Meeting the Needs of Justice-Involved Youth with Behavioral Health Disorders

Joseph J. Cocozza, Ph.D., Director
National Center for Mental Health and Juvenile Justice

Juvenile Justice Reform: Implementing Change and Improving Outcomes
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National Center for Mental Health and Juvenile Justice


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 focal point
- Provide training and technical assistance
- Conduct research and evaluation
- Foster policy and systems change
Overview

I. Needs and Trends
II. Development of Innovative Approaches
III. Dissemination of Innovations
IV. Establishment of Resource Center
V. For Further Information/Assistance
Juvenile Justice Population

• Just over 1.5 million youth arrested a year

• Over 600,000 youth are placed in juvenile detention

• Approximately 70,000 youth reside in secure correctional settings
Prevalence of Behavioral Health Issues Among Youth in the Juvenile Justice System

- 60-70% of youth meet criteria for at least one mental health disorder
- Over 60% experience a co-occurring substance use disorder
- About a quarter of youth have disorders severe enough to require immediate and significant treatment
- At least 75% of youth in the juvenile justice system have experienced traumatic victimization
- Youth in juvenile placement are nearly three times the risk for suicide as youth in the general population
Trends

• Recognition that these youth are often inappropriately involved in and poorly served by the juvenile justice system
• The development of scientifically sound behavioral health screening and assessment instruments
• The development of evidence-based treatments and interventions
• Drastic reduction in placements in juvenile facilities
The Development of Innovative Approaches

• Models for Change states identified mental health as a significant challenge in their juvenile justice reform efforts
• Mental Health/Juvenile Justice Action Network was created in response to shared concerns
• Involved eight states: CT, CO, IL, LA, OH, PA, TX, WA
• State teams identified critical priorities for action
Resulting Innovations

**Diversion**: Creating more opportunities for youth with behavioral health needs to be safely and appropriately diverted to community-based treatment at critical points of contact:

- Probation-Intake Based Diversion Model (*Front End Diversion Initiative*)
- School-Based Diversion Model (*School Responder Programs*)
- Law Enforcement Based Diversion (*Crisis Intervention Teams for Youth- CIT-Y Training*)
Resulting Innovations

**Family Involvement**: Providing more guidance and direction to support family involvement in the juvenile justice system
  - Training for juvenile justice staff and families
  - Resources to help youth and families better understand the juvenile justice system

**Workforce Development**: Improving the staff response to youth with mental health needs
  - Mental Health Training Curriculum for Juvenile Justice (*MHTC-JJ*)
Disseminating the Innovations

• Range of new resources developed to help the field better identify and respond to youth with behavioral health needs

• Goal was always to create innovations that could be shared with and adopted by other sites and states struggling with similar issues

• In 2011, MacArthur entered into partnerships with OJJDP and SAMHSA to disseminate the innovations coming from MfC and the AN’s
Disseminating the Innovations

OJJDP partnership:
• Four projects supported through this collaboration
• NCMHJJ partnership brought the MHTC-JJ to 10 new sites
• Trained 350 local and state trainers using a Train-the-Trainer model
• Local and state trainers have trained over 2,400 juvenile justice staff

SAMHSA partnership:
• 8 states participated in a 2012 Policy Academy/Action Network initiative
• States created diversion initiatives using the Action Network diversion models
• Created new web-based Resources on Screening and EBPs
• Partnership continues in 2014 to include 4 new states and 4 tribal communities
The MH JJ Collaborative for Change: A Training, Technical Assistance and Education Center

- Part of MacArthur Foundation’s new Models for Change Resource Center Partnership
- Designed to further disseminate the mental health innovations from MfC and the AN to new states/sites
- Provides technical assistance, training, tools, and resources to advance juvenile justice reform
Areas of Focus

• Mental health screening in juvenile justice settings
• Juvenile diversion strategies and models
• Implementing evidence-based practices in the juvenile justice system
• Family involvement
• Juveniles’ competence to stand trial
• Preventing suicide among justice-involved youth
• Co-occurring disorders
• Trauma
What We Offer

• Web-based resource center with access to critical resources, documents and information

• Phone consultation, via a Help Desk, provided by NCMHJJ staff or by an expert consultant

• On-site consultation by content experts

• Training delivered by experienced expert trainers
Remaining Challenges

• All youth should be properly screened and assessed for mental health problems at their earliest point of contact with the juvenile justice system

• More diversion programs for youth with mental health and substance use disorders need are needed

• Mental health and substance abuse providers must partner with juvenile justice and family members to create more community-based treatment, with an emphasis on EBP’s

• Need to make sure that youth who remain in the juvenile justice system have access to effective treatments and interventions and staff are properly trained to respond

• All systems need to collaborate-this can no longer be viewed as a “justice” problem
For Further Information/Assistance

- Website: cfc.ncmhjj.com
- Help Desk: 866-962-6455
- Twitter:
- Facebook:
May 8, 2014
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Presented By:

Judge Linda Tucci Teodosio, Summit County Juvenile Court, Akron, Ohio
Who are the Kids?
Some Facts:

- Brain development is not complete until the mid-20’s
- As a result, adolescents are more likely to engage in risky behavior
- Only a minority of arrested youth will ever be arrested for a second delinquent act or become repeat offenders during adulthood
- Formal processing increases youth’s probability of further delinquencies

What is Diversion?

- Effective treatment of youthful misbehavior or delinquency without a formal referral to Court.
- Effective treatment of youthful misbehavior or delinquency without the creation of a Juvenile Record for the youth.
- Guiding youth and their families to services that address the behavior.
- Addressing family needs that might be affecting the child’s behavior.
- Empowering the family and/or community to effectively deal with youthful misbehavior or delinquency without formal court intervention.
- Prevention.
What Diversion Is Not:

- A lack of consequences for youth who misbehave or commit a delinquent act
- Using the needs of the child or family as an excuse for the misbehavior or delinquent act
- A failure to provide direction to a child or family to prevent future Court or system involvement
- An “easy” way out
Why Diversion?

- Reduce recidivism
- Provide services
- Avoid labeling effects
- Reduce system costs
- Reduce unnecessary social control
What is needed for Effective Diversion?

- Community collaboration
- Committed leadership
- Assessment tools
- Evidence based community resources
- Educated workforce
- Family involvement
Some Diversion Models:

- School Responder
- Mediation
- Family Resource Center
- Youth Courts
- Restorative Justice Models
- Juvenile Rule 29: Dismissal at Disposition or upon successful completion of Probation
- Safe Harbor Act for Victims of Human Trafficking, R.C. 2152.021
- Crisis Intervention Team
  - Youth specific
  - School resource officers
Prevention:

- **School Responder**
  - A tool for schools to refer students to needed mental health services instead of the courtroom
  - A cross system team working together with the child and family
  - Utilizes the natural strengths of the family
  - Addresses needs
  - Continued follow-up
Probation:

- Crossroads
  - Specialized docket for youth with co-occurring substance dependence and/or mental illness
  - Probation Officer acts as a case manager
  - Individualized case plan depending on the child’s individual needs
  - Integrated Co-occurring Treatment (ICT)
  - Treatment team
  - Dismissal upon successful completion
Contact Information:

Judge Linda Tucci Teodosio
Summit County Court of Common Pleas
Juvenile Division
650 Dan Street
Akron OH 44310
330-643-2995 (Office)
330-643-2894 (Fax)
lteodosio@cpcourt.summitoh.net