

Juvenile Mental Health Courts

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Overview of Presentation

- History of the evolution of JMHCs
- How many JMHCs are currently in the US?
- Overview of the study
 - Evaluation study
 - National survey
- 7 Common Characteristics of JMHCs

National Survey of JMHCs

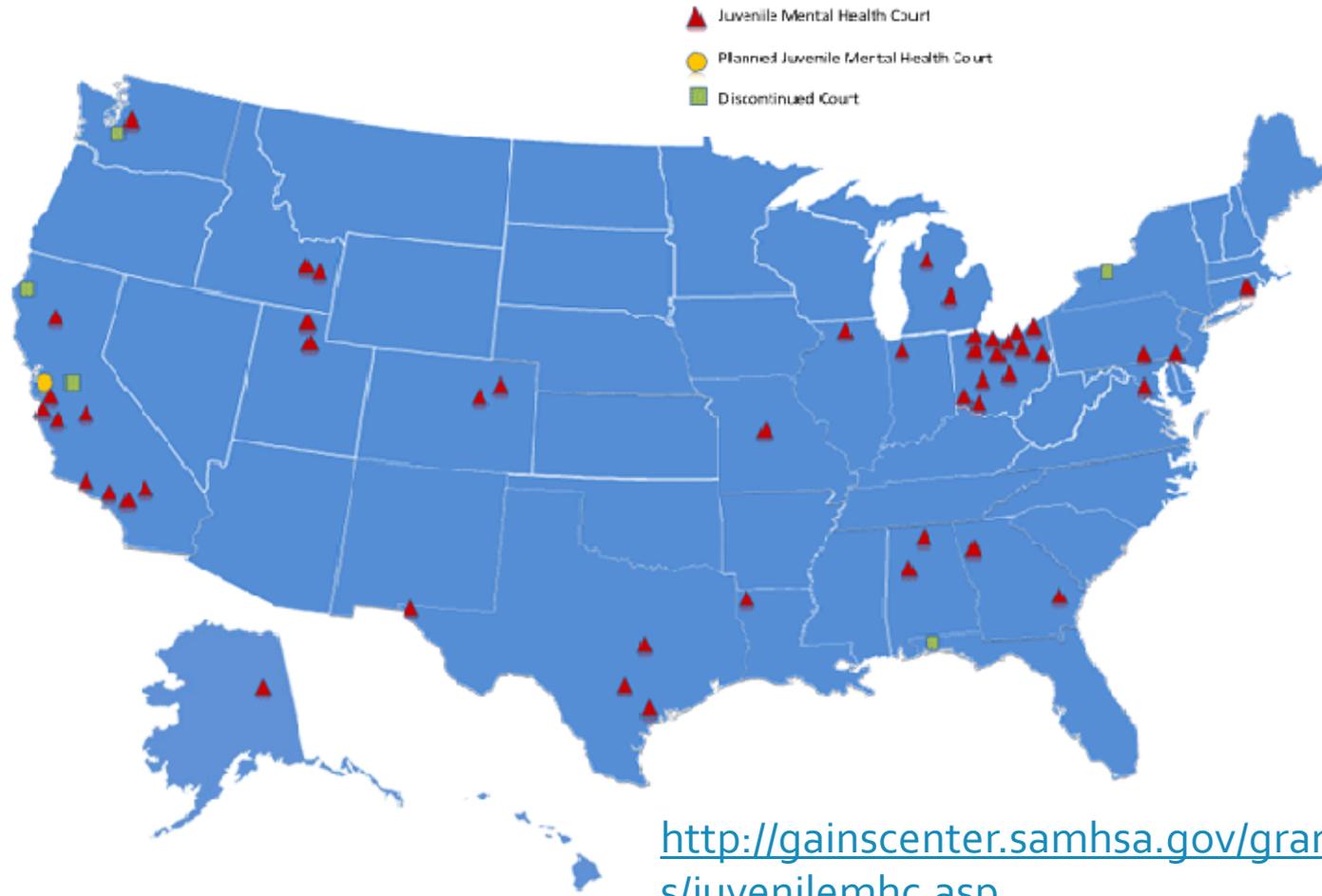
The first JMHC
was established in
1996 in York, PA.

By the end of
2012, there were
approximately 53
JMHCs.

Most JMHCs are
in Ohio
& California.



