

Mental Health / Juvenile Justice



**Mental Health Diversion:  
Strategic Innovations from the  
Models for Change  
Mental Health/Juvenile Justice Action Network**

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# National Center for Mental Health and Juvenile Justice

Established in 2001 at Policy Research Associates, Inc.

Mission: To promote awareness of the mental health needs of youth in the juvenile justice system and to assist the field in developing improved policies and programs based on the best available research and practice

## Key Functions:

- ▣ Serve as National Resource Center
- ▣ Conduct Research
- ▣ Foster Policy and Systems Change

# Overview



- I. Prevalence Estimates and the Blueprint for Change: Setting the Stage for Diversion
- II. Diversion Innovations Emerging from the Models for Change Mental Health/Juvenile Justice Action Network
- III. Next Steps and Needed Directions

# 2006 National Prevalence Study

- NCMHJJ selected by OJJDP to undertake comprehensive multi-state, multi-system prevalence study (LA, TX and WA)
- Continuum of Juvenile Settings: Corrections, Detention, and Community-Based
- Sample = 1437 youth age 11-18
- Used MAYSI-II and the V-DISC

# Large numbers of youth in the juvenile justice system are experiencing mental health disorders

Prevalence of Mental Disorders- Findings From Recent Studies	Positive Diagnosis
<b>NCMHJJ (2006)</b>	<b>70.4%</b>
Teplin et al. (2002)	69.0%
Wasserman et al. (2002)	68.5%
Wasserman, Ko, McReynolds (2004)	67.2%

## Variations by gender

<b>Types of Disorders by Gender (n=1437)</b>			
	<b>Overall %</b>	<b>Males %</b>	<b>Females %</b>
<b>Any Disorder</b>	70.4	66.8	81.0
<b>Anxiety Disorder</b>	34.4	26.4	56.0
<b>Mood Disorder</b>	18.3	14.3	29.2
<b>Disruptive Disorder</b>	46.5	44.9	51.3
<b>Substance Abuse Disorder</b>	46.2	43.2	55.1

# Many of these youth experience multiple and severe disorders

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- More than half (55.6%) of youth met criteria for at least two diagnoses
- 60.8% of youth with a mental disorder also had a substance use disorder
- About 27% of justice-involved youth have disorders that are serious enough to require immediate and significant treatment

# Many of these youth appear to be inappropriately or unnecessarily involved with the juvenile justice system

- 67% of incarcerated youth with mental health needs were committed for non-violent offenses (Texas Juvenile Probation Commission, 2003)
- 2/3 of juvenile detention facilities held youth unnecessarily because of lack of available mental health services (Congressional Committee on Government Reform, 2004)
- A series of US DOJ investigations found that mental health services in correctional settings were often unavailable or inadequate (poor training, inadequate clinical services, inappropriate use of medications etc) (US Department of Justice, 2005)

# Blueprint for Change

- Used the data from the national study to inform the development of the Blueprint for Change
- A comprehensive model for providing a broad range of mental health services to youth involved with the juvenile justice system
- Serves as a framework for examining and developing policies, practices and services
- Developed by NCMHJJ, in conjunction with an expert advisory committee

# Key Components of the Blueprint for Change

Underlying principles that provide overall guidance

Cornerstones that serve as key elements of a comprehensive system (*collaboration, identification, diversion and treatment*)


Critical Intervention Points within the processing continuum that offer opportunities to make better decisions about mental health

# Diversion as a Cornerstone of Reform

- Youth with mental health needs are overrepresented in the juvenile justice system
- Many are in the system for non-violent, low level or first time offenses
- Diversion to community treatment affords families the opportunity to be involved and is generally more effective than incarceration in reducing recidivism and decreasing psychiatric symptoms
- Requires that effective community-based services be identified or developed for youth

# What is Diversion?

- Defined as an attempt to channel youth away from initial or continuing formal juvenile justice processing
- Can include a range of interventions and services
- Can be instituted at virtually any key decision making point
- Our focus: Diversion of youth with mental health needs to community-based services
- Requires that assessment procedures be in place to identify those youth who are appropriate for diversion



Models for Change and the Mental Health/Juvenile Justice Action Network provided a mechanism to develop, implement and evaluate new diversion strategies for youth with mental health needs

# Models for Change

- ❑ A comprehensive systems change initiative supported by the John D. and Catherine T. MacArthur Foundation
- ❑ Goal is to create sustainable and replicable models of juvenile justice reform through targeted investments in 4 key states: PA, IL, LA and WA
- ❑ NCMHJJ is a part of a Resource Bank providing TA to the Models for Change states
- ❑ All four of these states identified “mental health” as a significant challenge in their juvenile justice reform efforts

