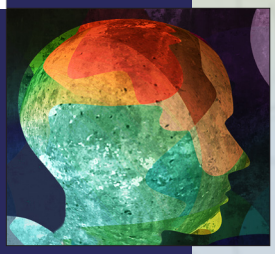
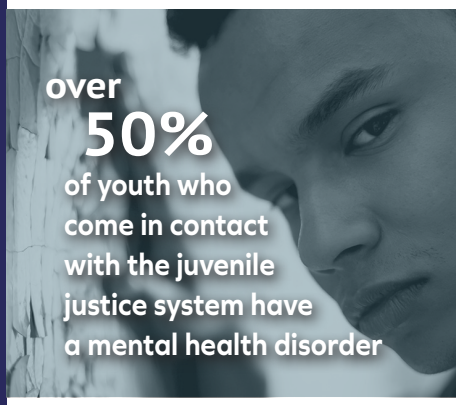
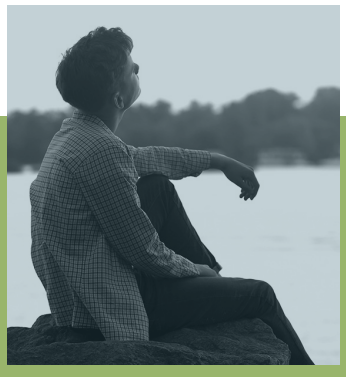


Juvenile Justice Mental Health Diversion
GUIDELINES AND PRINCIPLES

Nearly 90% of youth involved with the juvenile justice system have been exposed to at least one potentially traumatic event, including violent victimization, psychological trauma, and traumatic loss.[1] Over half have experienced multiple adverse childhood experiences, such as family violence, emotional or physical abuse, or neglect.[2] Moreover, youth are likely to face continued exposure to violence once they become involved with the justice system.[3] **Well over half of youth who come in contact with the juvenile justice system have a mental health disorder.**[4] These mental health issues are far more prevalent among youth involved with the juvenile justice system than in youth in the general population, and present unique challenges for juvenile justice practitioners, schools, communities, and other relevant systems.[5] **Most youth with mental health disorders who come to the attention of the justice system, could be better served outside of the system.**[6]





To effectively address these mental health needs, jurisdictions should construct several opportunities for youth with mental health diagnoses to be diverted or channeled away from deeper involvement with the justice system at multiple points of contact, such as at school when contacted by law enforcement, referral, pre-petition, detention, and pre-adjudication. **The juvenile court holds an integral role in developing, implementing, and supporting mental health diversion through both judicial leadership and the expertise of juvenile justice professionals such as Directors of Court Services, Court Administrators, and Chief Probation Officers.** The following Guidelines are supported by the National Judicial Task Force to Examine State Courts' Response to Mental Illness and outline critical components of effectively diverting youth with mental health needs from juvenile justice involvement.

1. COMMIT TO INTEGRATED APPROACHES AND CROSS-SYSTEM COLLABORATION

- Formalized, consistent, and sustained collaboration between the juvenile justice system, state and local mental health agencies, substance use professionals, schools, law enforcement, and other agencies is critical to effectively address the issues and barriers that affect the shared population of youth with mental health disorders.
- A core team of multi-agency stakeholders should lead in designing, implementing, and monitoring mental health focused diversion efforts. The team should have current knowledge of adolescent mental health needs, evidence-based assessments and treatments, and strategies for effective cross-system collaboration.
- Communities should strive for a continuum of evidence-based and trauma informed services for youth and families outside of juvenile justice system. Youth should never have to enter the juvenile justice system to access services.
- Diversion opportunities should encourage connecting youth to individuals at schools and strengthening family connections, as these protective factors have been linked to reduced substance sue and mental health needs in adulthood.[7]

