



Mental Health Diversion Programs Best Practice Guide

ILLINOIS MENTAL HEALTH OPPORTUNITIES FOR YOUTH DIVERSION TASK FORCE

APRIL 2017



Executive Summary

More than half of the nearly 2 million youth who are arrested each year meet diagnostic criteria for having a **mental health condition**, and at least 20% live with serious mental illness, such as schizophrenia, bipolar disorder, and major depression.^{1,2} Justice-involved **youth** living with mental health conditions have high recidivism rates, are more likely to be suspended and expelled from school, are more likely to use drugs and alcohol, and are at greater risk for future involvement in the adult criminal justice system.³⁻¹⁰ Less than half of these youth ever received comprehensive community-based mental health services or treatment.¹¹ Most diagnosed youth only receive expensive, restrictive services in emergency rooms, juvenile detention or residential treatment.^{1, 11-15}



For many, community-based mental health care could be more appropriate. Studies show that programs that connect justice-involved youth living with mental health conditions to effective community-based services while simultaneously providing ongoing monitoring and supervision by the juvenile justice system reduces recidivism, decreases mental health symptoms, and improves social and family functioning.^{1,16-19} These programs put justice-involved youth living with mental health conditions on the road to recovery, a road that helps them exit the justice system and return to school, work, and family.

The Illinois Mental Health Opportunities for Youth Diversion Task Force (Public Act 99-0894) is embarking on a mission to learn about the juvenile justice system in Illinois, how it can better serve youth living with mental health conditions and, most importantly, divert youth from the justice system if possible. Commencing in the spring of 2017, the charge of the Task Force is to review existing **diversion programs**, identify gaps in service delivery, and identify opportunities to expand, implement, and leverage programs that reduce

justice involvement for youth. Together with policymakers, community advocacy groups, service providers, health care systems, law enforcement, juvenile justice partners, and youth, an action plan to increase the number of justice-involved youth living with mental health conditions diverted into community-based treatment will be delivered to the Governor and General Assembly in 2018.

To assist the Task Force in their charge, this guide has been developed to provide 1) an overview of mental health diversion programs, 2) factors associated with successful diversion programs 3) existing Illinois diversion programs for justice-involved youth living with mental health conditions, and 4) selected existing diversion programs across the US for justice-involved youth living with mental health conditions.

While juvenile justice diversion programs such as youth courts, community mediation, and school-based probation programs have existed for many years, juvenile justice mental health diversion programs are more recent. Common components of juvenile justice mental health diversion programs include:

- Screening and assessment to identify mental health symptoms and service needs
- Family/parental involvement
- Participation in community-based mental health services including:
 - Evidence-based mental health services
 - Individual and family therapy
 - Medication management
- Case management
- Required school attendance
- Justice system monitoring and supervision

While juvenile justice mental health diversion programs have grown in number in recent years, many programs are not empirically evaluated. Programs often cannot afford rigorous research studies to document their effectiveness. However, research that has been conducted in this area suggests that family treatment is associated with lower rates of recidivism.³⁶ The most effective treatment models that have demonstrated delinquency-reducing benefits for justice-involved youth living with mental health conditions all involve family and youth, are community-based, and deal with youth problem behaviors as a family unit.^{1,32}

The diversion programs described in this guide present several elements of each program, to the extent they are available.

This includes:

- Program name, location and and start date
- Funding source(s)
- Oversight
- Sequential Intercept point
- Program overview
- Target population
- Eligibility criteria
- Program requirements and services
- Participant and community outcomes
- Contacts and additional information

Task Force members are encouraged to review the content of this report to identify opportunities and gaps in the mental health diversion programs currently operating in Illinois. While the list presented here is not meant to be exhaustive, it is a first step in determining the key components of diversion models for the purposes of discussion.

Acknowledgements and gratitude

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Mental illnesses, or mental health conditions, encompass all diagnosable mental disorders characterized by alterations in thinking, mood, behavior, and impaired functioning. Symptoms of mental illness are marked by their pervasiveness and persistence. Mental illnesses are common and treatable and people living with mental illness can recover and lead meaningful and successful lives.

Youth under the age of 18 who are accused of committing a delinquent or criminal act are typically processed through the juvenile justice system. Youth can encompass transition age youth as well, which refers to individuals aged 16 to 25 years, crossing both the juvenile and adult justice systems.

Diversion programs are alternatives to initial or continued formal processing of youth in the juvenile justice system. Diversion can take place at any point of contact with the justice system: when youths first enter the system, when they are detained, and/or when they return to their communities. This Task Force is specifically considering diversion to mental health services, but diversion programs generally connect a youth to a variety of services, such as job programs.

Illinois Mental Health Opportunities for Youth Diversion Task Force Best Practice Guide

Introduction

Nearly two million youth are arrested in the United States each year. More than half of all youth who are arrested meet diagnostic criteria for having a mental health disorder.^{1,2} At least 20% of these justice-involved youth live with serious mental illness, such as schizophrenia, bipolar disorder, and major depression, and other disorders that severely impair their ability to function³⁻⁵. Justice-involved youth living with mental health conditions have high recidivism rates: they are more likely to reoffend, be re-arrested and reincarcerated than their justice-involved peers who don't have mental health disorders.³⁻⁵ These youth also experience other serious life problems impairing their ability to succeed in school and work. Justice-involved youth living with mental health conditions are more likely to be suspended and expelled from school, and have higher truancy and drop-out rates than their peers (justice-involved youth who don't have mental health conditions).⁵⁻⁸ They are more likely to use drugs and alcohol.⁴ Most notably, justice-involved youth living with mental health conditions are at greater risk for future involvement in the adult criminal justice system and are more likely to be incarcerated when they become adults.^{9,10}

Despite the fact that so many justice-involved youth experience mental health conditions, it's estimated that less than half have ever received any comprehensive community-based mental health services or treatment.¹¹ Instead, most diagnosed youth only receive expensive, restrictive services in emergency rooms, juvenile detention and/or residential treatment for their

mental health care when community-based care could be more appropriate.^{1, 11-15} For some of these youth, their first contact with the juvenile justice system is the first time that they have been diagnosed with a mental illness or receive treatment. For far too many youth, the juvenile justice system is the only place where they receive any mental health services.¹² Many juvenile justice systems, however, aren't equipped to meet the needs of youth living with mental health conditions. The US Department of Justice and the Federal Advisory Committee on Juvenile Justice investigations^{13,14} found that the mental health services provided in juvenile justice facilities are either inadequate or non-existent. Insufficient funding, resources, and trained staff often hinder juvenile justice administrators' ability to provide proper mental health care. This dire situation frustrates juvenile justice system personnel, families and youth themselves. When these youth don't receive the treatment they need to get better, they will continue to cycle through the juvenile justice system.¹⁵

To law enforcement officials, the behavior of youth living with mental illness can appear to be criminal, when it may actually be related to their mental health condition. Aggressive or unexpected behavior can lead to arrest and incarceration, which removes youth from community supports, increases their isolation and can be traumatizing — all of which may exacerbate their illness.^{1,11,15} Despite the large number of incarcerated youth who need mental health services, they typically do not receive these services in correctional facilities, which were not designed to provide this type of care and the

services they do receive are often ineffective and insufficient to meet their needs.^{1,11,13,14} The devastation incarceration causes to youth and their families also increases the likelihood that they will end up in the adult criminal justice system.^{1,9,10}

What does work are programs that divert youth living with mental health conditions to community-based mental health treatment. Studies show that programs that connect justice-involved youth living with mental health conditions to effective community-based services while simultaneously providing ongoing monitoring and supervision by the juvenile justice system reduces recidivism, decreases mental health symptoms, and improves social and family functioning.^{1,16-19} These programs put justice-involved youth living with mental health conditions on the road to recovery, a road that helps them exit the justice system and return to school, work, and family.

About this Best Practice Guide

The Illinois Mental Health Opportunities for Youth Diversion Task Force (Public Act 99-0894) is embarking on a mission to learn about the juvenile justice system in Illinois and how it can better serve youth with mental health conditions and, most importantly, divert youth from the justice system if possible. To that end, the Task Force will: review existing diversion programs, identify opportunities to start new and/or expand existing programs, and recommend an action plan that includes pilot programs and policy changes for increasing the number of Illinois justice-involved youth living with mental health conditions diverted into community-based treatment. This guide is designed to support the Task Force's work. Topics include:

- Overview of mental health diversion programs
- Factors associated with successful diversion program implementation and participant outcomes
- Existing Illinois diversion programs for justice-involved youth living with mental health conditions
- Selected existing diversion programs across the US for justice-involved youth living with mental health conditions

The Illinois Criminal Justice Information Authority (ICJIA) reports that there were 36,196 arrests of juveniles ages 17 and younger in Illinois in 2014 (the year for which the most recent data are available), involving 23,860 unique individuals.²⁰ Given that more than half of all arrested youth are living with a mental health condition, approximately 11,930 Illinois youth arrested in 2014 were living with mental health conditions and needed services.

Mental health diversion programs

Diversion Programs: A Brief History

More than 40 years ago, the President's Commission on Law Enforcement and Administration of Justice recommended creating formal pathways to remove youthful offenders from traditional juvenile justice processing, arguing that processing—and ultimately incarceration—were more damaging to youth than rehabilitative.^{21,22} In 2003, the New Freedom Commission on Mental Health advocated for the adoption of diversion programs to reduce unnecessary court involvement of adults and youth living with mental illness.²³ The New Freedom Commission viewed diversion as key to decriminalizing mental illness and a needed step to decreasing the warehousing of youth living with mental health conditions in juvenile detention and correctional centers.

Mental health courts have been in existence in Illinois since 2004. In 2015, the Administrative Office of the Illinois Courts established Standards for all Illinois problem-solving courts. These Standards set the minimum requirements for planning, establishing, certifying, operating and evaluating Illinois problem-solving courts. These Standards can be found at http://www.illinoiscourts.gov/Probation/Problem-Solving_Courts/P-SC_Standards_2015.pdf

In the adult criminal justice system, specialty or problem-solving courts, such as mental health and drug courts, are the best known—and most frequently implemented—diversion program. Common features of problem-solving courts include:

- A designated judge and staff
- Specialized intake and screening procedures
- Community treatment coordinated and provided by a multidisciplinary team
- Ongoing court monitoring and evaluation, including frequent judicial interactions with participants
- Use of sanctions, incentives and community treatment to address problem behaviors
- Less formal court process and procedures
- Voluntary participation

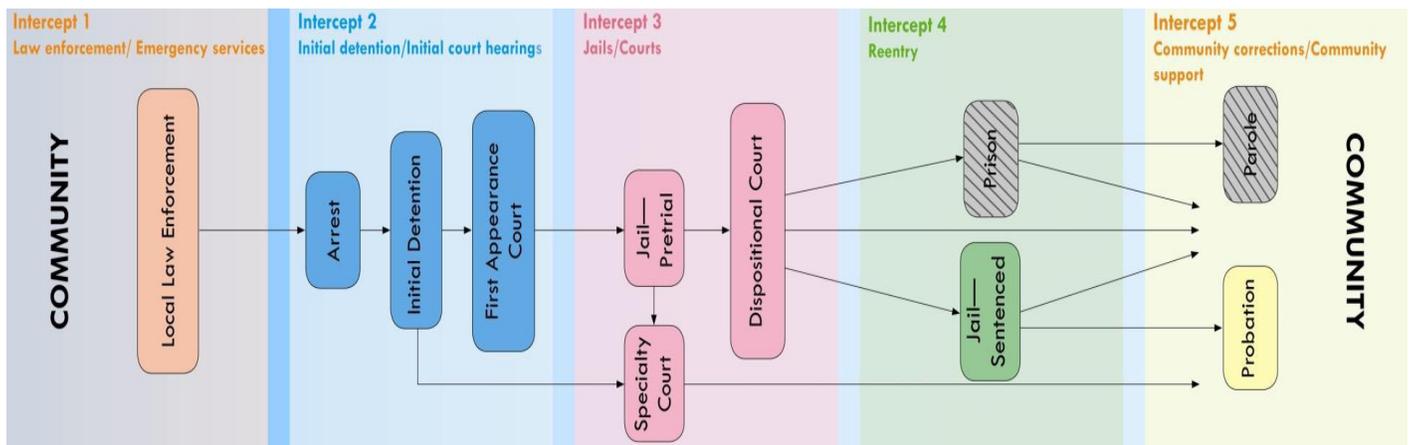
Mental health courts use a specialized docket and court teams that include judges, representatives from the District or State’s Attorney and Public Defenders offices, probation officers, case managers, and community mental health providers to connect offenders living with mental illness to treatment. These courts provide ongoing court monitoring and supervision to ensure treatment compliance and hold participants accountable for the actions that resulted in their criminal offense. Court teams typically meet on a weekly basis to review participants’ treatment progress. Participants are required to attend frequent court appearances (weekly, biweekly and/or monthly).

During court appearances, the judge reviews participants’ progress with them and may impose sanctions that the team has decided are needed to stop negative behaviors or give incentives to reward treatment success. Research shows that adult mental health courts effectively reduce recidivism, ensure treatment access and engagement, and decrease justice system costs.^{24,25}

When and How Does Diversion Happen?