# Models for Change Mental Health/ Juvenile Justice Action Network

- MH/JJ Action Network created by the MacArthur Foundation in 2007 in response to shared concerns about mental health issues among the four Models for Change states- as well as increasing awareness across the country
- Goal was to establish a national leadership community of states that will develop, implement and evaluate new strategies for better identifying and responding to youth with mental health needs
- Four new partnering states competitively selected- CO, CT, OH, and TX- to work with the 4 MfC states

# Strategic Innovation Groups



- Key cross-state feature of the Action Network
- Network states jointly identify a key issue to address through a multi-state SIG workgroup
- SIG Workgroup develops joint strategies and all states participating on the SIG implement and evaluate the strategies

# Round One SIG Efforts:

## Front End Diversion

Creating pre-adjudicatory diversion opportunities for youth with mental health needs to be safely and appropriately diverted into community-based treatment at critical points of contact:

1. Schools
2. Law Enforcement
3. Probation

# 1. School-Focused

## Diversion Initiative (CT, IL, OH, WA)

- States are developing school diversion projects based on the Milwaukee Mobile Urgent Treatment Team (MUTT) Model
- MH responders are assigned to schools to respond to situations involving a youth with a suspected mental health need
- Efforts are directed to linking the youth (and their family) with services and keeping them in school (and out of the juvenile justice system)

# School-Diversion Model: Ohio

- ❑ Started in 3 middle schools; recently expanded to 3 more
- ❑ Target youth who show signs/symptoms of mental illness or who have an acute incident that would ordinarily result in a court referral
- ❑ MH practitioners from the Family Resource Center respond to school calls- they meet with parents, conduct screenings, and set up a planning conference within 24 hour of referral
- ❑ Maintain offices at schools; work with youth and families for 3 to 6 months
- ❑ Provide training on adolescent mental health school staff
- ❑ Very supportive Superintendent and leadership from the Court have made this successful

# School Diversion Model: Connecticut

- Targeting middle school students in two school districts who exhibit a behavioral health problem at school
- Established agreements with Emergency Mobile Psychiatric Services (EMPS) to serve as responders
- EMPS social workers de-escalate and stabilize, assess student, meet with family; link with services and monitor engagements
- Training to school staff: critical

## 2. Law Enforcement Focused Diversion Initiative (CO,LA, PA)

- Contracted with the CRCPI to develop an 8 hour Crisis Intervention Team (CIT) training focused on adolescents
- Targeted to Law Enforcement Officers who have previous CIT training and piloted in states that have existing CIT programs
- Training includes information on Adolescent Development, Mental Health, Crisis De-escalation and Communication Techniques, Legal Issues, Community Resources
- In final stages of revision; developing a dissemination strategy to share with interested jurisdictions

# Law Enforcement Diversion(cont'd):

- 24 hour version is also under development
- Targets non-CIT trained police officers including school police/resource officers
- Uses the 8 hour as the basis with some additions:
  - ▣ More background on CIT
  - ▣ More scenario training and exercises to practice de-escalation and communication skills
  - ▣ A youth panel
  - ▣ A module focused on school issues (FURPA, Section 504, IEP's and implications for LEO's)

# 3. Probation-Intake Based Diversion Initiative (TX)

- ❑ Provide specialized mental health, motivational interviewing and case management training and certification to select juvenile PO's
- ❑ Establish exclusive, smaller mental health caseloads for PO's who will provide alternative approaches to case management and supervision to divert youth from adjudication and out of home placement.
- ❑ Demonstration sites include: Bexar, Lubbock, Travis, and Dallas counties with plans to expand to Harris underway

# Next Steps

- NCMHJJ evaluating each of the diversion programs to examine basic process, program and services outcomes
- In-depth evaluation to be conducted in one state for each SIG project will yield more detailed youth and family outcomes
  - ▣ Schools: CT
  - ▣ Law Enforcement: LA
  - ▣ Probation: TX

## Next Steps (cont'd)

- All MH/JJ AN diversion states are compiling detailed Program Manuals (documenting program goals, objectives, key components, procedures, evaluation results) to share
- Working with the AN states to develop sustainability and expansion plans for their diversion initiatives
- Continue to share and disseminate this work to promote replication

## Next Steps (cont'd)

- We will continue to move forward with two other priority projects: Workforce Development and Increasing the Role of Families
- 8 diverse states came together 2 years ago and reached unanimous agreement that our first joint project needs to be on front-end diversion- keeping kids out whenever possible
- Hoping that these efforts will provide good models and strategies for others

# Needed Directions

- Important to keep the focus on diversion for youth with mental health needs
  
- Recognize the wide variation
  
- Provide guidelines to assist the field in establishing practices that support successful diversion programs
  - ▣ *Pennsylvania Model Pre-Adjudication Diversion Policy*
  - ▣ *Models for Change Diversion Project (NCMHJJ, CWLA, NJDA, NYSAP)*

## For More Information:

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The National Center for Mental Health and  
Juvenile Justice: [www.ncmhjj.com](http://www.ncmhjj.com)

Models for Change: [www.modelsforchange.net](http://www.modelsforchange.net)

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