

Research and Program Brief

Volume 2 / Issue 1



National Center for Mental Health and Juvenile Justice

Founded in 2001, the National Center for Mental Health and Juvenile Justice promotes awareness of the behavioral health needs of justice-involved youth and helps develop improved policies and programs to respond to these youth based on the best available research and practice.

Visit us at www.ncmhjj.com



Mental Health and Juvenile Justice Collaborative for Change

The Mental Health and Juvenile Justice Collaborative for Change provides information, training, and technical assistance on mental health and juvenile justice to promote the replication and expansion of resources developed through Models for Change and the Action Network initiatives. Coordinated by the National Center for Mental Health and Juvenile Justice and funded by the John D. and Catherine T. MacArthur Foundation, the Collaborative is part of the Resource Center Partnership.

Visit us at <http://cfc.ncmhjj.com>

APRIL 2015

Diverting Youth at Probation Intake: The Front-End Diversion Initiative

ERIN ESPINOSA, PH.D.

KATHLEEN R. SKOWYRA

Introduction

In 2008, the Mental Health/Juvenile Justice Action Network (MHJJAN), a component of the MacArthur Foundations Models for Change initiative, targeted “front-end, pre-adjudication diversion” as its first area of focus. The goal was to develop opportunities and identify strategies to divert youth with mental health needs from juvenile justice system processing. Texas, one of the eight states participating in the MHJJAN, chose to concentrate on the use of specialized juvenile probation officers at the point of intake to divert youth with suspected mental health needs by connecting them and their families to community resources. Known as the Front-End Diversion Initiative (FEDI), this effort was seeded with funding from Models for Change and involved four local juvenile probation departments in Texas. Preliminary data suggest that FEDI has increased access to needed mental health services while reducing further involvement in the juvenile justice system.

The Issue

A growing body of research demonstrates that youth experiencing mental health challenges are disproportionately represented within the juvenile justice system. Estimates of prevalence range from 50 to 75 percent (Shufelt & Coccozza, 2006; Teplin et al., 2013; Wasserman et al., 2010), with almost 30 percent having a serious emotional

- Close to 70% of youth in the juvenile justice system have a diagnosable disorder



- Over 60% of those with a mental health disorder also have a substance use disorder



- Almost 30% have a serious mental disorder



disorder (Shufelt & Cocozza, 2006). Furthermore, youth involved with the juvenile justice system often have not one, but several co-occurring psychiatric disorders. These rates led experts across the country to suggest that many youth with mental health needs end up in the juvenile justice system not because they have committed a serious offense, but because their need for coordinated mental health treatment in the community has not been met.

Juvenile Justice Processing of Youth with Mental Health Needs

Following arrest, youth are typically processed in a local juvenile court. In most cases, processing results in the youth being placed on probation or under some form of supervision within their community (Puzzanchera & Sickmund, 2013). However, standard probation supervision is not always effective for probationers with mental health issues, who are at higher risk for technical violations and recidivism than “standard” probationers (Skeem & Eno Loudon, 2006). Further, a recent study found that when compared to youth without mental health needs, those with mental health challenges were more likely to receive a violation of probation resulting in their removal from the home (Espinosa, Sorensen & Lopez, 2013).

The Role of the Juvenile Probation Officer

Given the high prevalence rates and the apparent inadequacy of standard probation approaches for meeting the mental needs of probationers, innovative approaches to supervision have been tested. For example, research on the use of specialized officers in the adult system has found that the relationship between the offender and an officer with a reduced caseload who has received specialized mental health training improves compliance with the rules of probation and subsequently reduces the incidence of revocation for technical violations (Skeem, Eno Loudon, Polaschek, & Camp, 2007). These specialized officers rely less on the traditional “monitoring and enforcement” approach and function more like case managers. In this capacity, the officers coordinate service delivery, advocate for social services, and assist offenders in achieving both their treatment and supervision goals. The enhanced relationship between the officer

and the offender had a significant impact on the offender's success under supervision, and specialized officers who obtained compliance by using both therapeutic and social controls were more successful than those who took the traditional law enforcement approach of rule enforcement with little to no structured support.

Specialized supervision approaches emphasize four core components: small, exclusive caseloads, specialized trained officers, internal and external service coordination, and active problem solving. In the adult system, Community Supervision Probation Departments that emphasized these core components show reduced recidivism rates and improved mental health outcomes among offenders with mental health problems (Skeem, Emke-Frances, & Loudon, 2006). While research on specialized supervision for youth and offenders with mental health needs is limited, the experience and findings from the adult system were used to inform the development of a similar approach for youth.

