

Mental Health / Juvenile Justice

**ActionNetwork**  
A Project of  
**ModelsforChange**

# Intake-Based Diversion

Strategic Innovations from the  
Mental Health/Juvenile Justice Action Network

Prepared by the National Center for Mental Health/Juvenile Justice

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**ModelsforChange**  
Systems Reform in Juvenile Justice

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## **Models for Change**

Models for Change is an effort to create successful and replicable models of juvenile justice reform through targeted investments in key states, with core support from the John D. and Catherine T. MacArthur Foundation. Models for Change seeks to accelerate progress toward a more effective, fair, and developmentally sound juvenile justice system that holds young people accountable for their actions, provides for their rehabilitation, protects them from harm, increases their life chances, and manages the risk they pose to themselves and to the public. The initiative is underway in Illinois, Louisiana, Pennsylvania, and Washington, and through action networks focusing on key issues, in California, Colorado, Connecticut, Florida, Kansas, Maryland, Massachusetts, New Jersey, North Carolina, Ohio, Texas, and Wisconsin.



## 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, Emericke-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
- Ongoing 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 noncompliance.

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:

- Youth are screened into the program using specific mental health diagnostic criteria and standardized assessment;
- SJPOs maintain a caseload of no more than 15 (as compared to the standard caseload of up to 30 cases)

- 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 has been fully launched in four counties: Dallas County, Bexar County (San Antonio), Travis County (Austin), and Lubbock County. It was recently expanded to include two SJPOs in Harris County (Houston). The Texas Juvenile Justice Department, which oversees program implementation, developed a FEDI manual that documents all policies and procedures to ensure that juvenile probation departments and staff implement the program consistently.

## 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 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.

For additional information about the FEDI program, please contact the NCMHJJ:

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