For the purposes of this Task Force, diversion programs are alternatives to initial and/or continued formal processing of youth in the juvenile justice system. The Task Force is also considering diversion to mental health services, whereas mental health conditions are not always the focal point of diversion programs more broadly. Diversion can take place at any point of contact with the justice system: when youths first enter the system, when they are detained, and/or when they return to their communities. One diversion model that is often used to describe where and how diversion can take place is the Sequential Intercept model²⁶ (see pages 50-51 for a full description of the model). Developed in 2006 by Munetz and Griffin²⁶ and publicly available through the Substance Abuse and Mental Health Services Administration’s (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation, the Sequential Intercept model lists five key points or intercepts where diversion can occur: 1) at initial contact with law enforcement; 2) at initial detention or court hearing; 3) in jail or court; 4) at re-entry; 5) and at probation or parole. At each

Sequential Intercept Model²⁶



Examples of other diversion or intercept models can be found at: <http://youth.gov/youth-topics/juvenile-justice/diversion-programs> and at <https://www.ncmhjj.com/wp-content/uploads/2016/09/CSMSP-Y3.pdf>

point, justice system and mental health providers can work together to identify justice-involved individuals who are living with a mental health problem and who need community-based services, not incarceration, to treat the behavior that resulted in their contact with the justice system and prevent and/or reduce future justice system involvement.

Juvenile Justice Mental Health Diversion Programs

While juvenile justice diversion programs such as youth courts, community mediation, and school-based probation programs have existed for many years, juvenile justice mental health diversion programs are a somewhat recent phenomenon. These programs began to flourish after the release of the New Freedom Commission on Mental Health report. Common components of juvenile justice mental health diversion programs include:

- Screening and assessment to identify mental health symptoms and service needs
- Family/parental involvement
- Participation in community-based mental health services including:
 - Evidence-based mental health services
 - Individual and family therapy
 - Medication management
- Case management
- Required school attendance
- Justice system monitoring and supervision

All juvenile justice mental health diversion programs have eligibility and participation requirements. Eligibility requirements ensure that the youth who participate in the program are those who can meet program participation requirements and gain the greatest benefits from the program – and ensure public safety. Typical eligibility requirements or criteria include age, mental health symptoms, and criminal offense. Participation requirements include staying in treatment, going to school, attending scheduled court appearances and/or probation meetings, participating in family therapy and other activities, such as life skills training and community service events.

Failure to accept and abide by diversion program requirements may result in sanctions, termination from the program and other penalties.

Juvenile justice mental health diversion programs also include violence prevention and education initiatives. These programs seek to train law enforcement, justice staff, treatment providers and others who may come in contact with youth living with mental health conditions how to recognize mental health symptoms and refer youth to treatment, not the justice system.

In addition to reducing recidivism and improving participants' mental health and quality of life, juvenile justice mental health diversion programs are cost-effective. The Campaign for Youth Justice²⁷ reports that in 2014, it cost \$407 a day to keep youth in juvenile detention facilities, but only \$75 to provide community-based services. Every dollar spent on evidence-based services such as Multisystemic Therapy and Functional Family Therapy can net up to \$13 in cost savings on detention and incarceration.

Program Example: Juvenile Mental Health Courts

Similar to adult mental health courts, juvenile mental health courts use a separate docket, court teams and regular judicial supervision to divert justice-involved youth living with mental health conditions from incarceration.¹⁵ Participation is voluntary, and youth and their parents or guardians must both agree to participate in the program and obey program requirements. Generally, the youth who are eligible for juvenile mental health courts are those whose offenses are the result of their mental health conditions. The courts connect youth to community-based mental health treatment, regular court supervision to ensure that youth stick with treatment and other conditions (pay restitution, go to school) and are held accountable for their offenses. The courts also typically provide family supports that help families and youth reconnect and resolve problems, and educate families about mental illness and mental health treatment.¹⁹ A growing body of research shows that juvenile mental courts reduce recidivism, link youth to effective and appropriate mental health treatment, improve youth and family functioning, enhance cross-system collaborations, and reduce justice system costs.^{12,15}

Program Example: Crisis Intervention Teams

Law enforcement officers are often the first responders to a mental health crisis, and can play a critical role in diverting people living with mental health conditions—including youth living with mental health conditions—from the criminal justice system to community-based treatment. While interactions with people living with mental health conditions are a regular part of policing, officers often report that they feel ill-prepared to effectively handle mental health crisis calls.²⁸ Officers may not

The Sargent Shriver National Center on Poverty Law recently completed training with School Resource Officers – law enforcement officers assigned to schools. Their report, *Handcuffs in Hallways* examines best practices for school-based safety, with a focus on school policing in Chicago public schools. This excellent report recommends that Chicago Public Schools implement a formalized School Resource Officer program that includes collaboration with community stakeholders; protection of students' civil rights; best practices for recruiting, screening and training officers; and mechanisms for policy transparency and accountability. Read the report at: <http://povertylaw.org/handcuffs>

understand why a person who is experiencing a mental health crisis is not complying with commands; they may perceive the individual's behavior as dangerous and unpredictable, and use the same tactics in these situations as they would for any other type of encounter. Encounters can thus become dangerous for both officers and people experiencing mental health crises, resulting in violence and injury.²⁸ Crisis Intervention Teams (CIT) is the most widely-used approach nationwide to improve police officers' ability to effectively respond to mental health crises. The key goals of CIT are to improve the safety of both officers and people experiencing mental health crises, reduce use of force, and increase diversion to community treatment.²⁹ CIT includes three core components: specialized training, partnerships with community providers, and designated roles for CIT-trained officers within their departments.³⁰ Officers volunteer for CIT and complete an intensive 40-hour training program that teaches them about the signs and symptoms of mental illness, de-escalation strategies, and how to make

appropriate dispositions and linkages to community-based treatment.^{28,29} When dispatchers receive a call involving a person who is experiencing a mental health crisis, the CIT officer can respond to the call and link the individual to treatment as appropriate.³⁰ Studies show that CIT training improves officers' knowledge about mental illness, enhances their confidence in identifying and responding to mental health crises and decreases negative, stigmatizing attitudes about people living with mental illness.^{29,30} Research also shows that CIT reduces use of force and increases linkage to community treatment. Compared to non-CIT officers, CIT officers are more likely to use verbal negotiation than physical force in encounters with people experiencing mental health crises, and refer or transport these individuals to services rather than jail.^{29,30}

In 2010, ICJIA awarded funding to the National Alliance on Mental Illness (NAMI) Chicago to implement CIT for Youth within the Chicago Police Department. CIT for Youth teaches officers about the unique problems of juveniles living with mental health conditions, how to de-escalate a crisis, and how to link youth to treatment. A total of 593 CPD officers attended CIT for Youth training. Evaluation results show that officers increased their understanding of curriculum core content (identifying youth experiencing mental health crises, risk of harm and crisis de-escalation, and service call disposition) and had more positive attitudes toward appropriate responses to service calls regarding youth in crisis both immediately after completing the CIT for Youth training and six months post-training. Officers also reported they used what they learned in the CIT for Youth training, particularly de-escalation techniques.³¹

Factors associated with successful juvenile justice mental health diversion programs

Justice-involved youth living with mental health conditions typically need the support of multiple service systems. These youth have problems that are inter-related and require integrated community-based services across four systems: child mental health, child protection/welfare, education, and juvenile justice. To successfully divert these youth and address both their mental health and delinquency issues, services across these systems must be made available. It cannot be left to juvenile justice (or mental health) alone to address these youth's complex needs.¹ Coordination and collaboration between these four systems are therefore important factors for the success of any juvenile justice mental health diversion program.

- In communities that have implemented community systems of care, the treatment of justice-involved youth living with mental health conditions is the responsibility of each agency or system, not solely the responsibility of juvenile justice. Studies suggest that this collaboration and coordination result in:^{32,33}
 - Increased diversion at initial intercept points
 - Increased ability for justice systems to develop and implement community-based re-entry (aftercare) plans
 - Improved youth education outcomes
 - Reduced recidivism
- Assessment of mental health and other needs at initial intercept points is a promising diversion and prevention practice. Screenings and assessments can identify mental health symptoms and treatment needs, and facilitate linkages to community-based services. Several states have established courtroom procedures that allow court personnel to request mental health screenings.³⁴

- A significant number of justice-involved youth living with mental health conditions have experienced trauma and are victims of child abuse, rape, and domestic violence. Additionally, involvement in the juvenile justice system itself—being arrested, held in lockup, being incarcerated—is very traumatizing. As a result, justice-involved youth living with mental health conditions often have high levels of post-trauma stress disorder (PTSD).³⁵ Studies suggest that justice-involved youth with PTSD have poor outcomes, and are frequently misdiagnosed and under-served by the juvenile justice system.³⁵ Thus, it's critical that diversion programs screen and assess youth living with mental health conditions for trauma, and ensure that their programs used a trauma-informed care approach.

Trauma-informed approaches are designed to address the consequences of trauma in an individual and promote healing. According to SAMHSA, a program that is trauma-informed: 1) realizes the widespread impact of trauma and understands potential paths for recovery; 2) recognizes the signs and symptoms of trauma in clients, families and staff; 3) responds by fully integrating knowledge about trauma into policies, procedures and practices; and 4) seeks to actively resist re-traumatization. More information on trauma-informed approaches is available at: <https://www.samhsa.gov/nctic>.

- African American and Latino youth are over-represented in the juvenile justice system. They commit the same types of offenses as Caucasian youth, but are far more likely to be arrested and be detained than Caucasian youth. African American youth are more likely to receive harsher treatment than Caucasian youth at nearly all stages of case processing.^{11,27} Both African American and Latino youth are more likely than Caucasian youth to be tried in the adult system. In Illinois, ICJIA reports that, in 2014, African American youth accounted for 18% of the total youth population but accounted for 61% of all arrests, while Caucasian youth accounted for 76% of the youth population and 37% of all arrests.²⁰ Justice-involved African American and Latino youth living with mental health conditions are more likely than Caucasians to continue to struggle with

their mental health problems when they leave detention and return to the community. A recent study shows that, five years post-detention, African American and Latino youth had higher rates of psychiatric disorders than Caucasian youth.² Diversion programs must address these disparities as well as the racial bias that occurs at each intercept point to ensure that African American and Latino youth receive fair, adequate and effective treatment.^{2,27}

While juvenile justice mental health diversion programs have grown in number in recent years, many programs are not empirically evaluated. Programs often cannot afford rigorous research studies to document their effectiveness. However, of the research that has been conducted to date, studies suggest that, across all juvenile justice diversion programs, participation in diversion programs that include family treatment are associated with lower rates of recidivism.³⁶ The most effective treatment models that have demonstrated delinquency-reducing benefits for justice-involved youth living with mental health conditions all involve family and youth, are community-based, and deal with youth problem behaviors as a family unit.^{1,32} We describe four interventions that have been found to reduce recidivism for justice-involved youth living with mental health conditions.

Functional Family Therapy (FFT)

FFT is a short-term, family-based intervention that is designed to improve family communication and problem-solving. FFT typically works with youth ages 11-18 who have mental health, delinquency, and/or substance use problems. Services are provided in both clinic and home settings, with an average of 12 to 14 sessions over three to five months. FFT is a strengths-based model with acceptance and respect at its core. It consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each phase builds on one another, with therapists working with family members to decrease hostility, conflict and blame; increase hope and positive interactions; understand impact of negative behaviors; improve communication; and build positive relationships with each other and community systems.³⁷ Studies show that youth who participated in FFT had significantly decreased recidivism rates compared to those who did not receive FFT.^{16,37}

Additional information on these treatment models can be found at:

FFT: <http://www.fftllc.com/>

MST: <http://mstservices.com/>

FIT: <https://whatworks.csgjusticecenter.org/program/family-integrated-transitions-fit>

MFTC: <http://www.ncjfcj.org/multi-dimensional-treatment-foster-care-mtfc>

Multisystemic Therapy (MST)

MST is an intensive family and community-based treatment program that focuses on addressing the social and environmental systems that impact justice-involved youth living with mental health conditions: schools, communities, home, families and friends. MST works with youth ages 12 to 17 who have long histories of arrests. MST clinicians work with families, meeting with them in their homes or in the community, at least once a week for an average of four months. They work intensively with parents and caregivers to put them in control, and to keep youth focused on school and job skills. MST clinicians also introduce youth and caregivers to sports and recreational activities as alternatives to risky behaviors. In addition to significantly reduced re-arrest rates, MST has been found to decrease youth mental health problems.^{16,18}

Family Integrative Transition (FIT)

FIT combines MST and Dialectical Behavior Therapy (a cognitive behavioral treatment that teaches mindfulness, how to tolerate painful situations, change or regulate emotions, and effective interpersonal relationships skills); Motivational Enhancement Therapy (a directive therapeutic approach that focuses on improving an individual's motivation to change) and relapse prevention.³⁸ Used in juvenile correctional facilities, FIT begins two months before a youth's release and continues for four to six months as he/she adjusts to re-entry and living in the community. In the FIT program, youth receive intensive family- and community-based treatment that promotes behavioral change in the youth's home environment, emphasizing the systemic strengths of family, peers, school and neighborhood to facilitate the change.^{17,38} The goal of FIT is to help youth generalize the skills they learn while incarcerated to their

daily lives within the community. Studies show that youth who participated in FIT had lower recidivism rates compared to youth who did not participate in FIT.^{17,38}

Multidimensional Treatment Foster Care (MTFC)

MTFC is an alternative to group home treatment or State facilities for youth living with mental health conditions, including those involved in the juvenile justice system. Youth are placed with trained, local and supervised families for six to nine months. MTFC is based on social learning theory and has four key elements that are targeted during foster care and after care:

- A consistent, reinforcing environment where youth are mentored and encourage to develop positive academic and living skills
- A daily structure that includes clear expectations, limits and specified consequences
- Close supervision
- Support to avoid negative peer relationships and help establishing positive, pro-social peer relationships

Studies show that youth who participated in MTFC had significantly fewer arrests and days spent incarcerated, decreased depressive symptoms, and better school attendance than youth who did not participate in MTFC.^{16,39}

Existing Illinois diversion programs for justice-involved youth living with mental health conditions

Illinois has implemented several juvenile justice programs over the past decade. Many of these programs were initially funded through the MacArthur Foundation's Model for Change initiative, a national juvenile justice reform program. In 2005, Illinois was selected as one of four core Models for Change states based on its tradition of juvenile justice leadership, ongoing reform, and community engagement and collaboration.⁴⁰ Diversion

programs in Illinois, per 705 ILCS 405/5-310 must hold youth accountable for their actions and provide opportunities for rehabilitation.²⁰

Table 1 lists existing diversion programs here in Illinois that serve justice-involved youth living with mental health conditions. We emphasize existing, because unfortunately, after funding ends, programs may not be able to continue. Given the current budget crisis in Illinois, this is especially true: programs that are here today may be gone tomorrow because the State dollars they depended on are no longer available. While we did an extensive search, it is possible that there are programs we may have inadvertently missed. Thus, this is not an exhaustive list of every existing program in Illinois.