National Map of JMHCs



Eligibility Criteria & Youth in JMHCs

ELIGIBILITY CRITERIA

- Mental Health:
 - SMI, co-occurring
 - Exclude conduct disorder, developmental disabilities, or substance use as *primary* diagnosis
- Offense:
 - No statutory exclusion (n=10)
 - Exclusion (multiple response)
 - sex offenses (n=11)
 - violent offenses (n=13)
 - status offenses (n=5)
 - Other excluded offenses – gang, drug trafficking
 - Violent offenses – 89%

WHO IS SERVED BY JMHCs?

- Sex:
 - 27 courts more boys; 6 courts more girls
- Age range:
 - 13-17 (n=14); 11-17 (n=10)
- Race:
 - 19 courts more whites
 - 13 courts more African Ams.
- Primary Charge Level:
 - 62% - misdemeanor
 - 32% - felony
 - 6% - status offense

JMHC Characteristics

ORGANIZATION & PROCESS

- Juvenile court/probation
- Local + state funding
- Separate docket
- Interdisciplinary team
- Intake:
 - multiple points (n=15)
 - pre-adjudication (n=10)
 - post-adjudication (n=9)
- Length of program: 6-12M

SERVICES & OUTCOMES

- Dismissal of charges:
 - yes/ expunge (n=12)
 - no (n=18)
- Sanctions & incentives
- MH & Other Services:
 - Case management
 - Individual outpatient tx
 - Family therapy
 - Education support
 - Substance abuse tx

JMHC Evaluation Study

Funded by the National Institute of Justice

Assessing the Effectiveness of JMHCs

2 Sites

Summit County OH
Crossroads Program (12M)
and
Caddo Parish LA
IDD Court (6M)

GOAL:

3 Study Groups/Site

JMHC Youth (n=50/site)

JTAU Youth (n=50/site)

Parent/Guardian Collaterals
(n=100/site)



Major Research Questions

- What youth are served by JMHCs (& how do they differ from TAU youth)?
- What interventions are used by JMHCs (& how do they differ from JTAU interventions)?
- What impact do JMHCs have on juvenile offenders?

What youth are served by JMHCs & how do they differ from JTAU youth?

- Race:
 - 35% JMHC youth are African American (v. 72% JTAU)
 - 26% JMHC neighborhood are African American (v. 32% JTAU)
- Diagnosis:
 - 93% of JMHC youth diagnosed with depressive DO (v. 72% JTAU)
 - 20% of JTAU youth diagnosed with anxiety DO (v. 3% of JMHC)
- Treatment:
 - 66% of JMHC MH Tx in last 12 M (36% JTAU)
- Average Age: JMHC-16, JTAU-17
- Household: 17% of JMHC live with both parents (v. 0% JTAU)



JMHC & JTAU youth are more similar than different on most measures.

Treatment in the Past 3M

	JMHC	JTAU
Psych evaluation	85%	55% *
Substance Use Treatment	19%	5%
Group Therapy	48%	32%
Individual Therapy	78%	50% *
Residential MH Treatment	19%	14%
Psych Medication	80%	53% **
Case Management	56%	23% *
Family Therapy	37%	27%

* $p < .05$ ** $p = .07$

What type of household experiences do the youth have?

- Street drug use in home - 1/3 of both groups
- Sep/divorced - 1/3 of JMHC & 3/4 of JTAU
- Runaway - JMHC youth were 3x more likely to have run away from home than their siblings
- Family Mental Illness - 46% of JMHC & 33% of JTAU
- Suicide - 25% of JMHC youth have had a family member attempt suicide.
- Prison - 25% of JMHC & 50% of JTAU have had a family member go to prison.

What type of family violence have the youth been exposed to?

	JMHC	JTAU
• Your father pushed, grabbed, slapped, or threw something at your mother.	44.4%	34.8%
• Your father kicked, bit, or hit your mother with a fist/something hard.	20%	17.4%
• Father repeatedly hit mother over at least a few minutes.	19.2%	9.1%
• Father threatened mother with a knife or gun, or used a knife or gun to hurt her.	12.0%	8.7%
• Your mother pushed, grabbed, slapped, or threw something at your father.	24.4%	18.2%
• Your mother kicked, bit, or hit your father with a fist/something hard.	16.0%	13.6%
• Mother repeatedly hit father over at least a few minutes.	16.0%	18.2%
• Mother threatened father with a knife or gun, or used a knife or gun to hurt him.	0.0%	4.5%