The Innovation

Recognizing that probation officers serve as the gatekeepers to the processing of youth in the juvenile justice system, Texas developed the Front-End Diversion Initiative. FEDI was created with funding from the John D. and Catherine T MacArthur Foundation, under the leadership of the National Center for Mental Health and Juvenile Justice, and in collaboration with four local Juvenile Probation Departments. Through this effort, Texas developed, implemented, and evaluated the use of specialized juvenile probation officers as a pre-adjudication diversion strategy for youth with mental health needs who have been referred for intake.

The intent of FEDI was to 1) develop and implement a model for specialized juvenile probation officers, and 2) use specialized juvenile probation officers to provide pre-adjudicatory diversion of youth with mental health needs. FEDI uses specialized officers who receive training and coaching support to link youth and their families to community services, keep youth in their homes, and divert them from adjudication within the juvenile justice system.

The enhanced relationship between the officer and the offender had a significant impact on the offender's success under supervision.

Texas developed, implemented and evaluated the use of specialized juvenile probation officers as a pre-adjudication diversion strategy for youth with mental health needs referred to intake.

The Model

Youth who are referred to participating local juvenile probation departments, who are eligible for deferred prosecution, deferred disposition, or are pending adjudication under a court ordered condition of release, and who have an identified mental health need or are suspected of having a mental health need are targeted for diversion through FEDI. All youth referred to local juvenile probation departments in Texas receive a mental health screen with the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2). In addition to participating in the screening, youth are asked a series of questions concerning their potential mental health needs at juvenile intake. If they have or are suspected of having a mental health need (either through the mental health screen or through the social history information) and meet criteria for diversion, then the youth can be referred to FEDI.

The Specialized Juvenile Probation Officer (SJPO) in FEDI is a certified juvenile probation officer who has received specialized training that includes the [Mental Health Training Curriculum for Juvenile Justice](#), as well as training on family and systems engagement, crisis management, and Motivational Interviewing (MI). They also receive training in the state’s chosen mental health screening instrument, MAYSI-2. In Texas, SJPOs were selected for this effort based on their pre-disposition for family and youth engagement, ability to demonstrate empathy, and willingness to address problems and barriers with creative solutions. In addition to the training, SJPOs participated in ongoing coaching around specialized supervision, case coordination, and MI.

At FEDI intake, the SJPO conducts a family suitability interview. Through this interview, the SJPO meets the youth and family, explains the initiative to them, and confirms the family’s commitment to participate. The SJPO also completes a Medicaid/Children’s Health Insurance Program eligibility screen to determine insurance needs for the youth and family. Upon completion of the FEDI intake process, the SJPO develops a case plan with the youth and family that includes a crisis stabilization plan and focuses on goals and strategies that link the youth to community services and supports. This plan, which

emphasizes the family’s strengths and support systems, is reviewed and updated monthly with the youth and family.

The SJPO maintains a caseload of no more than 15 youth and families, meeting with each youth and family weekly to plan and coordinate services. The quality assurance conducted during onsite and virtual coaching includes case level discussion to determine that the SJPO demonstrates an understanding of each youth and family’s unique needs, perspective, feelings, and values; communicates respect for and acceptance for the youth and family; and encourages a nonjudgmental problem-solving approach to barriers toward successful diversion. The primary points of contact with the youth and family are driven by the identified needs of that family. The SJPO serves as a care coordinator by identifying youth and family needs, and reaching out to community stakeholders and providers to link the youth and family to services and supports. The typical period of supervision is between 3 and 6 months.

When a youth completes FEDI, an aftercare plan is completed. The aftercare plan is developed with the youth and family and reflects a multidisciplinary approach that outlines any ongoing support systems and resources. Upon completion of the aftercare plan, a follow-up mental health assessment is conducted to measure any progress in mental health need during supervision.

Results and Lessons Learned

FEDI was initiated through a volunteer/partnership model. The juvenile probation departments funded the SJPO positions while the Texas Juvenile Probation Commission used funding from Models for Change to provide training and coaching support and conduct the preliminary evaluation.

Although replication of the FEDI effort and further evaluation are necessary to determine the long-term effectiveness of the use of specialized juvenile probation officers as a diversion strategy, initial findings on the impact of the effort (Colwell, Villarreal, & Espinosa, 2012) include:

- At least 75% of youth in the juvenile justice system have experienced traumatic victimization



- Youth in juvenile correctional placement die by suicide at nearly three times the rate of youth in the general population



Youth participating in FEDI were significantly less likely to be adjudicated and more likely to access community-based services than youth on traditional supervision.