We list the following information for each program:

- Program name, location and start date: The name of the program, where it is geographically located in Illinois, and the year the program began or was established.
- Funding source(s): The federal, state or county entities, foundations and/or organization that fund the program (Note: Funding information was not provided for some programs).
- Oversight: The organization responsible for overseeing or managing the program.
- Sequential Intercept point: The intercept points where the program's diversion activities occurs (see page 6). As shown in the table, several programs have diversion activities that take place at more than one intercept point.
 - SI 1: Program diversion activities occur at youth's initial contact with law enforcement
 - SI 2: Program diversion activities occur at youth's initial detention or court hearing
 - SI 3: Program diversion activities occur in jail, court or detention center
 - SI 4: Program diversion activities occur at youth's re-entry from a correctional facility back into the community
 - SI 5: Program diversion activities occur at probation or parole

- Program overview: A short description of the program’s goals and purpose.
- Target population: Characteristics of the specific population that the program services, for example “Youth ages 15-18 who have been charged with a misdemeanor”.
- Eligibility criteria: Any special requirements that youth must have or meet in order to participate in the program. For example “Youth must be non-violent offenders” or “Parents must also agree to participate in the program”.
- Program requirements and services: The services that the program provides, and any requirements youth must meet in order to stay in the program and continue to receive services.
- Participant and community outcomes: This includes whether the program has been empirically evaluated (that is, whether external researchers have studied the program) as well as any reported outcomes or changes that occurred for participants and communities as a result of the program. Participant outcomes, for example, include reduced recidivism or decreased arrest rates; community outcomes include reduced system costs.
- Contacts and additional information: The names and contact information for individuals who manage and/or can provide more information about the program, and links to the program’s website and other materials, such as annual reports. Note: Individuals may move on to new positions and programs, so contact information may become outdated during the Task Force’s work.

Note: Some information may not be available or relevant for some programs, and thus is not provided or listed in Table 1. For example, Fight Crime: Invest in Kids advocates and promotes solutions that steer youth away from crime. The program does not provide specific services for youth, so information on program requirements, as well as target population, isn’t applicable and therefore is not listed. Similarly, several programs may not have been empirically evaluated, and the outcomes they report are those listed on their websites and/or in other public documents. As ICJIA20 notes, detailed data on Illinois’ juvenile justice diversion programs are not available at a statewide level.

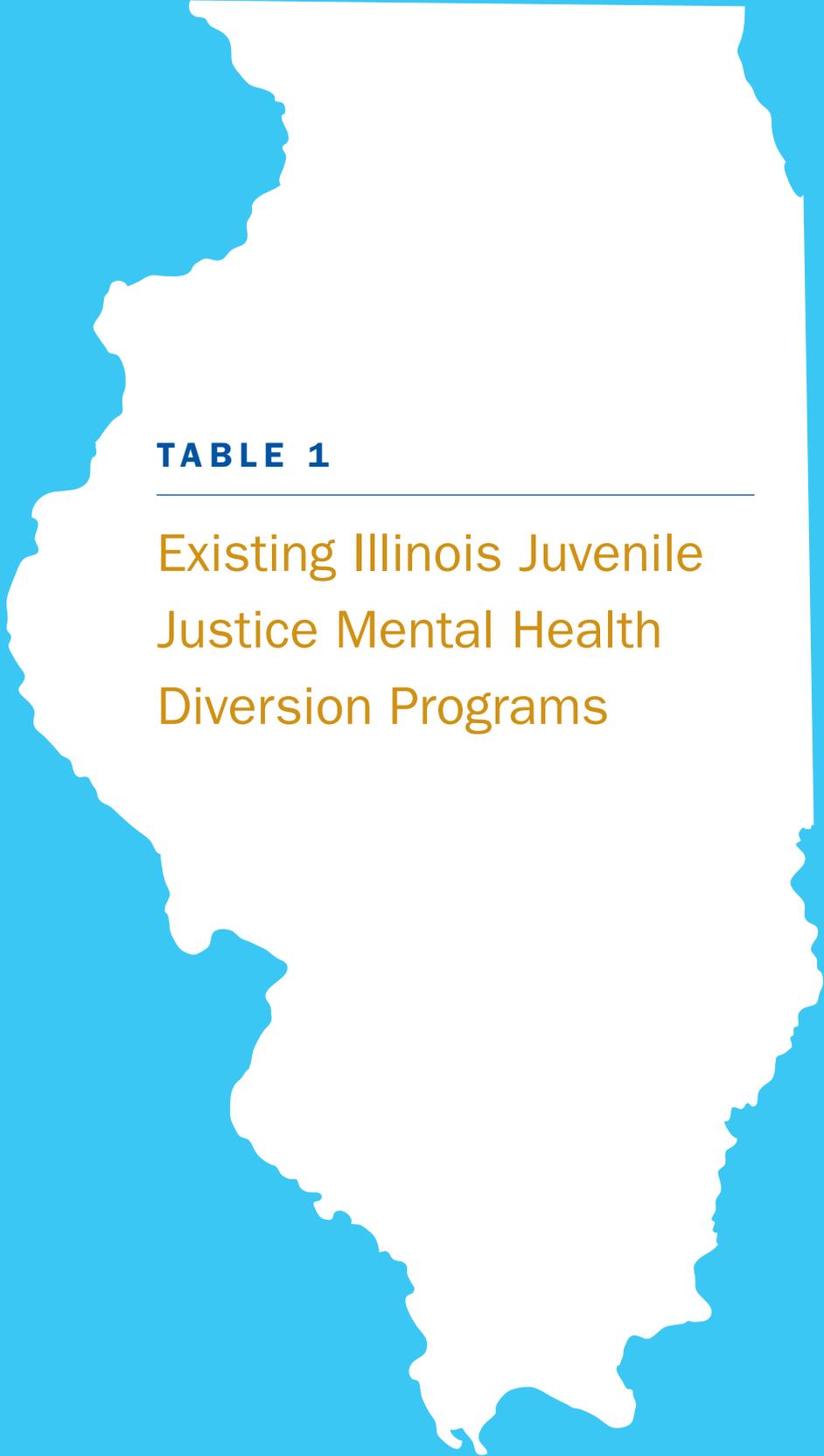


TABLE 1

Existing Illinois Juvenile
Justice Mental Health
Diversion Programs

Ogle County Juvenile Justice Council



- Located in Ogle County (Oregon, IL)
- In operation since 2001
- Initially funded by the MacArthur Foundation through the Models for Change initiative
- Oversight provided by Ogle County
- SI 1

Program Overview, Target Population and Eligibility Requirements

Pursuant to Juvenile Court Act (705 ILCS 405/6-12), counties or groups of counties may establish juvenile justice councils to develop a community-based interagency plan to prevent juvenile delinquency. Juvenile Justice Council members include representatives from the juvenile justice system, law enforcement, local schools, faith-based groups and other community groups.

The Ogle County Juvenile Justice Council seeks to prevent youth from entering the justice system due to undetected mental health or behavioral health problems via cross-system collaboration and linkages to needed services.

The program targets non-violent juvenile offenders.

Program Services and Requirements

Participants receive in-depth screening and assessment to determine service needs. Assessment information is not shared with prosecutors without agreement of defense counsel and youth.

Mental health treatment, addictions treatment, family counseling.

Expungement of juvenile records.

Alternatives to Suspension program minimizes education disruptions: Youth agree to serve suspension time at the county reporting center where they complete schoolwork under positive adult supervision; in return the school cuts suspension time in half and removes the suspension from participants' school records.

All law enforcement agencies use the same police contact form when collecting information about juvenile contact.

An integrated juvenile justice data system links State's Attorney's Office, Probation and Court Services and Circuit Court Clerk and informs the Council about youth who encounter law enforcement.

Participant and Community Outcomes

Empirically evaluated in 2013 by researchers at Loyola University Chicago School of Law.³⁹

From 2007 to 2012, the program reduced filing of delinquency petitions from 130 to 83 annually; use of detention admissions from 90 to 46 annually; annual convictions of youth from 47 to 25; and commitments to the state juvenile prison system from 6 to 4 annually.⁴¹

86% of youth who completed the program had no further police contacts or arrests.⁴¹

Reduced overall probation caseloads.⁴¹

Cut formal cases processed through Ogle County by over 33% from 2007 to 2012.⁴¹

About 70% of cases are diverted from court to alternative programs, including Balance and Restorative Justice Programs.⁴²

Contacts and Additional Information

Ogle County Juvenile Justice Council
106 5th Street, Oregon IL

Juvenile Justice Council email address:
oglejcc@oglecounty.org

Models for Change Innovation Brief:
<http://www.ncmhjj.com/wp-content/uploads/2013/12/LOgleCounty-Inno-Brief-2013R.pdf>

Illinois Juvenile Justice Council Overview:
<http://www.dhs.state.il.us/page.aspx?item=77005>

Fight Crime: Invest in Kids



- National non-profit anti-crime organization with chapters in each state, including Illinois
- Established in 1996
- Overseen by the Council for a Strong America
- SI 1

Program Overview, Target Population and Eligibility Requirements

Fight Crime: Invest in Kids is a national non-profit organization that works to advocate for and promote solutions that steer youth away from crime. The organization does not fund or provide specific programs for justice-involved youth.

Police officers and academy recruits participate in Fight Crime: Invest in Kids' Police Training Institute.

Program Services and Requirements

Fight Crime: Invest in Kids promotes evidence-based bipartisan and federal solutions to reduce crime including: voluntary parent coaching programs for new parents to prevent child abuse and neglect; high-quality early childhood education to increase youth educational success; stronger K-12 education goals and after-school programs that give youth a clear path toward productive futures; and proven coaching programs that strengthen families.

The Police Training Institute aims to teach police officers how to de-escalate conflict effectively and have safe, positive interactions with at-risk youth. The curriculum covers the following topics: differences in dealing with youth versus adults; how youth brain development, cultural differences, and unconscious biases affect interactions; de-escalation techniques; and alternatives to youth confinement, including community-based programs that address the root causes of criminal behavior.

Participant and Community Outcomes

No known empirical evaluation conducted to date. An empirical evaluation of the Police Training Institute is scheduled to begin in 2017.

Fight Crime: Invest in Kids focuses on promoting policy initiatives that can lower youth's crime risks. These include the reauthorization of the 21st Century Community Learning Centers program, which provides after school programs; efforts to reauthorize the Juvenile Justice and

Delinquency Prevention Act that will increase investments in evidence-based recidivism programs; and working within states to promote effective school discipline policies.⁴³

Contacts and Additional Information

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National Fight Crime: Invest in Kids website:
<https://www.strongnation.org/fightcrime/about-us>

Adolescent Domestic Battery (ADB) Intervention Program



- Programs in Cook, DuPage, and Peoria Counties, IL
- Established in 2010
- Services delivered by Youth Outreach Services (YOS) in Cook County; Northeast DuPage Family and Youth Services in DuPage County; and Children's Home Association of Illinois in Peoria County
- Developed and overseen by Models for Change
- SI 1, 2

Program Overview, Target Population and Eligibility Requirements

Models for Change brought together stakeholders including YOS, the Chicago Police Department, Juvenile Probation, Cook County State's Attorney's office, and the Public Defender's office to develop an alternative to detention for youth engaged in domestic battery conflicts.

Youth are referred by the Cook County Juvenile Detention Screening Unit, arresting police officers, probation staff, and the State's Attorney.

