009, TICSRP has annually received $221,000 from the Transformation Transfer Initiative (TTI) grant. This money is used for collaborations with state departments to improve and implement the TICSRP program. Tennessee continues to receive this money as they successfully expand this initiative. Pay Now/Pay Later looks to expand under the next TTI grant renewal for TICSRP in fiscal year 2016-2017.
State

TCCY oversees federal money allocations and state expenditures for Tennessee’s Division of Juvenile Justice. Additionally, TCCY implements the Juvenile Justice and Delinquency Prevention Act (JJDPA) for the state. Consequently, Pay Now/Pay Later looks to collaborate with TCCY leaders to access federal money allocated by the JJDPA. Finally, collaborations with TCCY will provide insight into state expenditures that can positively impact Pay Now/Pay Later expansion goals.

Local

Finally, Pay Now/Pay Later will utilize money won from the Howard Baker Public Policy Challenge. Appendix Y depicts how first place earnings will be utilized. The primary funding goal will be to license JDC staff for GAIN-SS training, provide monetary reimbursement for their work and acquire grants for expansion to achieve universal implementation goals across the state.

Conclusion

On any day in Tennessee, 1, 215 youth are detained or incarcerated in the state’s juvenile correctional facilities. According to TCCY, at least 53% of these children are experiencing at least one clinically significant symptom of poor mental health functioning. Brandon Green and Frank Cass Jr. were two of these adolescents before they tragically took their own lives at MVYDC this past summer. Pay Now/Pay Later aims to improve outcomes for other children in similar situations to prevent such travesties. Implementation of the GAIN-SS is one part of the greater picture for change and reform needed in Tennessee’s Division of Juvenile Justice
Child and youth safety has been prioritized by Governor Bill Haslam as evidenced by Executive Order No. 10 which inducted the Governor’s Cabinet on Children. The goal of Pay Now/Pay Later is to help achieve our Governor’s goal of increased safety and well being of detained youth, inside and outside of juvenile detention centers. Research has shown that evidenced-based practices are the most effective way to achieve policy goals. The implementation of an evidenced based, formal mental health screening and referral tool will help keep detained youth safer while improving their quality of life outcomes. Furthermore, Pay Now/Pay Later will give JDC staff a tool to apply their mental health training to improve identification and monitoring of high-risk youth. Finally the effective distribution of taxpayer dollars will ensure successful and safer communities for all Tennesseans.
References


Appendix

X. Disproportionate Minority Contact for Tennessee Youth

![Bar chart showing disproportionate minority contact for Tennessee youth]

Y. Pay Now/Pay Later Budget Proposal

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