- Youth who participated in FEDI were significantly less likely to be adjudicated than those who participated in traditional supervision.
 - Within 90 days of initiating supervision, youth receiving traditional supervision were 11 times more likely to be adjudicated than those who participated in FEDI.
- There was a distinct difference in the case management approach between traditional and specialized supervision.
 - Specialized officers engaged in collateral contacts in the community at over 10 times a higher rate than traditional case management.
 - Specialized officers engaged in 55 percent more problem-solving activities than traditional officers.
 - Youth receiving specialized supervision were more likely to access community services such as individual therapy (82%), family counseling (35.4%), and other community resources (69.2%) than those under traditional supervision (9.4%, 4.7%, and 20.3% respectively).
- Using a standardized measure at enrollment and discharge, youth and family life satisfaction scores improved after involvement in specialized supervision.

Looking Forward

The use of specialized officers in Texas continues. The Texas Juvenile Justice Department is currently exploring opportunities to replicate the use of SJPOs as a diversion strategy elsewhere in the state, formalize the training and coaching criteria to include a measure of core competency, and evaluate key components to further assess model effectiveness. At a minimum, the experience and initial data of the Texas FEDI model suggests that, as with adult offenders, the implementation of a specialized model for supervising youth with mental health problems may result in greater access to community-based services and better outcomes for youth, their families and the probation departments responsible for them.

References

- Colwell, B., Villarreal, S., & Espinosa, E. (2012). Preliminary outcomes of a pre-adjudication diversion initiative for juvenile justice involved youth with mental health needs in Texas. *Criminal Justice and Behavior*, 39(4), 444-460.
- Espinosa, E., Sorensen, J., & Lopez, M. (2013). Youth pathways to placement: The influence of gender, mental health need and trauma on confinement in the juvenile justice system. *Journal of Youth and Adolescence*, 42(12), 1824-1836.
- Puzzanchera, C. & Sickmund, M. (2013). *Juvenile arrests 2011*. Juvenile Offenders and Victims: National Report Series. Office of Juvenile Justice and Delinquency Prevention, Washington DC. Retrieved from <http://www.ojjdp.gov/pubs/244476.pdf>.
- Shufelt, J. & Cocozza, J. (2006). *Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study*. National Center for Mental Health and Juvenile Justice. Delmar, NY. Retrieved from [http://www.unicef.org/tdad/usmentalhealthprevalence06\(3\).pdf](http://www.unicef.org/tdad/usmentalhealthprevalence06(3).pdf).
- Skeem, J., & Eno Loudon, J. (2006). Toward evidence-based practice for probationers and parolees mandated to mental health treatment. *Psychiatric Services*, 57(3), 333-342.
- Skeem, J., Eno Loudon, J., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Association*, 19(4), 397-410.
- Skeem, J., Emke-Frances, P., & Loudon, J. (2006). Probation, mental health, and mandated treatment: A national survey. *Criminal Justice and Behavior*, 33, 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*. Office of Juvenile Justice and Delinquency Prevention. Washington, DC. Retrieved from <http://www.ncmhji.com/Blueprint/pdfs/Blueprint.pdf>.
- Teplin, L., Abram, K., Washburn, J., Welty, L., Hirschfield, J., & Duncan, M. (2013). [The Northwestern Juvenile Project: Overview](#). Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Wasserman, G., McReynolds, L., Schwalbe, C., Keating, J., & Jones, S. (2010). [Psychiatric disorder, co-morbidity, and suicidal behavior in juvenile justice youth](#). *Criminal Justice and Behavior*, 37, 1361-1376. doi: 10.1177/0093854810382751

Resources

[Criminal Justice and Behavior podcast on the preliminary evaluation of FEDI](#)

[Texas Front End Diversion Initiative Program Policy and Procedure Manual](#)

[FEDI program profile on the National Institute of Justice's CrimeSolutions.gov](#)

[Mental Health and Juvenile Justice Collaborative for Change: A Training, Technical Assistance and Education Center](#)

- [Texas' Front End Diversion Initiative](#) (video)
- [Juvenile Diversion Strategies and Models](#)

About the Authors

Erin Espinosa, Ph.D. is a Research Associate within the Texas Institute for Excellence in Mental Health at the University of Texas at Austin School of Social Work. Currently she serves as the Principal Investigator for state-wide expansion of the state's 1915c (Youth Empowerment Services) waiver and serves as the Implementation Lead for the Texas System of Care. She has worked on several project implementation and evaluation efforts targeting activities designed to enhance services for youth with mental health needs, and served as the lead for the Texas Mental Health and Juvenile Justice Action Network team.

Kathleen R. Skowrya is the Associate Director of the National Center for Mental Health and Juvenile Justice at Policy Research Associates. She currently oversees the implementation of juvenile projects and training initiatives, including operation of a national technical assistance and training center on mental health and juvenile justice. She coordinated the work of the Models for Change Mental Health Juvenile Justice Action Network and served as lead author for the *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*.