In the first two years of the program (2010 to 2012), 47 youth were referred to the Cook County program and 33 participated.⁴⁴

From 2010 to 2012, DuPage County screened 88 referrals and accepted 66 into the program.⁴⁴

Program Services and Requirements

YOS utilizes its resources to provide 24-hour crisis response, screening, and safety planning. Youth and families are also provided with counseling, 24-hour family support and stabilization for up to 90 days, and short-term respite placement (up to 21 days) in host homes or shelters, if necessary. Depending on their needs, youth and families are linked to a wide range of longer-term therapeutic and supportive services during the 90-day stabilization period.

Through the ADB Intervention Program, YOS is piloting the use of Brief Strategic Family Therapy, an evidence-based, flexible, condensed, in-home family treatment approach.

In DuPage County, the ADB Intervention Program utilizes the Step-Up program for those who would benefit. Step-Up is a 22-week cognitive-behavioral group intervention for youth and their families designed to help them stop using violence and teach better coping mechanisms.

In Peoria County, families are referred for crisis intervention, assessment, safety planning, overnight respite, counseling, linkage to Step-Up programming and referrals to more appropriate services.

Participant and Community Outcomes

Models for Change coordinates data-sharing, research, and collaboration among Models for Change projects. The National Youth Screening and Assessment Project (NYSAP) conducted a cross-state validation study assessing the validity and reliability of the screening instrument used across all locations (The ABD matrix).

In the first years of the Cook County program, 41% of youth utilized temporary respite placement in host homes or shelters as an alternative to detention placement.⁴⁴

Law enforcement responses to ADB has evolved to consider the ADB Intervention Program, taking fewer youth to police stations for ADB in Peoria County.⁴⁴

Contacts and Additional Information

Models for Change Adolescent Domestic Battery Intervention Monograph: <http://www.modelsforchange.net/publications/627>

NYSAP ADB Typology Tool Manual: <http://www.nysap.us/MfC%20ADBTT%20Manual.pdf>

Comprehensive Community Based Youth Services (CCBYS)



- Network of providers across Illinois
- Established in 2010
- Funded by the Illinois Department of Human Services (IDHS)
- Currently 33 funded agencies with 12 subcontractors included in the CCBYS provider network
- Overseen by the IDHS/Division of Family and Community Services (DFCS) Bureau of Youth Intervention Services
- SI 1, 2

Program Overview, Target Population and Eligibility Requirements

CCBYS is a network of providers who address situations where youth may need immediate mental health care or respite care from their families or guardians in situations of crises.

May be mandated or voluntary participation.

Participants include youth ages 11-17 who are at risk of involvement with the child welfare system or juvenile justice system.

24/7 services are available to youth who: have been locked out of their home/parents will not allow them to return home; have run away from home; are beyond the control of parents and in immediate physical danger; or are homeless without their parents.

Referrals may come from teachers, police officers, or family members in situations of crisis where mediation is a better remedy than arrest or hospitalization.

Program Services and Requirements

A CCBYS provider will respond on-site to the crisis within 60-90 minutes and can help deescalate and stabilize the situation as well as plan for long term resolution.

CCBYS services include: juvenile justice intervention, ongoing assessment to identify mental health and other needs, individualized case management plans to address identified needs, referral and linkage to community services and supports, individual and family crisis intervention services, and family reunification.

Participant and Community Outcomes

Evaluation conducted by the Bureau of Youth Intervention Services. In 2015, 93% of youth with identified mental health needs received services to address those needs (1,940 of 2,048 youth identified).⁴⁵

In 2015, 79.99% of youth with identified substance use (SU) needs received services to address those needs (1,127 of 1,409 youth identified).⁴⁵

The average length of stay in the CCBYS program for successful youth was 4.37 months.⁴⁵

646 or 21.65% of crisis youth required an agency-arranged placement.⁴⁵

CCBYS providers served 7,020 youth in 2015 at an average per capita cost of \$1,862 per youth.⁴⁵

Contacts and Additional Information

CCBYS Information Line
877-870-2663

CCBYS Provider List:
<http://www.dhs.state.il.us/page.aspx?item=37263>
(Numerous contact provided based on region and CCBYS provider)

DHS website: <http://www.dhs.state.il.us/page.aspx?item=30768>

CCBYS Logic Model:
<http://www.dhs.state.il.us/page.aspx?item=75477>

Project BUILD



- Located on Chicago's West and South sides
- BUILD (Broader Urban Involvement & Leadership Development) has been serving high-risk youth since 1969
- Funding includes multiple private and public donors
- Project BUILD is overseen by BUIL.
- SI 1,2, 3, 4, 5

Program Overview, Target Population and Eligibility Requirements

Chicago youth ages 12-22 who are involved in the justice system.

Infractions range from first-time minor offenses to felonies.

May be assigned as an alternative to detention if mandated by judge.

Part of a three-facet program (Prevention, Intervention, and BUILDing Futures), the youth diversion component focuses on reducing incarceration, recidivism, and gang-involvement.

Program Services and Requirements

Services delivered at the Cook County Juvenile Temporary Detention Center school, Evening Reporting Centers, and other community settings.

Case managers provide an individualized re-entry plan and follow-up case management to ensure that, upon release, youth are enrolled in school and engaged in recidivism-reducing activities such as leadership development and career readiness programs.

In the BUILD Violence Intervention, participants learn new life skills, receive additional academic tutoring and assistance, participate in sports and recreational activities, and engage in leadership development and civic engagement activities. The curriculum includes components on socio-emotional learning, positive youth development, and restorative justice.

Participant and Community Outcomes

Empirically evaluated by researchers at Loyola University

50% decrease in youth exhibiting aggressive behavior.⁴⁶

97% of youth have avoided gang involvement or have broken ties.⁴⁶

91% of youth in Intervention avoided use of addictive substances.⁴⁶

91% of youth in Intervention avoided involvement with the Justice System or Law Enforcement.⁴⁶

86% of youth in Intervention have demonstrated an improvement in academic performance.⁴⁶

Rated as an effective program in reducing recidivism rates with 33% of BUILD participants returning to detention within 1 year compared to 57% of non-participants (in a matched sample).⁴⁷

Participants who did recidivate took a longer time to return to detention (9.6 months) compared to non-participants (7.6 months).⁴⁷

Contacts and Additional Information

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(773) 413-3813
<http://www.buildchicago.org/intervention>

Additional program details: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=335>

Juvenile Intervention Support Center (JISC)



- Located in districts 2, 7, 8, 9, 10, 11, & 12 in Chicago, IL
- Established in 2006
- Developed in collaboration with Chicago Department of Family and Support Services, CPD, CPS, Cook County State's Attorney Office, Chicago Public Defender's Office, and Chicago Metropolis 20/20
- Funding includes federal, state, and local funds including the City of Chicago Department of Family and Support Services
- Overseen by the City of Chicago Department of Family and Support Services
- SI 2

Program Overview, Target Population and Eligibility Requirements

Youth age 17 charged with low-level misdemeanor and/or youth at risk for involvement in the juvenile justice system.

Youth ages 10-16 charged with any crime.

Must be arrested in one of several districts (2, 7, 8, 9, 10, 11, 12) and processed at the Juvenile Intervention Support Center.

Typically first- or second-time offenders.

Parent must consent to youth's participation in JISC.

Program Services and Requirements

JISC focuses on restorative justice and positive youth development. Case managers work with participants to connect them with supportive services and reduce reoffending.

Intervention includes: teaching youth coping skills and compensatory strategies, family and community involvement, connecting youth to needed services, discharge planning, and linking participants to community-based resources and opportunities.

The long-term success of the program depends on its ability to deliver meaningful services and supports for youth and families and to do this, JISC requires a broad menu of services, supports, and opportunities for youth and families. Many of these resources cannot be purchased from professional service providers, but instead come into existence only through the recruitment and organization of individual volunteers, neighborhood groups, and allied partners, including small-business owners and the faith community. The City needs to invest in these efforts if the JISC is to succeed over the long term.⁴⁸

Participant and Community Outcomes

JISC has been empirically evaluated by the John Jay College of Criminal Justice.

Though not always viewed as effective, by the third year of operation, the JISC was seen as a successful program after many administrative challenges had been met through the leadership of City officials.⁴⁶

Annual arrests processed at Chicago JISC: 5,600.⁴⁸

Saves significant police resources in local communities due to efficiency of case referrals and processing.⁴⁸

Successful participation in the program and completion of services and activities can help avoid further involvement with the justice system.⁴⁸

Contacts and Additional Information

Juvenile Information and Support Center
3900 S. California
Chicago, Illinois
Telephone: 312.747.3934

Evaluation and specific program outcomes:

<http://johnjayresearch.org/wp-content/uploads/2011/04/jisc2011.pdf>

City of Chicago website: https://www.cityofchicago.org/city/en/depts/fss/provdrs/youth/svcs/how_to_find_a_juvenileinterventionsupportcenterinchicago.html

Chicago Police website: <http://home.chicagopolice.org/community/youth-services/juvenile-intervention/>

Cook County Juvenile Court Clinic



- Located in Cook County, IL
- Established in 2003
- Partnership between Chief Judge's office and Northwestern University
- Research phase funded by the MacArthur Foundation
- Overseen by Northwestern University (Department of Psychiatry & Behavioral Sciences) and Circuit Court of Cook County
- SI 2

Program Overview, Target Population and Eligibility Requirements

Provides clinical information needed for juvenile court proceedings and responds to court requests for service provision.

Intake occurs on the same day court requests forensic evaluation.

Located in the Cook County Juvenile Center that contains the Juvenile Court's Juvenile Justice and Child Protection courtrooms, the Juvenile Temporary Detention Center (JTDC), the Department of Juvenile Probation, and other entities affiliated with the Juvenile Court.

Program Services and Requirements

Clinic provides clinical coordination, education and training, and resource identification and consultation.

Clinic coordinators are assigned to courtrooms to: conduct forensic evaluations; obtain clinical records; consults with judges and other Juvenile Court personnel concerning mental health issues; identifies community mental health providers and makes referrals; serves as liaison between Court and clinical providers.

Provides information on community-based mental health services relevant for justice-involved youth and their families.

Trains/educates Court personnel on use of clinical information on relevant clinical and legal issues.

Participant and Community Outcomes

Empirical evaluation conducted in 2008 found that judges were inclined to adopt clinical recommendations at the disposition stage and that information from clinical evaluations could diminish the effects of offense- or delinquency-based factors in dispositional planning.³⁵

Research has demonstrated that judges tend to heavily consider the placement recommendations of clinicians.³⁵

In one study, psychosocial factors were shown to contribute to sentencing decisions beyond offense characteristics including externalizing behaviors that may be considered a direct threat to public safety and social order, along with reports of increasing school problems, family dysfunction, substance use and delinquency histories, and age at first offense.³⁵

Forensic evaluations help advocate for clients and help to better understand individuals and circumstances related to one's case.⁴⁹

Judges have stated they find the information provided through the court clinic helpful when considering sentencing options.⁴⁹

Contacts and Additional Information

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Northwestern University: <http://psychiatry.northwestern.edu/research/juvenile-court/>

ABA Spotlight Publication: https://apps.americanbar.org/litigation/committees/childrights/content/newsletters/childrens_winter2008.pdf

JJ Information Exchange Article: <http://jjie.org/2013/04/24/moving-forward-on-mental-health-for-delinquent-youth/>

Contact Information: <http://www.wifamilyties.org/2008%20children%20come%20first/admin%20contact%20list.pdf>

Forensic Clinical Evaluation Model: <http://scholars.law.unlv.edu/cgi/viewcontent.cgi?article=1390&context=nlj>

Redeploy Illinois



- As of January 2016, Redeploy is serving 46 IL counties through 13 program sites including: Jefferson County (2nd Judicial Circuit), St. Clair County (20th Judicial Circuit), Macon County, Peoria County, Montgomery County (4th Judicial Court), Lee County, Madison County, McLean County, LaSalle County (13th Judicial Circuit), Kankakee County (21st Judicial Circuit), Winnebago County, Union County (1st Judicial Circuit) and Sangamon County
- Established in 2005
- Funded by IL State General Revenue Funding (GRF).
- Overseen by Redeploy Illinois Oversight Board (RIOB); IDHS/DFCS/ Bureau of Youth Intervention
- SI 2, 3

Program Overview, Target Population and Eligibility Requirements

Redeploy Illinois grants funds to counties or groups of counties to establish a continuum of local, community-based sanctions and alternatives for juvenile offenders who would otherwise be incarcerated if those local services and sanctions were not available, as required by 730 ILCS 110/16.1. Funding is used to create or expand community services and work toward a 25% reduction in juvenile detention rates.

Any youth ages 13-18 under jurisdiction of the juvenile courts, not currently in the Illinois Department of Juvenile Justice correctional facility (IDJJ) but who are facing a possible commitment to IDJJ are eligible for the program.

Charges must not include murder or a Class X forcible felony.

Effective 2016, youth charged with misdemeanor offenses can no longer be committed to the IDJJ and thus are ineligible for the Redeploy Illinois program.

Program Services and Requirements

Redeploy Illinois grants funding to counties or groups of counties to establish a continuum of local, community-based sanctions and treatment alternatives for juvenile offenders who would otherwise be incarcerated if those local services and sanctions were not available, as required by 730 ILCS 110/16.1

The program creates and supports evidence-based practice community programs to encourage positive outcomes for youth. Services provided are based on the needs and resources of sites.

Program focuses on increasing competencies and protective factors, family involvement in services, community involvement, accountability through restorative justice practices, reducing detention stays, reducing future justice involvement, and engaging youth in activities in the least restrictive environment possible.