2. EMPLOY STANDARDIZED MENTAL HEALTH SCREENERS AND ASSESSMENTS

- The juvenile court and/or probation should select a standardized mental health screening instrument to use along with a standardized risk and needs assessment.
- Those administering the mental health screening must be trained as required by the selected instrument, and implementation of the mental health screening should be monitored by internal quality assurance personnel, a contracted agency, a university, or other qualified individuals.
- Every young person who enters the juvenile justice system should be screened for mental health needs as soon as possible and screened again when they reenter the system or after there has been a significant or traumatic event in their life.
- If screening indicates a need for further evaluation, a more comprehensive and individualized assessment of the needs, strengths, and barriers of the young person and their family should be administered. The assessment should include information on the type and extent of mental health issues or substance use disorders; other problems/issues associated with the disorders; skill sets and strengths; and recommendations for services and intervention for the family.
- Policies, procedures, and training are needed guide the system's response to the results of the mental health screening (e.g., follow-up assessments, emergency response, referral to treatment), with specific procedures and training related to identifying and addressing the needs of youth with co-occurring mental and substance use disorders.
- Information collected for mental health screening and assessment should not be used to jeopardize the legal interests of the youth.

3. DEVELOP CONTINUUM OF EVIDENCE-BASED TREATMENT AND PRACTICES

- The youth's mental health needs should be viewed through the lens of responsivity; when a youth is experiencing mental health symptoms, their ability to learn and change behavior is significantly hindered. Identifying and treating the mental health symptoms will improve the ability of the youth to respond to interventions designed to address criminogenic needs.
- Law enforcement, school staff, teachers, and those who work with youth in the community should be trained on how to identify a mental health response or crisis and how to therapeutically respond and de-escalate the situation.
- Youth who are diverted benefit from a coordinated approach across service systems and community-based organizations with access to individual and family mental health services, substance use treatment, and trauma-focused interventions. Coordination across systems helps to ensure timely access to appropriate treatment in the least restrictive setting.
- The core team should assess current capacity to provide evidence-based services/interventions to youth identified as needing a follow-up assessment and potential treatment for co-occurring mental and substance use disorders and seek to develop a wide network/coalition of community based mental health providers, including school based providers.

4. COMMIT TO TRAUMA INFORMED CARE

- Exposure to violence and trauma play a significant role in the lives of youth involved in the juvenile justice system and exacerbate symptoms of mental illness and substance use. All parts of the system have the responsibility to be knowledgeable about the psychological, behavioral, and emotional impact of trauma and develop practices that are responsive to trauma.
- Those who conduct trauma screenings should be well-trained and use a documented protocol for how to respond to the results of the screening.
- The community's continuum of services should include access to trauma-focused treatment.
- Court professionals should be transparent about how and why decisions are made about case processing and treatment options and provide youth and their families with options regarding their case processing and treatment, so they have a voice in decision making.

5. ENSURE FAIR ACCESS TO DIVERSION OPPORTUNITIES AND EFFECTIVE TREATMENT

- Screening and assessment policies and protocols should clearly support equitable treatment of all youth, regardless of their race, gender identity, cultural background, or socio-economic status.
- All youth, regardless of their race, socio-economic status, or gender identity, should have access to appropriate and effective treatment and services to meet the diverse cultural needs of all youth and families.
- Dependent youth should be given the same opportunities for diversion as their peers.
- Juvenile justice systems are responsible for collecting data to regularly evaluate and refine diversion policies and procedures that may contribute to disparate treatment.

6. MAXIMIZE DIVERSION AND MINIMIZE INTERVENTION FOR YOUTH WITH LOW RISK TO RE-OFFEND

- The court should partner with community stakeholders on pro-social, strength-based prevention efforts to build empathy and resiliency of all young people in the community.
- When a youth whose risk assessment scored as low risk indicates the need for mental health services through the mental health screening and assessment process, they should be connected to mental health resources in the community without court oversight. Unnecessary court oversight of diversionary obligations stands to criminalize mental health needs and push the youth into the juvenile justice system.

7. SPECIALIZED TRAINING FOR INTAKE OR PROBATION OFFICERS

- When a young person's risk to recidivate does not permit complete diversion from justice involvement, they should have access to specialized intake/probation officers who are extensively trained in working with youth with mental health disorders.
- Probation officers should be experts in screening and assessments, understanding available resources, and collaborating with partner agencies. They should also be trained or have knowledge of crisis intervention resources.
- Probation officers should aim to actively and meaningfully engage family and youth in services and case plans. Case plans should be informed by assessments and built in partnership with youth and their families.

