

Working with Juveniles with Multi-Agency Involvement

A summary of the Multi-Agency Team Project and guidance for working with multi-agency-involved youth and their families



Children's Law Center



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This project was supported by Federal Grant # 2011-JB-FX-0045, awarded by the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice through the South Carolina Department of Public Safety. The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program offices and bureaus: Bureau of Justice Assistance, Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the U. S. Department of Justice.

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James is a 13 year old male who is currently on probation with the Department of Juvenile Justice (DJJ). James first came into contact with DJJ one year ago due to receiving a charge of Disturbing Schools for throwing his notebooks across the classroom during an argument with his teacher. After his initial court appearance, the judge ordered that James receive counseling from the local mental health office. Since that time, James has seen a counselor a few times a month to work on behavior related to his diagnosis of Oppositional Defiant Disorder. His counselor would like to see him more frequently, but James' mother is unable to take off of work to bring him to appointments. Recently, James shared with his counselor that his mother drinks occasionally and has hit him and his little brother when she was intoxicated. This prompted the therapist to contact the Department of Social Services (DSS), and an investigation is underway with DSS. James' mother often states that she is frustrated due to "all the different people asking questions and poking in [the family's] business."

Two months ago, Tara, age 14, returned home from foster care placement with the Department of Social Services (DSS). Since Tara's mother was unable to stop abusing drugs, Tara has moved in with her grandmother and is adjusting to a new home and a new school district. Tara's DSS worker has arranged for Tara to attend drug counseling with the local substance abuse counseling provider, as she has a history of marijuana and cocaine use and is currently on probation with DJJ due to a Simple Possession of Marijuana offense. Tara feels that this counseling is unnecessary, as she already attends counseling with a mental health counselor and completed drug counseling services in another county before she went into foster care. For the past two weeks, Tara's grandmother has been calling her probation officer with complaints that Tara is refusing to go to school and will not follow her directions to clean and do homework. Her grandmother would like information on how she can enroll her in a "boot camp or some other place where she can live and get some discipline."

Cases like James' and Tara's are very common to providers of youth services. Youth who come into contact with the juvenile justice system often have other compounding issues, such as mental health conditions, substance abuse problems, complex family histories, and educational concerns. These cases cannot be resolved with a single intervention, and often cannot be resolved by one agency. As a result, youth service providers are called upon to work collaboratively to address the complex needs of youth involved with multiple agencies.

A Need for Multi-Agency Collaboration for Children within the DJJ System

Early identification, referral for appropriate services, and ongoing coordination are essential to improving the long-term outcomes for children with complex needs and involvement with multiple agencies. Too often, children and families who end up in family court delinquency proceedings are perceived as problematic and beyond the scope of agencies whose primary focus is not juvenile delinquency. As Timothy Ross notes in his book entitled *Child Welfare: The Challenges of Collaboration*, agencies, like overwrought parents, sometimes "...act to rid themselves of troubled youth. Hard data on this phenomenon are rare, but there are enough anecdotes and stories to make this pattern noteworthy." As a result, it often becomes a struggle to serve these families in a meaningful way. Children end up with fractured and fragmented service delivery, which defeats the rehabilitative purpose of family court. Although these youth would benefit greatly from multi-agency involvement, they are too often caught in a disconnected and fragmented system relying on the juvenile justice system to meet all their needs.

The Multi-Agency Team Project

In 2010, the Children's Law Center (CLC) initiated the Multi-Agency Team (MAT) Project to address cases involving children like James and Tara. The purpose of the MAT Project was to address the needs of these children by improving the effectiveness of services to youth involved in the juvenile justice system through a comprehensive, multi-agency approach. The following counties were selected to participate in this project by forming MAT teams: Anderson, Darlington, Dorchester, Florence, Georgetown, Greenville, Hampton, Horry, Orangeburg, Richland, Sumter, and York. CLC staff and DJJ county directors met to discuss the appropriateness of participating in the MAT program. The county directors of participating counties selected cases to staff involving: (1) Juveniles who were currently in out-of-home placement or were in the community but at elevated risk for secure detention, probation violations, removal from school, commitment, or other out-of-home placement. Children defined as at risk were those who are not following their probation/parole guidelines or who