In 2015, the average length of individual participation in Redeploy was 7.5 months.

Participant and Community Outcomes

Redeploy Illinois has been evaluated by researchers at Illinois State University. Empirical evaluations conducted by IDHS are released in the Redeploy Illinois Annual Report. (Note: Most recent report is the 2014 annual report, made available in 2016)

More than 2,500 youth diverted from 2005-2014.⁵⁰

Involvement in the program costs about 5.3% of what incarceration costs annually.⁵⁰

72% of enrolled youth successfully complete the program.⁵⁰

Participating counties reduced IDJJ commitments by 58% from 2005-2014.⁵⁰

86% and 93% of youth with identified mental health and substance use needs (respectively) received appropriate services.⁵⁰

\$88M saved in incarceration costs.⁵⁰

2014 Illinois State University study found decreased incarceration, decreased reliance on IDJJ, and reduced recidivism.⁵⁰

Contacts and Additional Information

Illinois Department of Human Services

Human Services

Division of Family & Community Services

Bureau of Youth Intervention Services

2014 Annual Report: <http://www.dhs.state.il.us/page.aspx?item=83186>

Redeploy Illinois Logic Model: <http://www.dhs.state.il.us/page.aspx?item=75479>

NH Juvenile Court Diversion Network Review: http://nhcourtdiversion.org/wp-content/uploads/2014/09/NHJCDNState-by-StateDiversionReviewDocument_9-29-14.pdf

Isaac Ray Mental Health Center at the Juvenile Temporary Detention Center



- Located in Chicago, IL
- Established in 2007
- Not-for-profit private care agency contracted to provide mental health services to residents of the Cook County Juvenile Temporary Detention Center
- Overseen by the Cook County Juvenile Temporary Detention Center
- SI 2, 3, 4

Program Overview, Target Population and Eligibility Requirements

Within 72 hours of entry, youth undergo a mental health screening (average 364 per month⁵⁴) and those that would likely benefit from mental health or substance use (as of 2015⁵⁴) services are connected to IRC staff.

Serves only youth admitted to the Cook County Juvenile Temporary Detention Center.

Program Services and Requirements

Comprehensive behavioral health program within the detention center.

Case reviews, comprehensive mental health evaluations, comprehensive treatment planning, family therapy, one-on-one therapy, psychiatrist consultation, behavior management, psycho-educational groups, consultation to the court and probation, community re-entry planning, coordination with community care, referrals for hospitalization, linkages to after care treatment, and a separate living unit in the detention center to house acute mental health problems are provided.

Seven separate living units house individuals with the most acute mental health problems.

Participant and Community Outcomes

Empirical evaluations are conducted annually by Isaac Ray Mental Health Center. Additionally, Continuous Quality Improvement (CQI) meetings are held quarterly, in collaboration with Cermak Health Services of Cook County, to provide the medical and mental health departments with the opportunity to present CQI studies, annual performance statistics, and receive feedback from other JTDC departments as well as review the annual program evaluation results.

Environmental conditions in the temporary detention center have been cited as less than ideal for mental health treatment (i.e., little light, no green space, etc.).⁵²

Enhancements in service provisions over the past few years has significantly reduced psychiatric hospitalizations and reduced self-harm/suicide attempts.⁵¹

Contacts and Additional Information

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Chicago, IL 60607

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Cook County Juvenile Temporary Detention Center Briefing (Page 47):

<http://legacy.cookcountygov.com/secretary/committees/Finance/FY2013/budget%202013/JTDC%20Budget%20Briefing%20FY2013.pdf>

IRC Services: <http://isaacraycenterinc.org/what-we-do/correctional-mental-health/services/>

JJ Information Exchange: <http://jjie.org/2013/04/24/moving-forward-on-mental-health-for-delinquent-youth/>

Mental Health Juvenile Justice Initiative (MHJJ)



- Located in most counties in Illinois
- Established in 2000
- Funded by the Illinois Department of Human Service, Division of Mental Health (IDHS/DMH)
- Overseen by Northwestern University's Mental Health Services and Policy Program
- SI 2, 3, 4

Program Overview, Target Population and Eligibility Requirements

Youth involved in the Illinois juvenile justice system exhibiting symptoms of severe mental illnesses (SMI).

21 local community agencies employ a MHJJ liaison to work with the courts and detention centers to identify at risk youth.

Program Services and Requirements

The program facilitates the identification, screening, referral, and case monitoring of juveniles in detention who are identified as having mental illness. The initiative is aimed at strengthening the linkages among the courts, probation, detention, schools, health care, mental health, and other community-based services.

After program enrollment, the MHJJ liaison develops a treatment plan and provides linkages to substance use treatment, family therapy, psychiatric services, educational advocacy, job training, psychological assessment, court advocacy, group therapy, individual therapy, recreational therapy, and mentoring.

Participant and Community Outcomes

The MHJJ program has been empirically evaluated by the Mental Health Services & Policy Program at Northwestern University Feinberg School of Medicine.

Since 2000, over 12,000 youth have been referred for screenings; 5,500 youth identified as having SMI; 4,500 youth received needed community treatment.⁵³

The re-arrest rate for youth in the MHJJ program in 2009 was 20% compared with 72% for youth in detention.⁵³

According to a 2003 study, the emotional problems of youth enrolled in MHJJ decreased considerably within three months of referral. Linking youth with necessary mental health and community services improved mental health, reduced risk behaviors, improved functioning, increased identified strengths, and reduced recidivism.⁵⁴

Contacts and Additional Information

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Tracy Fehrenbach, PhD
Northwestern University MHJJ Initiative Evaluation Principal Investigator
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312-503-1371

A 2003 Northwestern University study of clinical and forensic outcomes from the Illinois MHJJ: https://www.researchgate.net/profile/John_Lyons5/publication/8984541_Clinical_and_Forensic_Outcomes_From_the_Illinois_Mental_Health_Juvenile_Justice_Initiative/links/5519d9090cf26cbb81a2b390/Clinical-and-Forensic-Outcomes-From-the-Illinois-Mental-Health-Juvenile-Justice-Initiative.pdf

Editorial about MHJJ: <http://www.modelsforchange.net/newsroom/318>

Strengthening Chicago's Youth (SCY)



- Located in Chicago, IL
- Planning and implementation began in 2015, service provision is scheduled to begin in 2017
- Overseen by Ann & Robert H. Lurie Children's Hospital of Chicago
- SI 2, 3, 4, 5

Program Overview, Target Population and Eligibility Requirements

SCY is a violence prevention organization promoting a public health approach to violence prevention that includes adopting consistent messaging about violence prevention, use of evidence-based violence prevention strategies and fostering multi-sector collaboration.

SCY convenes the Juvenile Temporary Detention Center (JTDC) Alternatives Collaborative, a group of Cook County youth service providers and government stakeholders. The Collaborative's goal is to minimize further involvement of arrested youth in the justice system and reduce racial disparities by facilitating and coordinating access to comprehensive support services that meet adolescents' developmental needs.

Program Services and Requirements

The JTDC Alternatives Collaborative is a demonstration project currently underway in Cook County. It plans to offer services that provide alternatives to detention at four steps in the Cook County juvenile justice system: detention screening by the Probation Department; screening by the State's Attorney; Juvenile Court judge's detention decision; post-sentencing as an alternative to detention or to prevent probation violations.

The Probation Department, Juvenile Court judges and others will be able to refer youth to a Centralized Intake and Referral Home which will assess youth's need and risk level and place him/her with the appropriate community-based provider for case management and other services.

Collaborative partners include: the Illinois Collaboration on Youth (ICOY) and nine community-based youth service providers.

Participant and Community Outcomes

Not applicable. The JDTC is an ongoing demonstration project. Planning and implementation phase began in 2015. Service provision is scheduled to begin in the first six months of 2017.

Contacts and Additional Information

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SCY Juvenile Justice Collaborative Website: <http://www.scy-chicago.org/index.php/resources/jtdc/118-jtdc>

JTDC Alternatives Collaborative: <http://files.ctctcdn.com/6326d9b7201/00974c1e-e220-4f2b-89ef-b4a7d53908b1.pdf>

Juvenile Detention Alternatives Initiative (JDAI)



- Cook County, IL is a model JDAI site; programs now exist in over one third of Illinois counties
- Established in 1992
- Funded by IDHS, Division of Family and Community Services (IDHS/DFCS)
- Overseen by IDHS/DFCS Bureau of Youth Intervention Services
- SI 2, 3, 5

Program Overview, Target Population and Eligibility Requirements

Youth involved with the justice system who are believed to benefit from any of the alternative initiatives offered.

Through these programs, the court can divert youth from detention into constructive community-based counseling, treatment, and residential care during pre-adjudication through post-dispositional stages of proceedings.

Rooted in the Balanced and Restorative Justice (BARJ) theoretical framework designed to hold youth accountable for wrongful conduct to promote public safety and ensure youth are immersed positively in their communities.

Program Services and Requirements

Provides alternatives to detention including: community outreach supervision; home confinement; evening reporting centers; S.W.A.P (a supervised work program for male minors); electronic home monitoring; staff secure shelters; court notifications; and Kaleidoscope Alternative Respite (KARE – a program for displaced females who do not require secure detention) Note: services vary across sites.

Aspects of the program include objective admissions screenings, non-secure alternatives to detention, case processing reforms, mental health and substance abuse treatment, and family involvement.

Participant and Community Outcomes

JDAI has been empirically evaluated by the Annie E. Casey Foundation.

Occupancy of the Cook County Juvenile Temporary Detention Center decreased from over 700 in 1992 to 543 in 1999 to 258 in 2013, a 63% overall reduction in average daily population.⁵⁵

Overall, the JDAI program demonstrates promising results across the hundreds of counties in which it is implemented, with a 43% reduction in juvenile detention commitments. However, the contribution of JDAI is difficult to identify specifically due to many other factors and variations across sites.⁵⁵

The Cook County model site is considered one of the most successful JDAI sites in the country.⁵⁵

Contacts and Additional Information

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Honorable John Payne
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JDAI Model Site: <http://www.jdaihelpdesk.org/SitePages/cook.aspx>

JDAI 2014 Progress Report: <http://www.aecf.org/resources/2014-juvenile-detention-alternatives-initiative-progress-report/>

Detention Step-Down Project/Detention Alternatives Continuum



- Located in Chicago, IL
- Established in 1997
- Overseen by the Circuit Court of Cook County Juvenile Probation and Court Services Department
- SI 3

Program Overview, Target Population and Eligibility Requirements

This initiative transferred responsibility for screening juveniles from the Adult Probation Department to the Juvenile Probation and Court Services Department of Cook County.

Post-adjudicated minors detained in the Juvenile Temporary Detention Center on a supplemental petition alleging a new charge, a warrant, a violation of probation for non-compliance or sentenced to a term in detention.

Judges can use the Detention Alternatives Continuum in lieu of secure detention. The Detention Step-Down Project uses community-based resources as alternatives to secure detention.

Program Services and Requirements

Youth are provided with suitable and appropriate community-based programming with a focus on effectively protecting the community while conserving Detention Center resources.

Participation in step-down transfer youth from secure status to one of the following: 1) home confinement with electronic monitoring; 2) Saura Center/Neon Girls Shelter; 3) evening reporting center; and 4) Kaleidoscope Respite Foster Home.

Parent participation is required.

Participant and Community Outcomes

Empirical program evaluations are conducted through internal analysis as well as researchers at the UIC and Loyola University Chicago.

Completion rates for Detention Alternatives Continuum court-ordered programs range from 79-100%.⁵⁶

Contacts and Additional Information

State of Illinois Circuit Court of Cook County Juvenile Probation Department
(312) 433-6569

Cook County Summary of Juvenile Probation and Court Services Programs (Pages 8-10): <http://www.cookcountycourt.org/Portals/0/Probation/Juvenile%20Probation/Program%20booklet%202013.pdf>

Restoring Individuals through Supportive Environments (RISE)



- Located in Chicago, IL
- Established in 2014
- Overseen by the City of Chicago Department of Family and Support Services (DFSS)
- SI 3, 4, 5

Program Overview, Target Population and Eligibility Requirements

Young men ages 14-18 who have between two and five prior arrests.

Participants are referred from Chicago Public Schools, State's Attorney's Office, Juvenile Intervention Support Center, Chicago Police Department, and independent providers.

Program Services and Requirements

DFSS launched a pilot at the Juvenile Intervention Support Center to provide a community-based intensive mentoring and skill-building diversion program that utilizes a standardized curriculum to empower youth through skill building and intensive mentoring to address barriers to their success.

Service providers work with cohorts of 12 youth for a 16-week program (1 mentor per 12 youth).

Program components include: one-on-one mentoring, group-based Civic Leadership Project; goal development; relationship building; skill development; community involvement; trauma-informed care.

Participant and Community Outcomes

No known empirical evaluation conducted to date.

