Implementing Juvenile Diversion Programs: Guidelines and Innovative Approaches

Joseph J. Cocozza, Ph.D.
Executive Director
National Center for Mental Health and Juvenile Justice
Policy Research Associates
&
Erin Espinosa, Ph.D.
Texas Institute for Excellence in Mental Health
Center for Social Work Research
School of Social Work
University of Texas at Austin

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An Overview

Joseph J. Cocozza, Ph.D.
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Policy Research Associates
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
Why Diversion to Treatment?

- Many youth in the juvenile justice system have mental health needs
- Many of these youth experience multiple and severe disorders
- Many appear to be inappropriately and unnecessarily involved in the juvenile justice system
- Community-based treatments are generally more effective than incarceration in reducing recidivism and decreasing psychiatric symptoms
National Call for Action

The Commission recommends widely adopting “juvenile justice diversion strategies to avoid the unnecessary criminalization and extended incarceration of non-violent juvenile offenders with mental illnesses.” (The President’s New Freedom Commission on Mental Health)

Mental health is “the number one emergent issue as far as juvenile justice is concerned” (National Coalition for Juvenile Justice).
Models for Change

- A comprehensive systems change initiative supported by the John D. and Catherine T. MacArthur Foundation
- Goal to create sustainable and replicable models of juvenile justice reform through targeted investments in four key states: PA, IL, LA and WA
- 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 in response to shared concerns
- Four new partnering states competitively selected—CO, CT, OH, and TX—to work with the four MfC states
- First priority of eight states—Front-End Diversion
Two Critical Gaps

I. Need for guidance regarding juvenile diversion programs and policies

II. Need for innovative models of front-end diversion
I. Juvenile Diversion Guidebook

Process

- Establishment of Juvenile Diversion Workgroup (NCMHJJ, NYSAP, CJJR, NJDC, RFK Children’s Action Corps.)
- Review of research and literature on diversion
- Examinations of statutes across the country
- Informal survey of 36 programs in 13 states
- Input from expert advisory board
Major Findings

- Growing focus on diversion of juveniles
- Inadequate research base
- Lack of clarity about critical aspects/components of juvenile diversion programs
- Great variation across country in implementation of programs
- Often piecemeal approaches that do not consider range of issues to be addressed
The Juvenile Diversion Guidebook

Juvenile Diversion Guidebook

Prepared by the Models for Change Juvenile Diversion Workgroup
Categories of Planning Steps

A. Purpose: Steps 1-3
B. Oversight: Steps 4-5
C. Intake Criteria: Steps 6-7
D. Operation Policies: Steps 8-12
E. Legal Protections: Steps 13-14
F. Quality: Steps 15-16
1. **Objectives**
   - What will be the main reason for having a diversion program?

2. **Referral Decision Point**
   - At what stage in contact with youth will referral to diversion occur?

3. **Extent of Intervention**
   - What will be the general scope of intervention that will be employed?
Oversight

4. Operations  →  Who will control, operate and staff the program?

5. Funding  →  How will the program be funded and sustained?
6. Referral and Eligibility

What criteria will be used to define eligibility for diversion?

7. Screening/Assessment

Will screening and assessment be used with those meeting eligibility criteria? If so, for what purposes, and with what tools?
Operation Policies

8. Requirements → What will be the obligations (responsibilities) of youth?

9. Services → What services will be provided? How will the referral process work?

10. Incentives → What motivations will be used to maximize success?

11. Sanctions → What sanctions will apply to failure to meet obligations?

12. Program Completion → What will determine successful program completion?
13. Information Use
What will be the conditions for use of information obtained during participation in the intervention program?

14. Legal Counsel
What will be the role of legal counsel in diversion?
Quality

15. Program Integrity

16. Outcome Evaluation

How will quality of practice be produced and maintained?