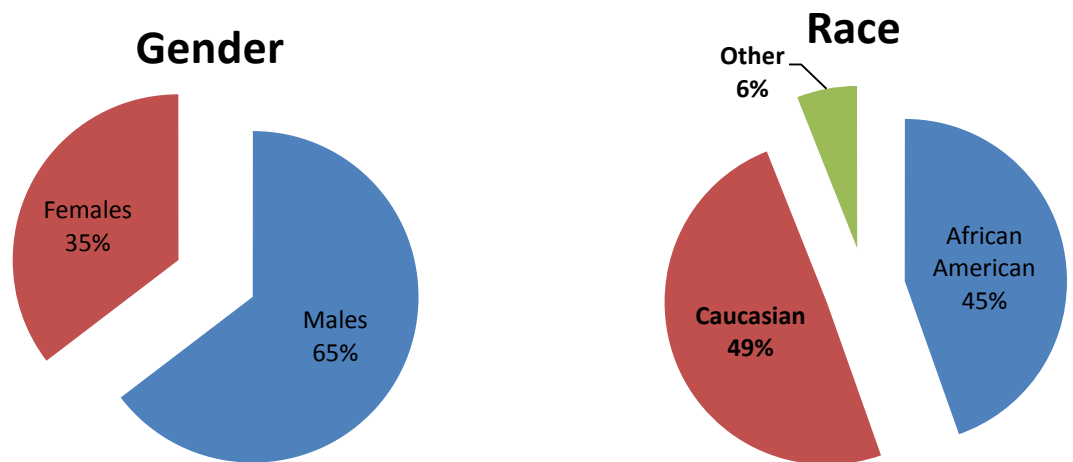
were exhibiting behavioral problems at school; and (2) Juveniles who were receiving services from another agency in addition to DJJ or appeared to have unmet needs that could be addressed through services of another agency.

The CLC staff scheduled multi-agency team meetings to examine the needs of each child and develop comprehensive service plans. Teams consisted of representatives from the following agencies, as needed: DJJ, Department of Mental Health, Department of Social Services, local school districts, substance abuse treatment providers, local law enforcement agencies, the solicitor’s office, private treatment providers, and the public defender’s office. In addition to staffing these cases, a roundtable discussion was held during which participants discussed their experiences with multi-agency collaboration.

During the staffings, the multi-agency teams developed a service plan for each child, identifying the agencies to be involved, the tasks to be performed, and the persons responsible. The service plans included referrals, recommendations for treatment, or screening for special education services as needed. The plans also addressed barriers to services, such as transportation, lack of family cooperation, and funding. CLC staff followed up with agencies to track implementation of the plan and to assist with case management as needed. Data regarding the juvenile’s continued involvement with agencies, placement, and case status was collected and analyzed.

During the three years of the MAT project, seventy-eight cases were staffed and monitored. After an initial staffing, these cases were tracked for at least 6 months and assessed for continued agency involvement, provision of services, compliance with orders, and out-of-home placement. DJJ county offices were informed that they could request another MAT meeting or additional services from CLC at any time. Figure 1, below, depicts the demographic information of these cases.

Figure 1: Demographic information for cases staffed through the MAT Project



An Overview of Multi-Agency Involved Youth

Many juvenile offenders have mental illnesses or emotional disorders, have suffered childhood abuse or neglect, and engage in risk-taking behaviors such as substance abuse. These juveniles tend to present the greatest demands on public safety and agency treatment resources, have profound needs which can only be met by multiple agencies, and may exacerbate problems with disproportionate minority contact and over utilization of detention.

- **Mental Health**

Children with mental health disorders are at higher risk of coming into contact with the juvenile justice system, and the experience of being institutionalized may intensify mental health problems. Current research indicates that almost two-thirds of juveniles incarcerated in juvenile detention facilities or juvenile correctional facilities in the United States meet the criteria for diagnosis of one or more mental health disorders. Of those youth in juvenile justice facilities who meet the criteria for having a diagnosable mental health disorder, approximately two-thirds meet the criteria for having two or more mental health disorders. This is much higher than the rate of mental health disorders among youth in the United States general population, which ranges between 15 and 25 percent (Grisso, 2008).