Contacts and Additional Information

Kia Coleman
Director Juvenile Justice Programs
Department of Family and Support Services
1615 W. Chicago Ave, 3rd fl. East
Chicago, Illinois 60622
Phone: 312-743-0300

Family and Support Services Department website: <http://www.cityofchicago.org/city/en/depts/fss.html>

2017 RISE Request for Proposals: https://www.cityofchicago.org/content/dam/city/depts/fss/supp_info/RFP/2017RISE/2017RISERFP.pdf

RISE program brochure: <https://www.lawrencehall.org/wp-content/uploads/2016/05/RISE-Brochure-3-2.pdf>

Detention Reduction Project



- Located in Chicago, IL
- Established in 2011
- Overseen by the Cook County Juvenile Probation Department; Juvenile Detention Alternatives Initiative through the Annie E. Casey Foundation
- SI 3, 4, 5

Program Overview, Target Population and Eligibility Requirements

Different detention alternatives are available to youth at different stages in the SI model and who meet different criteria.

Youth who may qualify include those who are: non-compliant with a condition of probation; having academic difficulties; at risk of violating probation; awaiting substance use or psychological evaluations; Release Upon Request/DCFS with no DCFS shelter.

Parent involvement or approval is required for most programs.

Program Services and Requirements

Several options are available as detention alternatives including Saturday Sanction Program, After School Sanction Program, Faith-based Detention Alternatives, Diagnostic Center for community based clinical services, and mentoring.

Four mentoring programs are available for youth throughout Chicago: Urban Life Skills (Lawndale), Project Choices (Englewood); Imago Dei Basketball Program (Roseland); Chicago Bar Association.

Participant and Community Outcomes

No known empirical evaluation conducted to date.

Contacts and Additional Information

Avik Das

Acting Director, Juvenile Probation and Court Services

Phone: 312-443-6575

Detention Reduction Project Proposed Protocols: <http://www.jdaihelpdesk.org/cookgeneral/Cook%20County%20IL%20Detention%20Reduction%20Project%20Protocols.pdf>

Cook County detention alternative program booklet (page 12): <http://www.cookcountycourt.org/Portals/0/Probation/Juvenile%20Probation/Program%20booklet%202013.pdf>

CeaseFire Illinois



- Located in Chicago, Maywood, Rockford, East St. Louis, Springfield, and Waukegan, IL
- Established in 1995
- Funded primarily by the State of Illinois (additional funders: <http://cureviolence.org/partners/illinois-partners/ceasefire-illinois-funders/>)
- Overseen by Cure Violence
- SI 3, 4, 5

Program Overview, Target Population and Eligibility Requirements

CeaseFire uses prevention, intervention and community-mobilization strategies to reduce shootings and killings.

CeaseFire treats violence as a disease and uses the Cure Violence Health Model that comes from infectious disease transmission: 1) Interrupting transmission of the disease, 2) Reducing the risk of the highest risk, and 3) Changing community norms.

The program targets a-risk youth for program involvement. More than 80% of participants had past arrests, 40% had been on probation or parole, and 20% had been to prison.⁵⁵

Youth targeted for enrollment are ideally between ages 16 and 25, have a prior history of offending and arrests, be a member of a gang, have been in prison, have been the recent victim of a shooting, or involved in “high risk street activity”.

Program Services and Requirements

CeaseFire offers services, such as GED programs, anger-management counseling, drug or alcohol treatment, childcare, job assistance to help participants achieve goals and become positive community members.

Staff (Violence Interrupters) are trained to identify and interrupt potentially lethal conflicts in the community and work toward non-violence conflict resolution.

Participant and Community Outcomes

Numerous empirical evaluations of CeaseFire and the Cure Violence Health Model have been conducted. Research that focuses solely on Chicago has been published by researchers at National Institute of Justice/Northwestern University and the University of Chicago/UIC.

In Chicago, CeaseFire zones has a 23.1% and 27.8% decrease in killings and shootings, respectively, compared to 18.5% and 12.8% in the City as a whole (statistics include both youth and adults).⁵⁸

Another study demonstrated a 38% reduction in killings and 15% reduction in shootings.⁵⁹

In 2013, interrupters and behavior change workers worked with over 950 high-risk individuals.⁵⁸

Detailed statistics are available about overall crime reduction in various CeaseFire areas.^{59, 60}

Contacts and Additional Information

CeaseFire Illinois Headquarters

UIC-SPH

1603 W. Taylor St.

Chicago, IL 60607

Phone: 312-996-8765

Gary Slutkin

Executive Director, Illinois CeaseFire

Phone: 312-996-5524

Email: gslutkin@uic.edu

CeaseFire Illinois website: <http://cureviolence.org/partners/illinois-partners/>

Briefing: <http://cureviolence.org/wp-content/uploads/2016/09/2016.09.22-CV-Chicago-Memo.pdf>

NIJ/Northwestern CeaseFire Empirical Evaluation Report: http://www.skogan.org/files/Evaluation_of_CeaseFire-Chicago_Main_Report.03-2009.pdf

Quantitative empirical review from UIC: <http://cureviolence.org/wp-content/uploads/2015/01/McCormick-CeaseFire-Evaluation-Quantitative.pdf>

Qualitative empirical review from University of Chicago: <http://cureviolence.org/wp-content/uploads/2015/01/ceasefire-qualitative-evaluation-9-14.pdf>

TASC's Juvenile Court and Probation Services



- Located in Cook County, IL
- Established in 1983
- Funded through the Illinois Department of Juvenile Justice and IDHS Division of Alcoholism and Substance Abuse
- Overseen by the Illinois Department of Juvenile Justice
- SI 3, 5

Program Overview, Target Population and Eligibility Requirements

Youth ages 17 years or younger who are involved with the juvenile justice system in Cook County, IL.

History of substance use or mental health disorder.

No serious violent offense charges.

May require regular drug testing to participate.

To be eligible for the TASC Reentry Program at IYC-Chicago, youth must be within 90 days of Parole Board Review and community reentry.

Program Services and Requirements

Involves the juvenile courts, probation services departments, TASC, community-based services providers, and the youth and their family.

TASC Youth: Alternatives to Detention – TASC works with youth involved in the justice system who may require substance use interventions.

Staff conduct assessments, make linkages to services, provide ongoing case management, advocate for youth and their families, and report progress to the referring systems.

TASC Youth: Detention and Community Reentry – TASC has provided reentry case management services since 2006. TASC helps youth transition back to school and links them to other community-based services such as substance use treatment, mental health services, housing support, job training, emergency food and shelter, primary healthcare, and transportation.

Participant and Community Outcomes

Internal evaluations are conducted regularly by TASC.

In FY15, TASC served 1,829 youth involved in juvenile court programs.⁶¹

Contacts and Additional Information

Anthony Harden, CADCA, ATE

Administrator, Youth, Diversion, and Care Coordination Services in TASC Area 1 (Cook County)

1100 S. Hamilton Ave.

Chicago, IL 60612

Email: aharden@tasc.org

Phone: 312-666-7339

TASC Program Specific Website: <http://www2.tasc.org/program/juvenile-court-and-probation-services>

Illinois Second Chance and Family Integrated Transitions (FIT)



- Located in Cook County, IL
- Established in 2011
- Funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Second Chance Act
- Overseen by the Illinois Department of Human Services and the Illinois Department of Juvenile Justice
- SI 4

Program Overview, Target Population and Eligibility Requirements

Serves high-risk, high-need youth ages 17.5 years and younger who have co-occurring mental health and substance use disorders who are being released from secure correctional facilities to Cook County.

Program Services and Requirements

Participants are provided with individualized, comprehensive aftercare planning and services, which addresses individual and family needs.

The program uses the evidence-based practice Family Integrated Transitions (FIT) intervention. FIT has been shown to reduce felony recidivism by 30%.¹⁷

Eligible participants are identified two months prior to release and must participate in program for four months post-release.

Participant and Community Outcomes

No known empirical evaluation of the Illinois Second Chance program has been conducted to date.

Contacts and Additional Information

Illinois Department of Human Services (IDHS), Division of Family & Community Services, Bureau of Youth Intervention Services
Administrative Offices:

Chicago Office
401 S. Clinton St.
Chicago, IL 60607
Phone: 800-843-6154

Springfield Office
100 S. Grand Ave., East
Springfield, IL 62701
Phone: 800-843-6154

State website about Illinois Second Chance and FIT: <http://www.dhs.state.il.us/page.aspx?item=77004>

Juvenile Justice Mental Health—Reentry (JJMH-R) Liaisons



- Two individuals (as of 2010) employed by the IDHS/Division of Mental Health (DMH) to assist with reentry and transition for all eight Illinois Youth Centers
- Established in 2007
- Overseen by IDHS/DMH
- Positions established as a component of the Mental Health Juvenile Justice Initiative (MHJJ) funded by the Illinois Department of Human Services
- Overseen by the IDHS/DMH
- SI 4

Program Overview, Target Population and Eligibility Requirements

Individuals ages 13-17 who are receiving treatment for mental health concerns who are being released on probation or parole from detention centers in Illinois.

Youth become eligible about 60 days prior to release from the Illinois Youth Center.

Program Services and Requirements

Provides ongoing monitoring and case management for six-months post-release.

Connects individuals with appropriate services in their own communities.

Specially-trained liaisons assess any youth referred to the program while incarcerated, link the youth to appropriate services, and provide 6-months post release case management for all clients. Statewide services include individual therapy, medication management, family therapy, case management, and life skills programs. Liaisons also serve as advocates at youth's parole board hearings.

Participant and Community Outcomes

No known empirical evaluation.

The services are identified as being helpful, but there are only two case managers for the entire state with caseloads of 60+ (as of 2010).⁶²

The JJMH-R program services all 102 Illinois counties.⁶³

Contacts and Additional Information

Sharon Coleman, Psy.D.
Deputy Director, Forensic & Justice Services
IDHS/DMH
Sharon.coleman@illinois.gov

Models for Change 2010 Report (Page 34): http://www.dhs.state.il.us/OneNetLibrary/27897/documents/CHP/Reports/AnnualReports/Report_on_the_Behavioral_Health_Program_for_Youth_Committed_to_Illinois_Department_of_Juvenile_Justice1.pdf

Juvenile Justice Diversion Project



- Located in Cook and DuPage Counties
- Established in 1997
- Overseen by the Chicago Area Project (CAP) in partnership with the Cook County State's Attorney Office and Probation Screeners
- SI 4, 5

Program Overview, Target Population and Eligibility Requirements

Serves youth in Cook and DuPage Counties who are at high risk of repeat offending.

Emphasis on enrolling youth of color.

Program Services and Requirements

JJDP provides youth an opportunity to participate in positive and constructive activities that integrate them into programs designed to provide advocacy, educational enhancement, leadership development and community service opportunities in their own communities.

Participant and Community Outcomes

Evaluation of the JJDP and other CAP projects conducted internally by CAP.

Website notes that program effectively reduces recidivism rates among participants.⁶⁴

Contacts and Additional Information

Chicago Area Project
55 E Jackson Blvd # 900, Chicago, IL 60604-4249
Phone: 312.663.3574
info@chicagoareaproject.org

CAP website for JJDP: <http://www.chicagoareaproject.org/programs/juvenile-justice-diversion-project-jjdp>

Community Restorative Justice (RJ) Hubs



- RJ Hubs are currently established in three Chicago, IL neighborhoods: Back of the Yards, Little Village, Lawndale
- Run/guided by the RJ Hubs Leadership Circle
- Overseen by the RJ Hubs Leadership Circle
- SI 5

Program Overview, Target Population and Eligibility Requirements

Court-involved youth ages 12-24 living in a RJ Hub neighborhood in Chicago, IL.

RJ Hubs are established safe spaces in the community where youth and their families are welcomed and supported in building healthy relationships, expressing themselves, addressing trauma, and developing necessary skills and competencies.

Chicago RJ Hub pillars:

1. They're welcoming
2. Places of accomplishment
3. Places of engagement with youth and families
4. Places of engagement with larger community
5. Hubs collaborate with one another

Program Services and Requirements

The RJ Hubs are guided by the Leadership Circle, a centralized supportive structure that coordinates existing hubs and ensures the successful launch of new RJ Hubs. The Leadership Circle is responsible for creating a replicable RJ Hub model, developing a manual and orientation guide, supporting a Learning Community, providing comprehensive training on trauma, Restorative Justice and peace circles, and establishing a documentation system that evaluates intervention and service provision throughout the RJ Hubs.

RJ Hubs in various locations around Chicago provide services such as mental health services, art therapy, school support, employment services, computer literacy skills, and sports programs.

Participant and Community Outcomes

No known empirical evaluation, although each organization that sponsors an RJ Hubs has its own database established and maintained by CiviCore (<https://rjhubs.civicores.com/index.php?action=userLogin>).

Data gathered include number of youth referred, number of referrals served, basic demographics, participant satisfaction, changes in risky behavior and attitudes toward violence, contact with the law, positive pro-social development, and collaboration between RJ Hubs.⁶⁵

Contacts and Additional Information

Matt Demateo
Director, New Life Center of Chicagoland (Little Village RJ Hub)
Email: matt@newlifecenters.org
Phone: 773-277-8810

Fr. David Kelly
Executive Director, Precious Blood Ministry of Reconciliation (Back of the Yards RJ Hub)
Email: dkellycpps@gmail.com

Clifford Nellis
Executive Director/Lead Attorney, Lawndale Christian Legal Center
Phone: 773-762-6381

Chicago Community Restorative Justice Hubs website:
<https://rjhubs.org/>

Links to RJ Hubs in Chicago: <https://rjhubs.org/links-to-our-sites/>

Selected diversion programs for justice-involved youth living with mental health conditions in use across the country

There are numerous noteworthy diversion programs that have been created across the country over the past decade. Since it's not feasible or practical to list every program, we chose to limit our focus here to the most common model nationwide that has proven effectiveness: juvenile mental health courts. Table 2 highlights existing juvenile mental health courts across the country that have demonstrated successful participant and/or community outcomes. The SAMHSA juvenile mental health locator can be used find other programs: <https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/juveniles>.

