

Mental Health / Juvenile Justice



**Intake-Based Diversion:
Strategic Innovations from the
Mental Health/Juvenile Justice Action Network**

April 2011

Background

It is well established that large numbers of youth in the juvenile justice system have significant mental health needs. Recent data confirms that 65% to 70% of youth in contact with the juvenile justice system have a diagnosable mental health disorder, and that 27% experience disorders so severe that their ability to function is highly impaired (Shufelt & Coccozza, 2006). Illnesses include major depression, bipolar disorder, conduct disorder, attention deficit/hyperactivity disorder, anxiety disorder and other potentially debilitating conditions (Skowrya & Coccozza, 2007).

Probation intake is a critical intervention point within the juvenile justice system. It is often viewed as the “gatekeeper” to the court system, and plays a vital role in determining whether a youth’s case is dismissed, diverted, or formally referred to the court (Skowrya & Coccozza, 2007). It also constitutes one of the most critical points within the juvenile justice system for identifying the need for mental health or other types of rehabilitative services (Kelly & Mears, 1999).

At the adult level, there has been significant movement to examine probation supervision strategies for adults with mental health needs, and to create specialized probation programs specifically for offenders with mental illness. Researchers examined these programs (Skeem, Emicke-Francis & Loudon, 2006; Council of State Governments, 2002) and identified the following key characteristics of mental health specialty programs:

- Probation officers maintain smaller and exclusive mental health caseloads.
- Offenders are assigned to probation officers who have been specially trained to address the needs of offenders with mental illness.
- On-going and sustained training is provided to probation officers, resulting in officers who are knowledgeable about community mental health options and more likely to seek revised treatment options rather than institute harsh sanctions.
- Probation officers actively integrate internal and external community resources to meet probationer’s needs.
- Probation officers use collaborative problem-solving strategies to address issues of treatment non-compliance.

There has been far less work done on this issue at the juvenile level. Some communities have begun to expand the role of probation officers to that of a broader case manager, providing intensive case management and support to small, exclusive caseloads of youth with identified mental health problems (Stainbrook & Coccozza, 1997). However, these specialized juvenile probation programs are rare, and research suggests that the majority of juvenile probation officers do not possess sufficient knowledge about youth mental disorders, assessment and appropriate treatment (Vilhauer, Wasserman, McReynolds & Wahl, 2004).

Models for Change Mental Health/Juvenile Justice Action Network

Responding to this need, the Mental Health/Juvenile Justice Action Network, part of Models for Change and supported by the John D. and Catherine T. MacArthur Foundation, decided to take on the issue of mental health diversion. The Action Network is a partnership of eight states working together to improve services and policies for youth with mental health needs involved with the juvenile justice system. These states, which include Colorado, Connecticut, Illinois, Louisiana, Ohio, Pennsylvania, Texas and Washington, focused their first year efforts on creating more opportunities for youth with mental health needs to be appropriately diverted to community-based treatment at their earliest points of contact with the juvenile justice system. Each state selected where they wanted to focus their mental health diversion efforts- Connecticut, Ohio, Illinois and Washington selected schools; Colorado, Louisiana and Pennsylvania selected law enforcement, and Texas selected probation intake.

Probation Intake Front-End Diversion

To build on the work that has been done at the adult level, Texas opted to pursue the development of specialized mental health probation programs within existing juvenile probation departments. The program, known as the Front-End Diversion Initiative or FEDI, builds upon the state's Special Needs Diversion Program, and aims to divert youth with identified mental health needs from being adjudicated, by pairing them with a specialized probation officer (SJPO) who provides case management services and helps link the youth and their family to the appropriate community-based services. Like the specialized probation officers at the adult level, these SJPOs maintain smaller caseloads (generally no more than 15 cases per probation officer). Probation officers specially selected to participate in this initiative are provided with extensive training- forty hours of training on adolescent mental health, child development, crisis intervention and management, family engagement and motivational interviewing. Upon completion of the required training, officers receive FEDI certification.