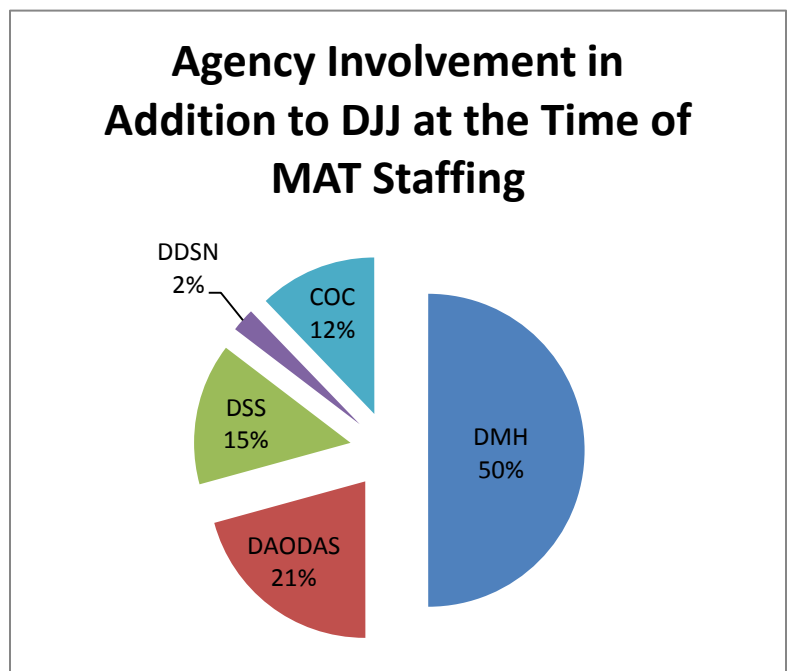


Figure 2

South Carolina data also indicates that juveniles receive services from multiple agencies. A DJJ study of 12,610 juveniles born in 1981 who had involvement with the juvenile justice system indicates that one in four of these children received Department of Mental Health (DMH) treatment at some time in their childhood. Committed juveniles were nearly three times more likely to have received DMH services than those never committed (SC DJJ Study, Trotti). During the MAT Project, the agency with the highest rate of common clients with DJJ was DMH.

- ***Child Welfare***

Histories of child maltreatment and foster care placements are also common among children involved in the juvenile justice system. Looking at the same SC DJJ study of 12,610 juveniles born in 1981 who had involvement with the juvenile justice system, one in 16 of these children had been placed into DSS foster care at some time in their childhood. Juveniles with two or more DJJ referrals were three times more likely to have a prior DSS foster care placement than those with only one DJJ referral. Committed juveniles were nearly three times more likely to have a prior DSS foster care placement than those never committed.

- ***Special Education***

Children involved in the juvenile justice system are also more likely to be behind in school and to need special education or related services. In South Carolina, DJJ's school for committed juveniles has four times as many special education students when compared to the state as a whole. More than 30 percent of the juveniles committed to DJJ are designated special education students though South Carolina's average is only eight percent. The most frequent designation for DJJ's special education students is "learning disabled"- with 47 percent receiving that designation- and more than one third have an emotional disability. These numbers are from the 2009/10 school year and are consistent with the percentages of the past several years (Personal Communication, Sally Rollins, DJJ's Special Education Coordinator).

- ***Substance Abuse***

Drug and alcohol abuse presents a serious problem for youth and increases their likelihood of involvement with the juvenile justice system. According to a fact sheet from the South Carolina Department of Alcohol and Other Drug Abuse Services, 69 percent of children in grades 9-12 have tried alcohol with 32 percent of those children taking their first drink before the age of 13 (DAODAS, 2006). In 2005, it was estimated that 27,000 children ages 12-17 were either dependent upon or abusing drugs or alcohol in South Carolina (Child Welfare League of America: Advocacy: State Fact Sheets, 2008). As the graph above indicates, approximately 21 percent of the cases staffed during the MAT Project had an open case with an alcohol or drug treatment provider. This number is lower than the aforementioned national statistic, as the graph only reflects open cases and not juveniles which may have had previously participated in drug treatment.

- ***Other Trends from MAT Project***

Several trends were observed in the population of juveniles selected for use in the MAT Project. The average age of initial involvement with DJJ for MAT juveniles was 13 years old compared to a national average of 14.5 years old. This difference in age indicates that

uncommon factors may be contributing to the delinquent behavior to produce these deviances at a young age. This also indicates that these children may need a more comprehensive assessment and treatment plan as the children are acting out at a younger age than typical children. Studies typically indicate a more positive outcome for children who become involved with DJJ at older ages (Wasserman et al. 2008). Early and proactive multiple agency involvement is ideal for those youth who become involved with DJJ at a younger age and who exhibit greater needs.