We list the following information for programs included in Table 2:

- Program name, location and and start date: The name of the program, where it is geographically located, and the year the program began or was established.
- Funding source(s): The federal, state or county entities, foundations and/or organization that fund the program.
- Oversight: The organization responsible for overseeing or managing the program.
- Sequential Intercept point: The intercept points where the program's diversion activities occurs.
 - SI 1: Program diversion activities occur at youth's' initial contact with law enforcement.
 - SI 2: Program diversion activities occur at youth's' initial detention or court hearing.
 - SI 3: Program diversion activities occur in jail, court or detention center.
 - SI 4: Program diversion activities occur at youth's' re-entry from a correctional facility back into the community.
 - SI 5: Program diversion activities occur at probation or parole.
- Program overview: A short description of the program's goals and purpose.
- Target population: Characteristics of the specific population that the program services.
- Eligibility criteria: Any special requirements that youth must have or meet in order to participate in the program.
- Program requirements and services: The services that the program provides, and any requirements youth must meet in order to stay in the program and continue to receive services.
- Participant and community outcomes: This includes whether the program has been empirically evaluated (that is, whether external researchers have studied the program) as well as any reported outcomes or changes that occurred for participants and communities as a result of the program. Participant outcomes, for example, include reduced recidivism or decreased arrest rates; community outcomes include reduced system costs.
- Contacts and additional information: The names and contact information for individuals who manage and/or can provide more information about the program, and links to the program's website and other materials, such as annual reports. Note: Individuals may move on to new positions and programs, so contact information may become outdated during the Task Force's work.

Again, as with Table 1, some information may not be available or relevant for some programs, and thus is not provided or listed in Table 2. Additionally, some programs in the locator may have lost or changed funding sources and may be difficult to find via an Internet search.

For more information on new efforts in Florida and California go to:

<http://www.northescambia.com/2017/02/juvenile-diversion-push-gets-start-in-florida-senate>

<https://chronicleofsocialchange.org/news-2/1-county-approves-plan-divert-youth-justice-system/24354>

The Red Hook Justice Center has a youth court where youth are trained to solve actual cases involving their peers: <http://www.courtinnovation.org/project/red-hook-community-justice-center>

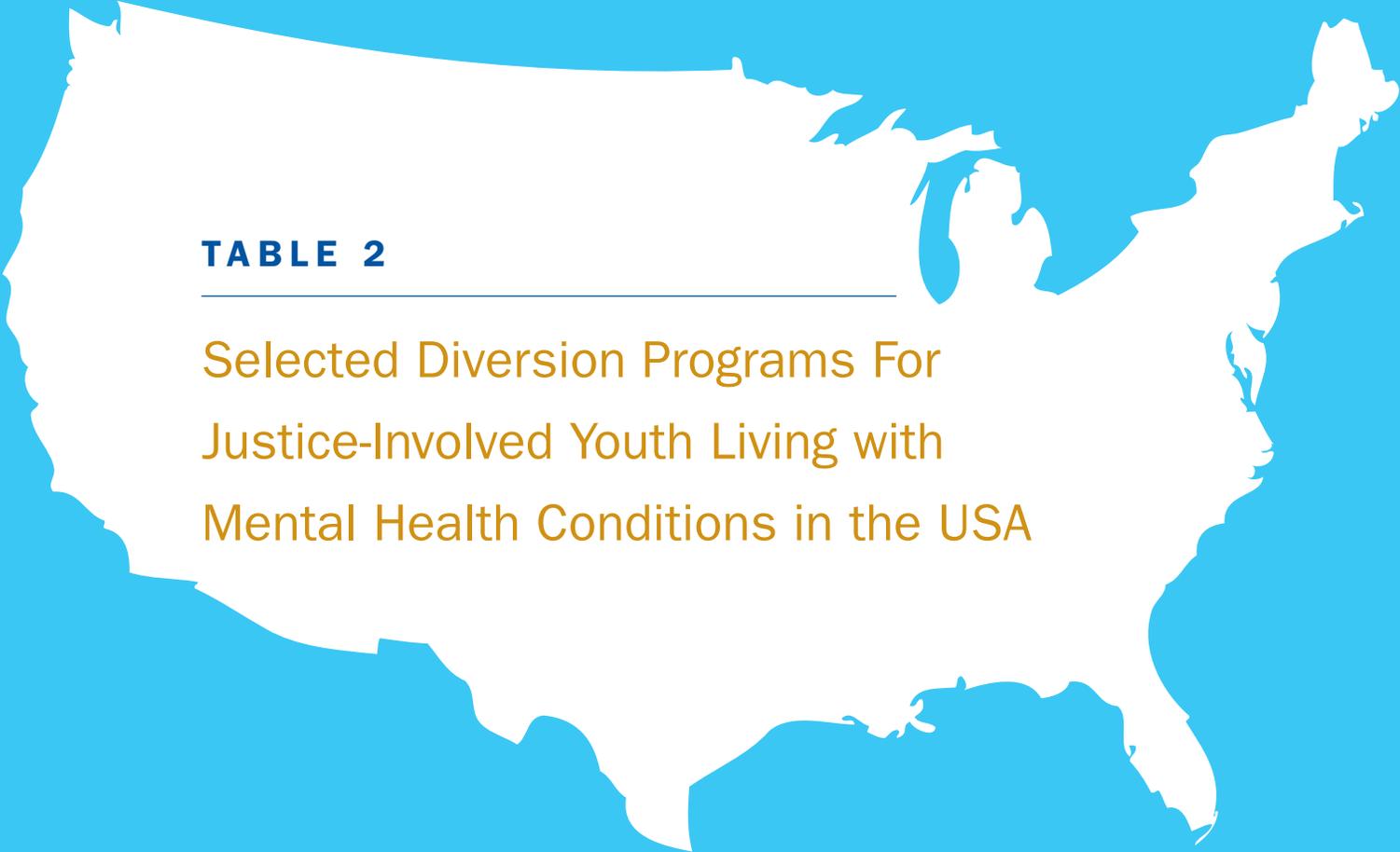


TABLE 2

Selected Diversion Programs For
Justice-Involved Youth Living with
Mental Health Conditions in the USA

Harris County Juvenile Mental Health Court



- Located in Harris County, Texas (Houston)
- Established in 2009
- Overseen by Harris County District Courts
- SI 2, 3

Program Overview, Target Population and Eligibility Requirements

Serve youth ages 10-17 who have a mental health diagnosis.

Participation is voluntary.

Must have a criminal charge that is either misdemeanor or felony offense.

Family must be willing to participate in intensive in-home program and be committed to participating in the Mental Health Court for at least 6 months.

Youth charged with sex offenses, serious drug problems, developmental disabilities, and/or significant gang involvement are ineligible.

Program Services and Requirements

The mental health court emphasizes rehabilitation over punishment. The ultimate goal is to ensure public safety while decreasing recidivism by facilitating coordinated mental health interventions.

Typical duration of the program is at least 6 months (average is 8 months).

Provides mental health services through multidisciplinary team that includes court team, psychiatrist, and psychologist.

Comprehensive mental health assessment makes appropriate determination about inclusion in program.

Individualized participant and family treatment plan is developed with a Mental Health Court Psychologist. There are two psychologists each with a caseload of 20.

Youth must actively participate in mental health services.

Participant and Community Outcomes

Empirical evaluation conducted by Children at Risk with funding from the Meadows Foundation.¹⁵

Positive outcomes for participants include improved behavior at home and in the community, increased medication compliance, and better school performance and attendance.¹⁵

The approximate recidivism rate for graduates since 2009 is 33%.¹⁵

Participation in Mental Health Court costs approximately \$150 per day per youth compared to \$270 for juvenile detention.¹⁵

Contacts and Additional Information

Harris County Juvenile Mental Health Court
Intake Court Services
1200 Congress
Houston TX 77002
Rebecca DeCamara
rebecca.decamara@hcjpd.hctx.net
713-222-4252

Children at Risk evaluation report: http://childrenatrisk.org/wp-content/uploads/2013/05/02_Texas-Juvenile-Mental-Health-Courts.pdf

Harris County Juvenile Mental Health Court Publication:
http://www.judgejohnphillips.com/downloads/HCJMHC_Overview.pdf

Crossroads Program: Summit County Juvenile Court's Drug & Mental Health Court



- Located in Summit County, OH
- Established in 2003
- Overseen by the Summit County Juvenile Court
- SI 2, 3

Program Overview, Target Population and Eligibility Requirements

Youth ages 12-17 with co-occurring substance abuse and mental illness; substance dependence; or affective mental health disorder who are charged with misdemeanors or felonies.

Exclusion criteria: drug trafficking, felonies of the 1st and 2nd degree, gang activity, minor misdemeanors, sex offenses, status offenses.

Family must be involved.

Youth are referred by the Summit County Prosecutor's Office or by the Summit County Juvenile Court Magistrate.

A diversionary, intensive probation program for youth with a mental health diagnosis, a substance use disorder or both (dual-diagnosis).

Program Services and Requirements

Minimum of one year of intensive probation services in four phases.

Regular drug screenings while enrolled in the program.

Individualized case plans are developed and youth are connected to community agencies for appropriate services (e.g., substance abuse treatment, counseling).

Regular court hearings to review progress are required, but become less frequent as the individual successfully continues with the program.

Counseling for parents and youth to improve family relationships and increase family involvement.

Participant and Community Outcomes

No known empirical evaluation has been conducted to date.

Annual enrollment is capped around 60 (max of 15 cases per case worker).⁶⁴

74% of participants have a co-occurring disorder.⁶⁶

Successful completion of the program results in the juvenile's charges being dismissed and sealed.⁶⁷

Contacts and Additional Information

Summit County Juvenile Court
650 Dan Street
Akron, Ohio 44310
330-643-2915
330-643-5417 (Fax)
www.co.summit.oh.us/juvenilecourt

Program brochure: <https://co.summitoh.net/JuvenileCourt/images/stories/pdfs/Brochures/Crossroads.pdf>

County court website: <https://juvenilecourt.summitoh.net/index.php/court-services/crossroads-program>

Editorial about the program: <http://www.akronlegalnews.com/editorial/11900>

Cuyahoga County Juvenile Mental Health Court (Behavioral Health Juvenile Justice Initiative)



- Located in Cuyahoga County, OH
- Established in 2006 (Male enrollment began in 2009)
- Funding for BHJJ through partnership between the Ohio Departments of Youth Services (ODYS) and Mental Health Addiction Services (ODMHAS)
- Overseen by the Cuyahoga County's Juvenile Court
- SI 2, 3, 4

Program Overview, Target Population and Eligibility Requirements

Youth ages 12-18 years old involved with the juvenile justice system due to mental health issues.

Must be a resident of Cuyahoga County, adjudicated for misdemeanors or felonies, and have a history of multi-system involvement.

Voluntary participation.

Family involvement in hearings is mandatory.

24.5% of enrolled youth have felony charges in the past year.

Sex offenders, youth younger than twelve, and youth whose IQ is lower than 70 or who have been found to be developmentally disabled will not be permitted to participate in the program.

Program Services and Requirements

The mission of Mental Health Court is to enhance public safety by preventing recidivism, while assisting participants in addressing their behavioral health issues, using effective, evidence-based interventions and treatments in a holistic, accountability-based and community supported program.

Provides services that minimize functional impairment and encourage community involvement including: Integrated Co-Occurring Treatment (ICT), Multi-Systemic Therapy (MST), Assertive Community Treatment (ACT), and any additional services the assigned care coordinator may recommend.

Works in close collaboration with the drug court to provide services and oversight for youth with co-occurring disorders.

Participant and Community Outcomes

Empirical evaluation conducted by researchers at Case Western Reserve University.⁶⁸

Completion of the program means expungement of record.⁶⁸

Youth committed to detention facility after enrollment in mental health court was 2.6%.⁶⁸

Evaluation results showed increased overall functioning, decreased problem severity, and decreased substance use as rated by the caregivers, providers, and participants.⁶⁸

In the 12 months after enrollment in BHJJ 30.7% (n = 27) of successful completers were charged with at least one new misdemeanor, 12.5% (n = 11) were charged with at least one new felony, and 34.1% (n = 30) were adjudicated delinquent.⁶⁸

Contacts and Additional Information

Thomas Pipkin

Juvenile Mental Health Court Manager Phone: (216) 926-2808

Cuyahoga County website: <http://juvenile.cuyahogacounty.us/en-US/Probation-Units.aspx>

Evaluation of OH Behavioral Health Juvenile Justice initiatives: <http://mha.ohio.gov/Portals/0/assets/Initiatives/BHJuvenileJustice/2014-BHJJ-evaluation-report-2006-2013.pdf>

Cuyahoga County website local rules: http://juvenile.cuyahogacounty.us/pdf_juvenile/en-US/LocalRules/Rule_9.pdf

Travis County Collaborative Opportunities for Positive Experiences (COPE) Program



- Located in Travis County, TX (Austin)
- Established in 2006
- Initially grant funded for 2 years by the Bureau of Justice Assistance (US Department of Justice); continued funding from the City of Austin local funds
- Overseen by the Travis County Juvenile Court and the Travis County Juvenile Probation Department
- SI 2, 3, 4

Program Overview, Target Population and Eligibility Requirements

Upon initial contact, all youth ages 10-16 undergo screening for eligibility.