Youth Family Experiences

- Spanked– 93% JMHC, 87% JTAU
- Went Hungry – 38% JMHC, 26% JTAU
- Called “lazy” or “ugly”– 64% JMHC, 56% JTAU
- Parents too drunk/high to care for them – 25% JMHC, 13% JTAU
- Dirty clothes – 25% JMHC, 8% JTAU
- Hurtful things said to them – 74% JMHC, 42%
- Emotionally abused –43% JMHC, 42% JTAU

Family often/very often source of strength & support –61% JMHC, 67% JTAU

Supervision

- JMHC parents report supervising their youth significantly more than JTAU parents
 - Evenings during week – 100 % JMHC are supervised (v 86% JTAU)
 - JMHC youth are more likely to have a set time to be home on weekdays & weekends

School Experiences

- JMHC parents are more likely to report that their child has academic problems in school (88% v. 55%)
- JMHC parents are more likely to report that their child has an illness or disability (85% v. 46%)
- JMHC parents are more likely to report that their child has trouble with teachers
- JTAU parents are more likely to report that their child has trouble with school rules
- IEP – 48 % JMHC, 43% JTAU
- Half of parents of both groups report that their child is below average or failing most subjects in school.

Parents report JMHC>JTAU:

- Fails to finish things
- Enjoys very little
- Restless
- Confused
- Shows cruelty, bullying
- Daydreams
- Fearful
- Has to be perfect
- Gets in fights
- Impulsive
- Nervous
- Physically attacks others
- Picks skin etc.
- Refuses to talk
- Runs away from home
- Sees things not there
- Sulks
- Talks/walks in sleep
- Trouble sleeping
- Unhappy, sad, depressed
- Worries

Statistically Significant

Parents report JMHC>JTAU:

- Complains about loneliness
- Destroys own things
- Doesn't eat well
- Feels others out to get them
- Hears sounds/voices not there
- Has nightmares
- Constipated
- Overtired w/o reason
- Vomits
- Poor school work
- Sets fires
- Shows off, clowns
- Has strange ideas
- Swears, obscene words
- Has temper tantrums

Approaches statistical significance

Community Concerns

- Unemployment – 11% both groups (zip codes – American Community Survey)
- Poverty – 14% JMHC, 16.5% JTAU (ACS)
- Crime - JTAU parents are more likely to view their neighborhood as being a “high crime” area
- Drug problem in neighborhood:
 - 24% of JMHC parents report “fairly/very serious”
 - 62% of JTAU parents report “fairly/very serious”
- Burglary, muggings, assaults in neighborhood:
 - 4% of JMHC parents report “fairly/very often”
 - 33% of JTAU parents report “fairly/very often”

Enrollment

- 34% of JMHC kids were enrolled & 21% of JTAU kids were enrolled.
 - Refusals
 - Couldn't locate
 - Didn't show
 - Wouldn't return calls

Focus Groups

- 7 Focus Groups
 - July - September 2012
 - Off site for approximately 1.5-2 hours
 - Focus groups were held in the two study sites as well as Seneca County, Ohio
 - Each participant was recruited via letter, provided informed consent, & received \$100
 - No one at the court knows who attended
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- 18 former participants
 - 24 parents/guardians of present & former participants
 - 18 stakeholders from communities