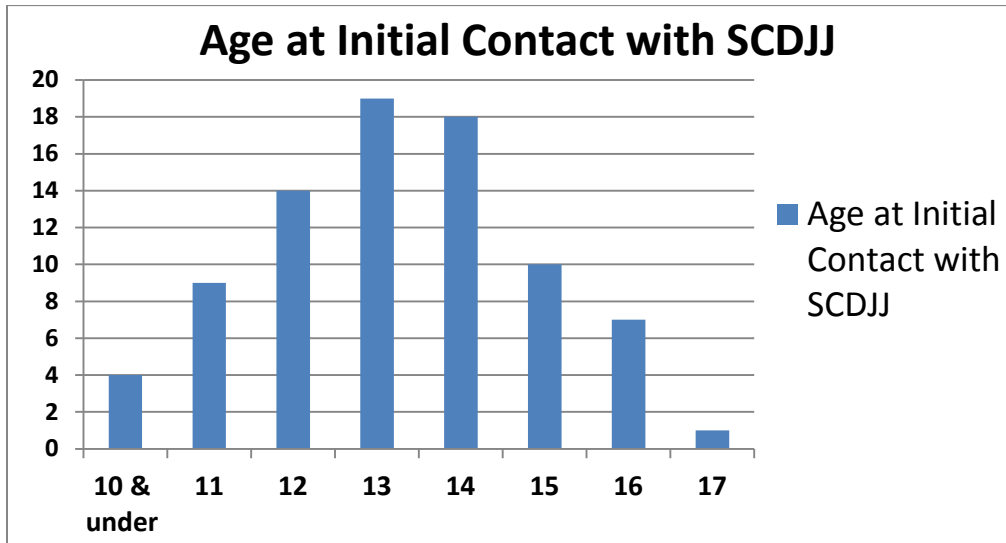


Figure 3: This figure provides information on the age at which juveniles staffed for the MAT Project first came into contact with the DJJ system.

Data was collected on the nature and severity of offenses committed by MAT juveniles. At the time of staffing, the majority of juveniles had been adjudicated delinquent of a status or misdemeanor offense. Of the 78 cases that were tracked, 19 of those youth reoffended within one year. However, 12 of those offenses were probation violations and only two were for a more serious offense, one of which was prosecuted in general sessions. See Figure 5 for a complete breakdown of charges. As Steinberg (2008) notes, while the prevalence of substance abuse and mental illness is substantially more prevalent among juvenile offenders than the general population, many juveniles with

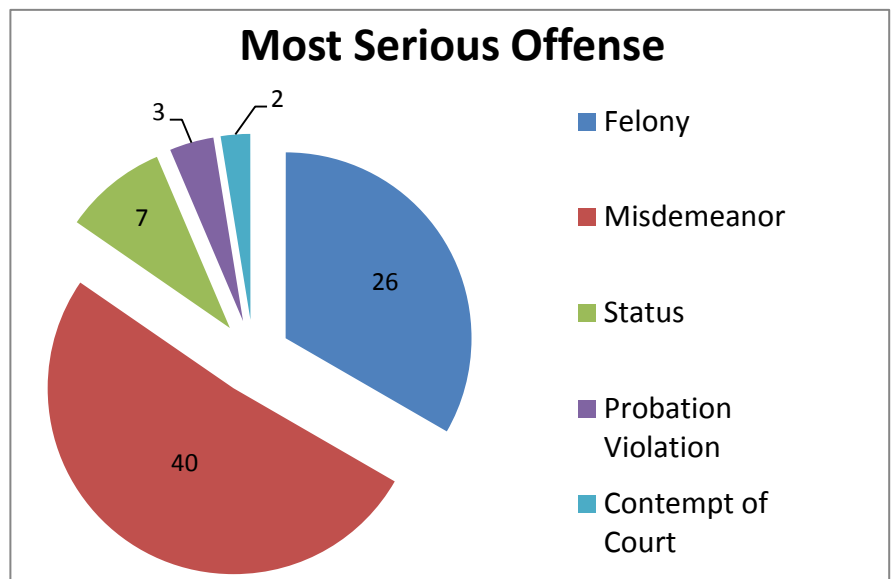


Figure 4: For juvenile cases staffed during the MAT Project, this illustrates the most serious offense the juvenile had incurred at the time of staffing.

mental illness or substance abuse problems are not serious violent offenders (p. 9). Moreover, a study conducted in 2007 indicated that a majority of juveniles who struggled with substance abuse problems and mental health issues were not charged with a serious violent crime (Z.K Hamilton et. al, 2007, p. 150). This supports the theory that most of the juveniles served by multiple agencies are juveniles with complex treatment needs and not typically violent, delinquent offenders.