The intent of the FEDI is to divert youth with mental health related disorders away from adjudication, coordinate services through quality case management, link youth and their families to both formal and informal community resources and supports, and lastly, to improve the youth and family's perceived level of functioning and satisfaction of services (from GAINS 2010 Presentation). The program targets first time offenders who receive "deferred prosecution"- a form of voluntary supervision in which the child, parent or guardian and probation department agree upon the terms of the supervision. If a youth completes the six-month period successfully, adjudication and involvement with the court is avoided. Deferred prosecution can be extended for an additional six months by the court. Key elements of the FEDI program include:

- SJPOs are provided extensive, specialized training in motivational interviewing, intensive case management and adolescent mental health. Upon completion of the training, officers are provided with FEDI certification;

- SJPOs maintain a caseload of no more than 15 (as compared to the standard caseload of up to 30 cases);
- Youth are screened into the program using specific mental health diagnostic criteria and standardized assessment;
- SJPO's work with the youth and family to prepare an individual services plan and provide case management, supervision and home visits during the course of work with the youth;
- Throughout the six month period, youth are in contact with their mental health provider at least once a week;
- Motivational interviewing techniques are used by the SJPOs in all work with youth and family;
- Case planning includes crisis plans, service and support referrals;
- Aftercare planning is used to prepare youth and family for transition out of the program.

Current Status

FEDI is operating in four counties: Dallas County, Bexar County (San Antonio), Travis County (Austin), and Lubbock County. The Texas Juvenile Probation Commission (TJPC), which oversees program implementation, developed a manual that documents all policies and procedures to ensure that juvenile probation departments and staff implement the program consistently. A recent evaluation of FEDI, commissioned by the NCMHJJ, found:

- Pre-adjudicatory specialized supervision was effective at diverting youth with mental health needs from later adjudication;
- FEDI participants were more likely to be linked to services (compared to non-FEDI participants) especially for minority youth;
- FEDI participants experienced more intensive case management and skills building services;
- FEDI youth, parents and juvenile probation officers reported improvements on key functionality scales.

The TJPC is committed to sustaining the program and supporting local juvenile probation departments in their efforts to implement FEDI. The FEDI model was originally designed to be self-sustaining and of relatively little cost so it is anticipated that additional departments will adopt the program model. The FEDI manual has been made available to all probation departments in the state, and the TJPC has assigned staff to support, sustain and expand the Motivational Interviewing training- a key part of the specialized training offered to SJPOs.

Summary

The MH/JJ Action network focused its initial efforts on the development of front-end diversion strategies for youth with mental health needs. Texas opted to focus its efforts on probation intake and created the FEDI program as a way to target first-time offenders with identified

mental health needs. The program, which formally began in February 2009, after extensive training was provided to the participating officers, has been successfully implemented in five demonstration sites within the state. All participating probation departments have identified one to two juvenile probation officers who now serve as designated behavioral health probation officers. Officers who have gone through the training and certification process have indicated that the training they received has positively impacted the work they do with juvenile justice-involved youth with mental health needs. All youth enrolled in the FEDI program are receiving specialized supervision and have access to specialized community-based mental health services. The program has been fully manualized to facilitate replication in other jurisdictions.

References

Council of State Governments (2002). *Criminal Justice/Mental Health Consensus Project*, Sections 16c and 22a. Available at <http://www.consensusproject.org>.

Kelly, W. & Mears, D. (1999). Assessments and Intake Processes in Juvenile Justice Processing: Emerging Policy Considerations. *Crime and Delinquency* 45(4): 508-529.

Shufelt, J. & Cocozza, J. (2006). *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study*. Delmar, NY: National Center for Mental Health and Juvenile Justice.

Skeem, J., Emke-Francis, P. & Loudon, J. (2006). Probation, Mental Health, and Mandated Treatment: A National Survey. *Criminal Justice and Behavior* 33(2): 158-184.

Skowrya, K. & Cocozza, J. (2007). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Stainbrook K. & Cocozza, J. (1998). *The Ohio Linkages Project: Final Evaluation Report*. Delmar, NY: Policy Research Associates.

Vilhauer, J., McReynolds, L., Wasserman, G. & Wahl, R. (2004). Probation Officer's Mental Health Knowledge and Practices. *Perspectives* 28(3), 28-31.

Winick, B.J. (2003). Outpatient Commitment: A Therapeutic Jurisprudence Analysis. *Psychology, Public Policy and Law* 9(1/2): 107-144.