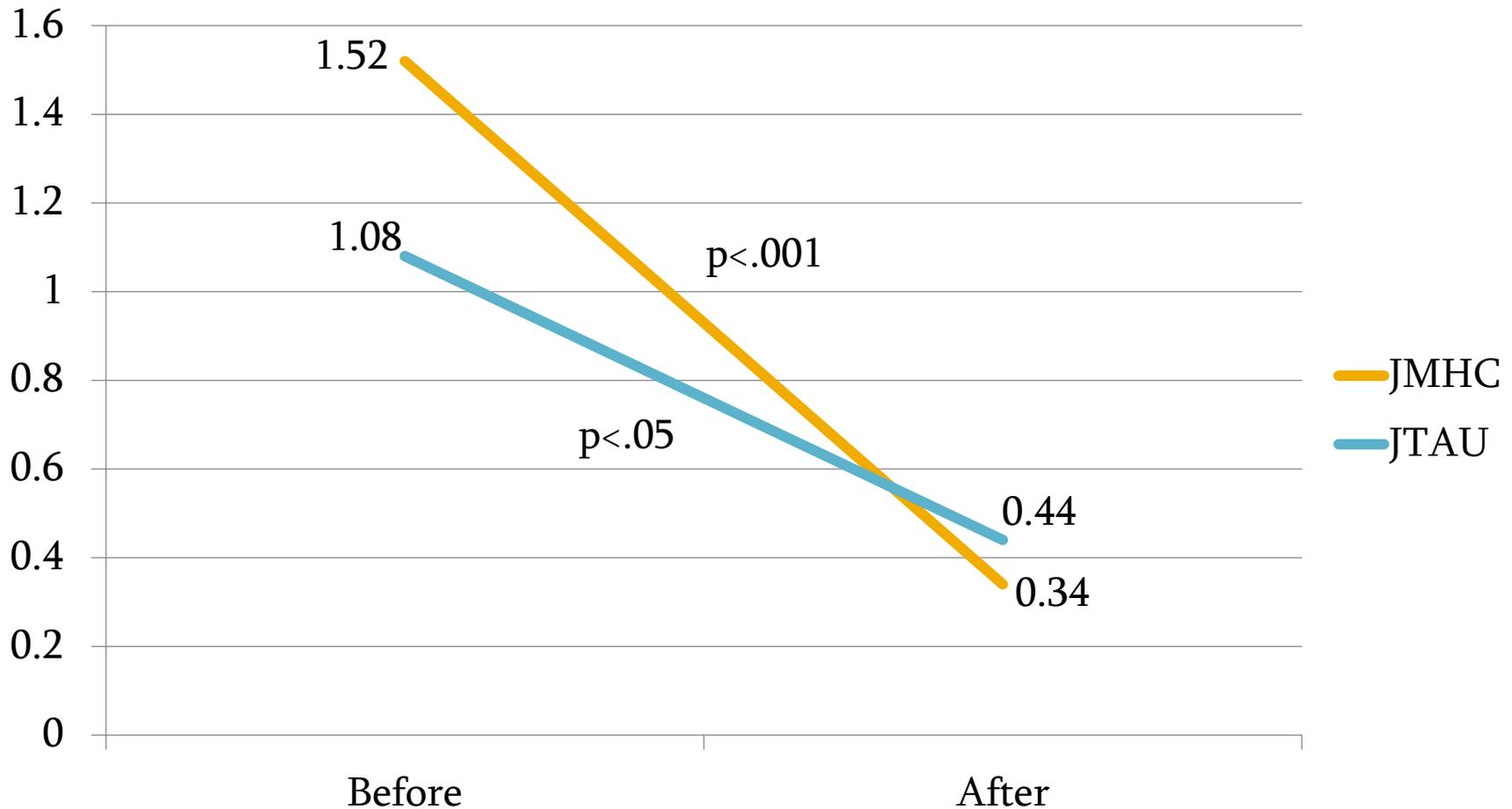
Key Informant Interviews

- 29 key informant interviews in 5 sites
 - Judges
 - Probation Officers
 - Community Treatment Providers
 - District Attorneys
 - Public Defenders
 - Program Coordinators

Common Themes

- There are too many empty threats
- The parents need help, too
- Good communication between stakeholders, the community, & the court
- Having a good probation officer is key
- Community EBPs/services are very important

Average # Arrests Before & After Intake



Lessons Learned from JMHC Study

- Parents whose children are “in trouble” are maxed out with resources (time, energy)
- Doing prospective research is time consuming & resource intensive
- Be flexible
- Be patient
- Know when to change course

7 Common Characteristics of JMHCs

1. Regularly scheduled special docket

2. Less formal style of interaction among court official & participants

3. Age-appropriate screening & assessment for trauma, substance use, & mental disorder

4. Team management of JMHC participant's treatment & supervision

5. System-wide accountability enforced by the juvenile court

6. Use of graduated incentives & sanctions

7. Defined criteria for program success

What is “Success” in Treatment Courts?

1. What is a successful outcome?
2. When do you measure a successful outcome?
3. What constitutes a “failure” or unsuccessful outcome?
4. When does the “window” close?

What is success?

“It’s easy to mark the substance abuse success, but not the mental health success. The mental health success is measured by compliance with medication, going to appointments, and the kid’s behavior at home.”

–Probation officer

“All you can do is be like the postman, deliver the mail (the message), & hope they open it and read it at some point.”

–Treatment Provider

Where would you be today without the JMHC program?

- “In ‘Hunts’” (Huntsville Prison)
- “Getting out of jail next year”
- “In a shelter somewhere”
- “In group homes”
- “Not the person I am today”
- “In jail”
- “Dead”

Contact Information & Questions

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