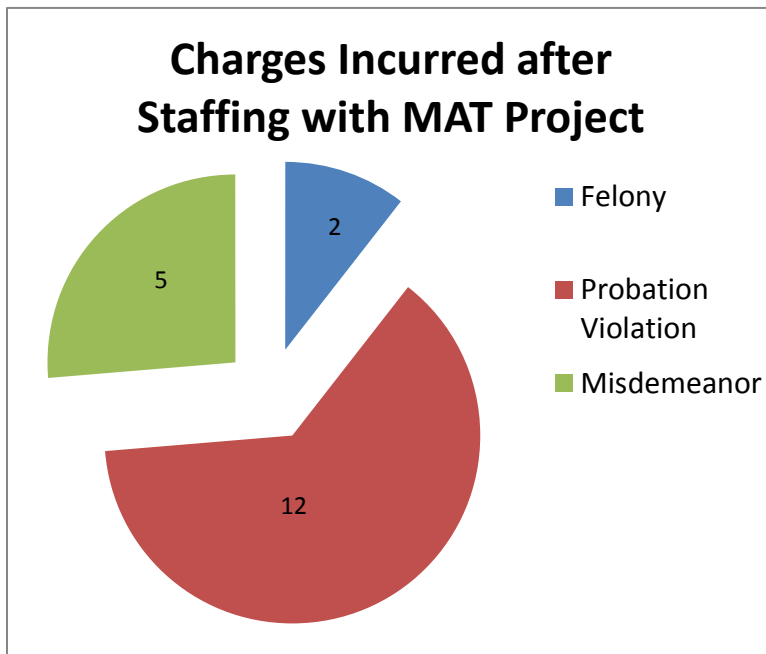


Figure 5: This graph illustrates the breakdown of charges of the 22 juveniles that reoffended.

Cases that were closed during the tracking period were open for an average of 36 months from the time of first offense to close. Although data on average supervision periods could not be obtained, it is assumed that this is a significant length of time for supervision.

Due to the complex nature of these cases, many of these juveniles cannot be served in the community. Family dynamics, need for intense supervision and treatment, and risk to the community contribute to these youth being placed outside of their

homes. Fifty-three percent of the children whose cases were staffed during the MAT Project had experienced an out-of-home placement prior to staffing. For cases that were staffed during the MAT Project, 24% of these youth were subsequently referred to an out-of-home placement. This indicates that despite treatment coordination and collaboration between agencies, the needs of some of these youth cannot be met in the community. Of the juveniles requiring placement, DJJ was the main agency to provide placement as indicated by Figure 6. This data does not include juveniles who were already in an out-of-home placement at the time of the staffing.

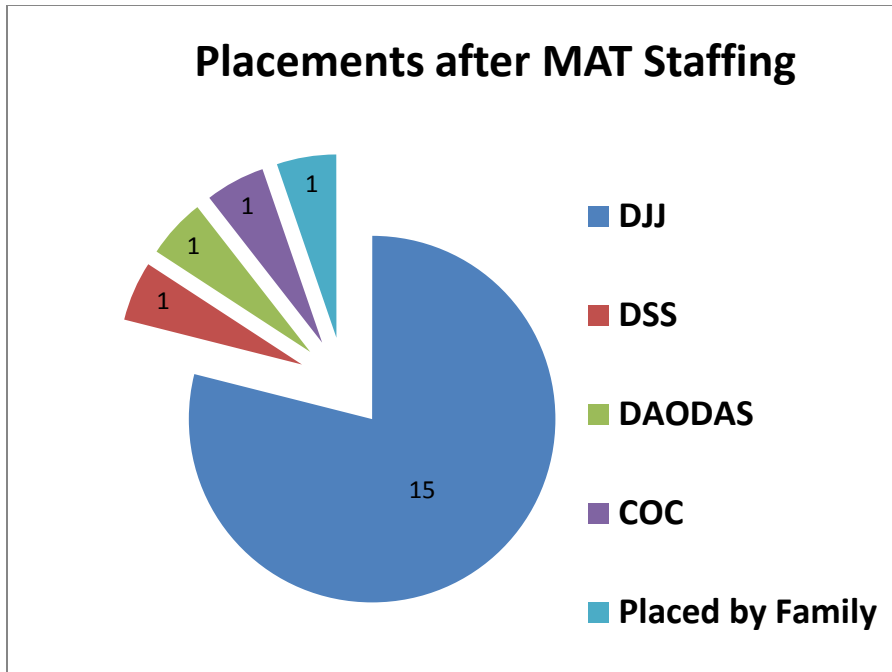


Figure 6: Nineteen juveniles who were staffed during the MAT Project were referred to an out-of-home placement subsequent to their staffing. This shows which agency was responsible for the placements.