How will program evaluation be accomplished?
II. Developing Innovative Models of Front-End Diversion

MacArthur Foundation’s MH/JJ Action Network

Goal: to create pre-adjudicatory diversion strategies to reduce inappropriate juvenile justice involvement.
Three Critical Areas for Front-End Diversion

Law Enforcement Based Diversion

School-Focused Diversion

Probation-Intake Based Diversion
Law Enforcement-Based Diversion

- Police are often the first point of contact youth with mental illness have with the juvenile justice system.
- Many police officers are not adequately trained to respond to youth in crisis.
- Police response at this initial contact has significant implications for determining what happens to youth.
- Existing CIT training focuses on mental illness among adults.
School-Focused Diversion

- Schools are a major source of referral to the juvenile justice system
- Schools often fail to appropriately respond to youth with mental health needs
- Zero tolerance policies have increased the reliance by schools on the juvenile justice system.
Probation-Based Diversion

- Probation Intake often serves as the “gatekeeper” to juvenile court

- Key decisions, including whether to dismiss, divert, or formally refer a juvenile to court are made at probation intake

- Significant movement in adult system to enhance probation supervision strategies to better meet the mental health needs of clients.
Front-End Diversion Models

- **Law Enforcement Based Diversion**: Creating a juvenile Crisis Intervention Team training curriculum for community and school-based police (IL, PA, LA and CO)

- **School-Focused Diversion**: Creating a “mobile urgent response” to school incidents involving youth with mental health needs, instead of contacting the police (CT, OH and WA)

- **Probation-Intake Based Diversion**: Using specially trained mental health probation officers to work with small, specialized caseloads of youth with mental health needs (TX)
Further Information


- Models for Change Initiative: [http://www.modelsforchange.net/index.html](http://www.modelsforchange.net/index.html)
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FEDI-Front-End Diversion Initiative

Erin M. Espinosa, Ph.D.
Texas Institute for Excellence in Mental Health
Center for Social Work Research
School of Social Work
University of Texas at Austin
http://blogs.utexas.edu/mental-health-institute/
Why probation?

- Gatekeeper of the juvenile justice process.
- 2001 state mandated system-wide screening.
- Experience using “Specialized Officers” for adjudicated youth.
- Capitalize of “lessons learned” and momentum for system reform.
- Organizational “buy in” and support.
  - No funding for staffing
  - “Try it on for size”
Supervision Model
Moving from ISP to ICM

- Caseload <=15
- Insurance Eligibility and Medicaid/CHIP screening
- Crisis plan within 72 hours
- Monthly interdisciplinary planning and reviews
- Transition planning (2 months prior to discharge)
- Pre and post assessment
- Case management driven by “driver’s” of behavior
- Focused on an ecological frame work.
Ecological Framework

Macrosystem
(Broad ideology, culture, and customs)

Exosystem
(the youth does not directly experience but has impact on the youth’s environment)

Mesosystem
(relationships between systems in the microsystem)

Microsystem
(Youth and their immediate relationships)

Bronfenbrenner, 1979
Probation Based Intake
Applying Lessons Learned

Targeted Training and Support Specialized Officer Prep:

- MHTC-JJ (MH101)
- Screening and Assessment
- Family Engagement
- Systems Engagement
- Active Problem Solving

  * Motivational Interviewing
Youth Selection

Target Population:
- Qualifying Diagnosis;
- Special Education;
- History of Treatment;
- Parent with SMI; or
- Family history.
- Deferred Prosecution
- Family Agreement

Intake - Based:
- Screening (MAYSI-2)
- Mental Health Assessment
- Family History
- School Referral
- Parental Referral
Demonstration Sites

- Austin (Travis County) – 2 Specialized Docket
- Dallas (Dallas County) – 2 In-House Assessment; Competition with Adjudicated Case loads
- Lubbock (Lubbock County) – 1 Data match with LMHA.
- San Antonio (Bexar County) – 1 Female, Peer Support
Preliminary Outcomes

- Average age 14 with 15% Anglo, 37% Hispanic, & 37% African American
- Improved across most sections on the Ohio Scales (School Functioning, Problem Severity, Life Satisfaction, Service Satisfaction)
- Variability of perceived functioning as viewed by the JPO
- Specialized supervision strongest predictor of diversion from adjudication when compared to traditional model
Unintended Benefits

- Local Subject Matter “Expert”
- Breaking Down of Urban “Silos”
- Concept of Community Probation
- Expansion of Diversion Model (San Angelo, Midland, Cherokee; etc)
- Expansion of the use of Specialized Supervision (Schools and Community Centers)
- Continued Local Investment (no additional state dollars)