8. MEASURE PROGRAM INTEGRITY AND DIVERSION OUTCOMES

- The court and its partners should establish quality assurance processes for diversion processes and programs including collecting, analyzing, and reporting data to stakeholders; regularly reviewing and updating policies and procedures; training and coaching; and monitoring program fidelity.
- Court management should establish processes to determine whether the diversionary process or program is meeting its goals and objectives (e.g., reduction in subsequent delinquent behavior; effectiveness of services provided; effectiveness of mental health treatment; increase in protective factors).




RESOURCES

GUIDELINE 1 (INTEGRATED APPROACHES AND CROSS-SYSTEM COLLABORATION)

- Best Practices in Youth Diversion
- Building a Brighter Future for Youth with Dual Status by The Children's Partnership and Robert F. Kennedy Children's Action Corps
- Improving Diversion Policies and Programs for Justice-Involved Youth with Co-occurring Mental and Substance Use Disorders: An integrated Policy Academy/Action Network Initiative
- Mental Health Needs of Juvenile Offenders
- Stemming the Tide: Diverting Youth With Mental Health Conditions

GUIDELINE 2 (STANDARDIZED MENTAL HEALTH SCREENERS AND ASSESSMENTS)

- Juvenile Assessment Center Jefferson County (Program Example)
- Mental Health Screening in Juvenile Justice: The Next Frontier by National Center for Mental Health and Juvenile Justice
- Mental Health Screening in Juvenile Justice Services by National Center for Juvenile Justice
- Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending
- GAIN-SS Screener (Screener Example)
- MAYSI-2 Behavioral Health Screening (Screener Example)
- Child & Adolescent Functional Assessment Scale (CAFAS) (Assessment Example)
- Auchenbach/Child Behavior Checklist (CBCL) (Assessment Example)
- The Child and Adolescent Needs and Strengths (CANS) (Assessment Example)
- Behavior Assessment System for Children (BASC-3) (Assessment Example)

GUIDELINE 3 (CONTINUUM OF EBP TREATMENT AND PRACTICES)

- Crisis Intervention Team (CIT) training (Program Example)
- Youth Mental Health First Aid (Program Example)
- Blueprints Programs (Database of Effective Programs)
- Functional Family Therapy (Example of Effective Program)
- Multisystemic Therapy (Example of Effective Program)
- Family Partnership Program (Program Example)
- Multidisciplinary Team Wyoming

RESOURCES

GUIDELINE 4 (TRAUMA INFORMED CARE)

- Screening Tools for Trauma | Behavioral Health Evolution
- 10 Things Every Juvenile Court Judge Should Know About Trauma and Delinquency
- Dual Status Trauma Informed - North Dakota (Process Example)
- Trauma Screening | The National Child Traumatic Stress Network (Trauma Screener Example)
- Adverse Childhood Experiences (ACEs) (Trauma Screener Example)

GUIDELINE 5 (FAIR ACCESS TO DIVERSION OPPORTUNITIES AND TREATMENT)

- Race Equity and Inclusion Action Guide
- A checklist for juvenile probation agencies on racial and ethnic equity and inclusion from Transforming juvenile probation: A vision for getting it right.
- Diversity & Inclusion Program - Kentucky Court of Justice (kycourts.gov)

GUIDELINE 6 (MAXIMIZE DIVERSION AND MINIMIZE INTERVENTIONS FOR LOW RISK YOUTH)

- Effective Case Management - CJI (cjinstitute.org)
- Principles of Effective Intervention - CJI (cjinstitute.org)
- Sonoma County Youth Diversion program (Program Example)
- Utah Youth Services model (Program Example)

GUIDELINE 7 (SPECIALIZED TRAINING FOR PROBATION OFFICERS)

- The Front-End Diversion Initiative (Program Example)
- NCYOJ Training Network (Training Example)
- National Child Traumatic Stress Network (Training Example)

GUIDELINE 8 (PROGRAM INTEGRITY AND OUTCOMES)

- Fundamental Measures for Juvenile Justice
- Evidence-Based Correctional Program Checklist (Program Evaluation Tool Example)

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