Challenges of Working with Multi-Agency Involved Youth and Families

The complexities of the youth who are involved with multiple agencies cannot be stressed enough. Often these youth develop maladaptive coping skills, aggressive behaviors, and negative attitudes as a result of trauma histories and years of negative environmental and family forces. It is unrealistic to expect cases to be quickly rectified or maintain lasting changes without extensive support systems in place. The families of these youth often demand attention at a higher level of intensity and over a longer period of time than other cases. This makes it even more imperative for case workers to seek out assistance from supervisors and collaborate with other treatment providers to prevent case fatigue.

- Consider “one-stop” service models

Families involved with multiple agencies may also experience fatigue. It is tiring for families to attend multiple appointments in various locations throughout each week, which contributes to the number of canceled or “no-show” appointments. In addition to being physically tiring, families may find these obligations financially draining, as there may be a fee for services and transportation obstacles which make appointments cost prohibitive for some families. An effective case manager will explore options for these families to ensure easier access to multiple services and assist with arranging transportation and informing families of the Medicaid Van which can provide transportation to Medicaid approved services for free. During the MAT Project, it was discovered that many counties have been successful in

employing a “one-stop” arrangement for services. Through these collaborations, case managers from one agency are physically located in another agency’s office. For example, an employee from DMH may be placed in a DJJ office. This allows families to receive services from two agencies in one location and encourages a closer collaboration between DMH and DJJ.

- *Release forms assist case managers and families*

Youth who receive services from multiple providers may grow weary of being subjected to multiple assessments and having to respond to the same or similar questions repeatedly. This can lead to irritability or apathy during interviews. It is important for case managers to be sensitive to this, express empathy to the youth and families, and encourage interagency cooperation. During the MAT Project, it was discovered that at times, some families had shared information with so many different providers that they accidentally omitted information during assessments. This reinforces the need for agencies to ensure that release forms are signed by guardians to allow the sharing of information. Utilizing these release forms to access treatment records can prevent case managers from having to duplicate assessments and allows them to make better use of their time by following up on information in a more direct and thorough manner.

- *Avoid crisis-driven services and staffings*

Too often, multi-agency staffings are crisis driven, with a rush to schedule staffings. This causes undo stress and requires an immediate and often temporary solution which may not be comprehensive or sustainable. The sense of urgency and need for immediate response by the case workers can contribute to tension between collaborators. During the MAT Project staffings, participants often commented that they found it helpful to have multi-agency meetings at times when there was not a crisis or looming court date. This allowed for a more thorough examination of the case, less friction between collaborators, and the ability to implement thoughtful but effective interventions.



The following situation occurred during a MAT Project staffing. Identifying information has been changed to protect the confidentiality of the youth.

Sarah is a 14 year old female in the custody of the Department of Juvenile Justice. During a MAT meeting, Sarah's DJJ community specialist expressed concern that Sarah had not been making progress in her placement. In fact, Sarah seemed to act out when she approached her release date, requiring her to stay in custody longer. After hearing this, Sarah's former Multi-Systemic Therapy provider shared that Sarah may have been acting out because she did not want to return home, where her step-father who was physically abusive to her still resided. Sarah's family had not shared her abuse history during her DJJ evaluations, and upon learning of the abuse, Sarah's DJJ worker was able to refer Sarah for trauma-focused therapy in her placement. It was agreed that a referral for intensive family services would be initiated prior to Sarah's return home. Without this staffing, Sarah's trauma history may have remained unknown to her DJJ caseworker and the referral for needed treatment would probably not have been made.

Benefits of Multi-Agency Groups

Research supports a multi-agency approach when working with juveniles with special needs. Collaboration between agencies has been deemed so important that federal legislation in 1992 funded states and localities to develop local collaborations that included families through the Comprehensive Health Services for Children and Their Families Program (Leone 2002). Often youth involved with the juvenile justice system have varying needs that cannot be addressed by one agency. Having a multi-agency approach prevents youth and families from being shuttled between offices, prevents duplication of services, and allows for more targeted, individualized interventions.

A multi-agency approach allows for sharing of information from different viewpoints. Often, juvenile justice professionals are focused on delinquent behavior and interventions that would correct the behavior, such as increased supervision, curfews, and court-orders. However, a mental health provider may look at the same youth and see breakdowns in the family system, symptoms of mental health conditions, or medication needs. A child welfare provider may see limitations in the parenting system and recommend supports for the parents. School personnel may identify limits in the social system, such as bullying and poor social skills or learning limitations. Bringing together professionals with varying perspectives on clients lends itself to a whole-person and family approach to providing interventions.

In addition to improving the services to clients, multi-agency collaboration is also beneficial to the caseworkers. Research on collaboration has found that multi-agency coordination led to a reduction in duplication of services, faster implementation of services, and a reduction in anxiety for case workers (Hetherington, Baistow, Katz, Mesie, & Trowell, 2002). Participants in effective multi-agency groups reported better communication skills and a greater understanding of treatment options, which contributed to an increased confidence in their professional abilities.

During the MAT Project, participants were encouraged to share their thoughts on inter-agency collaboration. Several common themes emerged from these discussions:

- Barriers to collaboration include poor communication, preconceived negative attitudes towards representatives of outside organizations, and inability to schedule meetings due to conflicting and busy schedules.
- Individuals recognized the need for inter-agency collaboration and found it helpful when creating services plans.
- Professionals believed that inter-agency collaboration improved outcomes for clients.
- Attitudes towards other agencies improved after participating in productive interagency meetings.

Guidelines for Effective Participation in Multi-Agency Groups

To be effective, multi-agency teams should be needs-focused instead of agency-focused. By exploring the needs of the family and then assessing for how to implement services, agencies avoid becoming territorial and limiting their focus to what their organizations can offer. This allows for more productive brain-storming and encourages creative approaches to problem solving. When considering interventions, multiple strategies should be considered for possible interventions and should be:

- Customized to meet the needs of individuals as well as the social network and community in which the youth lives;
- Comprehensive enough to include an array of interventions of various intensities to address the multiple factors contributing to the problematic behaviors; and
- Flexible enough to fit the family needs and the community in which the problem exists (Leone 2002).

Multi-agency collaboration requires a level of respect between participating members. Participants in the MAT meetings often cited negative previous encounters with members as detrimental to their willingness to work with them during meetings. Research has found that when there is hostility between collaborative partners, all information received and interactions with the other agency are interpreted in a way to reinforce the negative perceptions (Sandfort, 1999). It is important for participants to be aware of any preconceived perceptions and work to remain neutral when collaborating with partners.

For multi-agency meetings to be effective, members should be able to freely share information relevant to the case. Prior to meetings, it is important that any information release forms have been signed and that participating members are aware of any limitations to information sharing. The productivity of meetings also hinges on the preparedness of participants. If agencies send liaisons to meetings who are not informed on the case or have not been involved in service planning or provision, the ability of the agency to share information, offer services, and provide insight to case staffings is compromised.

Basic professional courtesies are sometimes neglected between agencies that routinely work together. However, simple changes can greatly enhance interagency collaboration. Incorporate the following into routine communications with outside agencies:

- Return phone calls promptly
- Follow up on written or verbal requests in a timely manner
- Follow through with services offered
- Update other agencies on status of cases
- Offer services in addition to requesting services
- Extend appreciation when appropriate

Incorporate the following when meeting with outside agencies:

- Confirm attendance to meetings as soon as possible
- Arrive on time
- Be prepared, and bring files or documentation to assist in planning
- Turn off cell phones and only check phones if absolutely necessary

The MAT Project collected feedback from participants on the effectiveness of multi-agency meetings. Participants consistently identified the following components of these meetings as beneficial and instrumental in creating a positive atmosphere:

- **Advanced notice of meetings**
- **Clear agenda**
- **Clear schedule which was followed**
- **Perceived equality among participants**
- **Use of facilitator for focused and organized meetings**

- Actively participate by sharing information and acknowledging other members
- Stay aware of the meeting's agenda and purpose
- Stay on task and focused during meetings

Fostering Inter-Agency Relationships

Maintaining a positive working relationship with other agencies is crucial to having effective multi-agency meetings. However, enhancing these professional relationships can assist in everyday tasks such as requesting records, making referrals and seeking treatment updates. There are several ways that offices can foster these connections and encourage cooperation and collaboration:

- *Cross-training Opportunities*- Cross-training provides a platform for agencies to receive the same information and discuss their policies and procedures. In addition to cross-training, agencies should consider extending an invitation to other offices when they are sponsoring a training.
- *Establish Regular Multi-Agency Meetings*- Many counties in South Carolina have already established a regular calendar for staffing multi-agency clients, typically on a monthly basis. This allows for regular communication between the agencies and for cases to be staffed when problems first occur and not based on a crisis situation. For these meetings, case workers may identify cases in which they would like input from the multi-agency group. In addition to treatment providers, these multi-agency groups may include education and law enforcement representatives and non-profit organizations.
- *Informal "Meet and Greets"*- Sometimes the best connections are not made in a conference room, but in a relaxed environment. Hosting inter-agency potlucks, or just donuts and coffee, can do wonders for working relationships. When there is no pressure to offer services or funds or the burden of keeping a family intact is removed, people are able to get to know each other on a personal level. During the MAT Project, many professionals shared that they were more willing to cooperate with other agencies after meeting their counterparts face-to-face and making a personal connection with them.
- *Keeping Each Other Informed*- Sharing newsletters or memos with other agencies helps them feel connected and invested. Agencies should consider sharing regular communication regarding programming, new hires, and any policy changes with other agencies.

So What Happened with James and Tara?

James' probation officer, Mr. Scott, organized a multi-agency meeting because James was in danger of violating probation for not complying with counseling. During the staffing, Mr. Scott learned from the mental health counselor that a school-based counselor could provide James with counseling at school, which would also alleviate his mother's difficulty with taking him to appointments. The DSS investigator, Ms. Brown, reported to the group that James' mother began drinking alcohol regularly after she broke up with her long-term boyfriend two months prior to the staffing. Ms. Brown noted that due to the break-up, there is no longer a positive male role model in James' life. Mr. Scott had limited contact with James' mother due to her work schedule and her reluctance to share information and was unaware of the situation. At the conclusion of the staffing, the team agreed to refer James to the school-based counselor who would be provided with counseling notes from the previous worker to ensure continuity of care. The team also encouraged James' mother to seek counseling to address her alcohol use and stress, and to refer James to a mentor program. Additionally, Mr. Scott and Ms. Brown coordinated their future appointments with James' family to allow them to visit one office and meet with DJJ and DSS for monitoring appointments. The team feels that this effort will allow James to stay in compliance with his probation order and avoid further contact with the juvenile justice system, and will support his mother who is struggling with her own issues at this time.

Tara's DSS worker, Mr. Michaels, was concerned about Tara's problematic behavior at home, as Tara had been doing well while in her previous foster care placement. Mr. Michaels arranged for a multi-agency meeting between himself, her DJJ probation officer Ms. Davis, the assistant principal at Tara's new school Ms. Short, her drug counselor Ms. Sloan, and Tara's grandmother. Ms. Short shared with the group that Tara's records from her previous school were delayed, and as a result, Tara has been spending half of the school day in a study hall classroom completing independent work. However, the school had recently received the records and Tara was now attending regular classes. Tara's grandmother reported that this helped with her compliance in attending school, but she was still struggling with her behavior at home. Tara's grandmother felt that she was unable to connect with Tara due to her advanced age and worried that Tara did not have a positive role model that she connected with. Ms. Short recognized that the school may be able to assist Tara in this area by enrolling her in an after-school program that allows students to work individually with teachers on projects around the school, such as beautification projects. This would keep Tara busy in the afternoon two days a week; however, Tara's

grandmother would need to assist with transportation on those days. Mr. Michaels and Ms. Davis agreed to take turns providing transportation for Tara from the after-school program to her house once a week, which would allow them to keep closer supervision over her case and ease some of the tension between Tara and her grandmother. Mr. Michaels recognized that Tara's grandmother needed assistance in appropriately handling behavioral problems and providing discipline, as it has been many years since her grandmother parented a teenager. Mr. Michaels provided Tara's grandmother with the information on a support group for grandparents raising grandchildren. During the staffing, Ms. Sloan provided the team with Tara's previous drug counseling records. Upon review, the team agreed that she successfully cooperated with counseling in the past and was not in need of intense drug counseling at this time. Ms. Davis agreed to randomly administer drug tests and then refer Tara to counseling in the future, if needed.

Interagency collaboration is helpful to not just the clients and families, but also to the professionals working together on cases. Multi-agency involved juveniles have complex needs that often challenge professionals and require them to think creatively and be client and family focused. For additional information on effectively creating and implementing multi-agency teams, please refer to the **Multi-Agency Team (MAT) Project Handbook**, available on the Children's Law Center website at <http://childlaw.sc.edu> under Juvenile Justice Publications.



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