Juvenile must have a pending charge alleging an offense other than truancy or running away and has not previously been adjudicated on any charge.

Charges cannot be related to a sexual offense.

The youth must be appropriate for supervision through a deferred prosecution program.

The youth must have an Axis 1 diagnosis, not just a conduct disorder or substance use disorder diagnosis.

Family participation is required.

Referrals come primarily through the Travis County Juvenile Probation Department Assessment Center, but also from probation officers, attorneys, and judges.

If drug addiction is the primary concern, the youth is referred to Drug Court.

Program Services and Requirements

COPE is the Deferred Prosecution Program of the Travis County Juvenile Mental Health Court Project. This program strives to divert young offenders from the court system and long-term criminal involvement. They also work to improve access to mental health services and facilitate collaboration between the juvenile justice system and the mental health treatment system.

An individualized case plan is developed with the participant and family and modified as the juvenile progresses through the program.

Services available to participants include but are not limited to: basic needs such as food, rapid re-housing, mentoring, access to drug education, intensive outpatient therapy, referral to juvenile drug court, substance use education, respite care, therapy, parent coach, parent liaison, and wraparound services.

Participants progress through three levels and may regress to lower levels during the program as a consequence of non-compliance.

The program is designed to take between 6 months and 1 year to successfully complete.

Participant and Community Outcomes

Empirical evaluation conducted by Children at Risk with funding from the Meadows Foundation.¹⁵

From 2007-2010, COPE served 194 youth.¹⁵

During FY2008, 69% of participants successfully graduated and the recidivism rate was 34.8%, compared to the baseline one year re-offense rate of 66% for the state Special Needs Diversionary Program that targets youth offenders with mental health conditions.¹⁵

The cost per day per participant is approximately \$180 and the average length of stay in the program is about 180 days.¹⁵

Successful completion of the program results in dismissal of the pending charge.⁶⁹

Contacts and Additional Information

Linda Duke
COPE Program Contact
Phone: (512) 854-5621
Email: linda.duke@traviscountytx.gov

Estela P. Medina
Travis County Chief Juvenile Probation Officer
2515 S. Congress
Austin, TX 78704
Phone: (512) 854-7000

COPE Informational Document: <http://www.cymhpp-ctx.org/resources/COPE.pdf>

Children at Risk evaluation report: http://childrenatrisk.org/wp-content/uploads/2013/05/02_Texas-Juvenile-Mental-Health-Courts.pdf

El Paso Special Needs Diversionary Program (SNDP)



- Located in El Paso, TX
- Established in 2007
- Funded by the City of El Paso
- Overseen by the El Paso Juvenile Probation Department
- SI 3, 4, 5

Program Overview, Target Population and Eligibility Requirements

The SNDP is a statewide program in Texas that targets post-adjudicated juveniles ages 10-17 (those already charged with an offense).

Youth must be at risk of removal from the home.

Participants must have a DSM-IV Axis diagnosis other than or in addition to substance use, developmental disabilities, autism, or pervasive developmental disorder.

Participants must have a Global Assessment of Functioning (GAF) score below 50 as determined by the psychological assessment.

Referrals are made by a probation officer, juvenile court judge, or an assigned attorney.

Program Services and Requirements

Pinnacle Social Services, LLC is a private for-profit agency contracted to provide services through El Paso SNDP.

Service teams provide intensive community-based services with support from probation officers, mental health personnel, and the community.

Services include intensive in-home case management and counseling services, treatment plan development, individual and family therapy, rehabilitation services, skills training, chemical dependency education, life skills, mentoring, anger management, bi-weekly court monitoring, and parental education and support.

The program was developed on the theory that problem-solving responses are more appropriate than punishment for certain individuals.⁶⁸

Participant and Community Outcomes

Empirical evaluation conducted by Children at Risk with funding from the Meadows Foundation.¹⁵ Additionally, researchers conducted an evaluation of six SNDP programs across Texas.⁷⁰

The successful completion rate of SNDP has been: 57% in 2007; 83% in 2008; 88% in 2009; 77% as of July 21, 2010.¹⁵

Successful participants can have their probation terminated 90 days after completing the program rather than remaining on probation until their 18th birthday.¹⁵

In 2010, the average length of stay in the SNDP was almost 6 months.¹⁵

Contacts and Additional Information

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El Paso SNDP website:
<http://www.epcounty.com/jvprobation/sndp.htm>

Crime Solutions SNDP Program Profile:
<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=442>

Santa Clara County Juvenile Court Program



- San Jose, CA
- Established in 2006 (Enrollment of males began in 2009)
- Received funding from SAMHSA in 2014 to expand approaches to serving youth with co-occurring disorders
- Overseen by Superior Court of CA, County of Santa Clara
- SI 2, 3, 4

Program Overview, Target Population and Eligibility Requirements

Youth ages 10-17 who are arrested in Santa Clara County.

First-time offenders may be sent through the Direct Referral Program (DRP) or the Prevention/Early Intervention (PEI) Unit which provides voluntary counseling and life skills education for first-time or low-level offenders. Cases are often handled by through mechanisms other than the courts.

Youth may alternatively be referred to one of the four youth specialty courts.

There is increased usage of the specialty court programs, but the number of youth involved in these programs remains small (2015 CITA enrollment = 17; PATH2S = 29; FV/DV = 48).⁶⁹

Program Services and Requirements

Four specialty courts exist within the Juvenile Court Program:

The Progress Achieved Through Hope and Holistic Services (PATH2S) Court, a diversionary probation program, focuses on youth with co-occurring substance use and mental health disorders.

The Court for the Individualized Treatment of Adolescents (CITA) focuses on youth with diagnosed mental health issues.

The Family/Domestic Violence (FV/DV) court sees cases where the charges or concerns regarding the youth are primarily related to family or intimate partner violence.

The Dually Involved Youth (DIY) Court focuses on youth who have both child welfare and juvenile justice involvement.

Additionally, Re-Entry/Aftercare is an innovative six-month program that utilizes a client-centered and family-focused approach that emphasizes support for community transitions, including plans for education, vocational training, mental health services and/or substance abuse services.

Participant and Community Outcomes

Empirical evaluation of aspects of the Santa Clara County Juvenile Court Program has been conducted by researchers at San Jose State University in 2015-2016.⁷¹ An independent empirical evaluation of CITA was conducted by researchers in 2001.⁷²

A study of PATH2S from San Jose State University shows: an 85% increase in youth reporting abstinence from alcohol and/or illegal drugs, a 10% increase in youth reporting stable housing, and 8% increase in youth reporting improved mental health functioning related to their substance use. All youth reported feeling socially connected by the end of the program (45% increase from start of program).⁷¹

An evaluation of the Court for the Individualized Treatment of Adolescents (CITA) in Santa Clara County indicates that violent, aggressive, and property crimes occurred in statistically lower numbers in the two years following the participants' involvement with CITA than in the preceding 18-month period.⁷²

Contacts and Additional Information

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Santa Clara County Juvenile Justice 2015 Annual Report: <https://www.sccgov.org/sites/probation/Documents/Juvenile%20Justice%20System%20Annual%20Report%202015.pdf>

CITA empirical evaluation report: <http://onlinelibrary.wiley.com/doi/10.1111/j.1755-6988.2009.01030.x/full>

Ventura County “Solutions” Juvenile Mental Health Court



- Located in Ventura County, CA
- Ventura County collaborative partners include the Probation Agency, Behavioral Health Department, District Attorney, and the Public Defender. Interface Family and Children’s Services is currently the community-based partner.
- Funded by the Mental Health Services Act
- Overseen by the Ventura County Behavioral Health Department and Ventura County Probation Department, and contracted to Interface Children and Family Services
- SI 2, 3, 4

Program Overview, Target Population and Eligibility Requirements

Juvenile offenders 13 and 17 years of age who are assessed with a severe emotional disturbance (SED) and are involved with the Juvenile Justice System, specifically having been placed on formal probation.

Program Services and Requirements

The program uses a multidisciplinary approach to provide intensive case management services to participants as well as services including in-home individual and family therapy, family support services, medication management, crisis counseling, and referrals to community based services.

Individualized treatment plans are created for each participant.

For youth with co-occurring disorders, the Solutions Program utilizes a co-occurring approach which integrates an Alcohol Drug Treatment Specialist (ADTS) in the mental health clinical team using the evidence-based Adolescent Community Reinforcement Approach (ACRA) and Cognitive Behavioral Therapy. The program also utilizes the Family Development Matrix approach to intensive case management.

The goals of the program are to create a suitable disposition alternative for nonviolent juvenile offenders with significant emotional and/or mental challenges, reduce the number of days spent in custodial facilities, and reduce psychiatric hospitalizations by providing prescription medication and monitoring by a licensed psychiatrist.

Participant and Community Outcomes

No known empirical evaluation has been conducted to date.

In 2015, 36 youth were served by the Solutions Program.⁷³

The program has been successful in improving client community functioning, as evidenced by several youths graduating from high school or receiving their GED.⁷³

In 2015, several youths were able to obtain paid employment during their participation in the program.⁷³

Contacts and Additional Information

The Superior Court of California County of Ventura website:
<http://www.ventura.courts.ca.gov/collaborative-programs.html>

Ventura County Health Care Agency website:
<http://www.vchca.org/youth-mental-health-court-solutions>

Fresno County Family Behavioral Health Court (FBHC)



- Located in Fresno County, CA
- Established in 2006
- Funded by the Mental Health Services Act
- Overseen by Fresno County Department of Behavioral Health
- SI 2, 3

Program Overview, Target Population and Eligibility Requirements

Youth up to age 17 who have a diagnosis of a serious mental illness (SMI) and contact with the justice system (The mental health disorder must have contributed to the delinquent behavior).

Exclusion criteria include: having a previous sexual or seriously violent offense against another person, being actively involved in a gang, and selling illicit substances or possessing for sale.

A mental health assessment by Fresno County DBH is utilized to assess for an eligible mental health disorder. The case is then staffed by the collaborative team members for acceptance into the program.

Participation is voluntary.

Parental involvement is expected.

The program is designed to take 12 months to complete, but often takes longer (average in 2014 was 1.33 years).⁷²

Program Services and Requirements

Mental health clinicians and a case manager serve on a multi-agency treatment team to serve incarcerated youth at the Juvenile Justice Campus.

Minors must comply with the following for one to three months or longer to progress to stage 2 of the FBHC: 1) Compliance with the direction of parent/guardian in the home; 2) positive school attendance; 3) participate in assessments; 4) active involvement in the treatment plan; 5) attend all court dates as scheduled; 6) compliance with terms and conditions of the court.

Stages 2 and 3 continue the areas above and add the additional components of 7) attendance or involvement of guardians for the treatment appointments; 8) developing a plan with the therapist to handle symptoms if they return; 9) accessing services outside the FBHC are established; and 10) the psychiatric condition has stabilized for six months.

In order to graduate, improvement is necessary in school attendance and grades; participants must regularly attend therapy, learn new coping tools, and show consistent improvement in behavior skills.

Participant and Community Outcomes

FBHC is internally evaluated by Fresno County.

59 youth were referred in 2014 through June 30, 2015, of which 31 were accepted.⁷⁴

71 youth participated in FBHC, with a total of 41 exits. Of those 41, 21 successfully graduated, 9 terminated in Stage 1, and the remaining 11 terminated in Stage 2 or Stage 3.⁷⁴

Two of six 2014 graduates had Violations of Probation in 2015 as juveniles.⁷⁴

For the 12 juvenile graduates in 2013, 3 have adult convictions in 2014 or 2015 (25%).⁷⁴

Cumulatively, 11 individuals have re-offended in any year from 2010 through June 30, 2014 or 25%.⁷⁴

95% of the graduates showed improvement in coping skills, education, discipline, and behavior, although not uniformly across all areas and to varying levels.⁷⁴

Contacts and Additional Information

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Fresno County website, outcomes regarding FBHC:

http://www.co.fresno.ca.us/uploadedFiles/Departments/Behavioral_Health/MHSA/Family%20Behavioral%20Health%20Court%20Outcomes%20Report%20Jan%202014%20to%20Jun%202015.pdf

Additional Information:

<http://www.co.fresno.ca.us/DepartmentPage.aspx?id=46044>

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Additional Resource Materials

The materials listed below are resources that the Task Force may find useful in its work. A brief description of each resource is provided.

SAMHSA's GAIN Center for Behavioral Health and Justice Transformation focuses on expanding access to services for people with mental health and/or substance use disorders who come in contact with the justice system. The GAINS Center provides training and technical assistance on adult and juvenile justice mental health diversion. Publications and resource materials, as well as additional information on the GAINS Center can be found at: <https://www.samhsa.gov/gains-center>.

The Juvenile Intervention Support Center (JISC) 2011 process evaluation conducted by the University of Chicago and funded by a grant from the John D. and Catherine T. MacArthur Foundation (subsequent revisions credited to John Jay College of Criminal Justice): <http://johnjayresearch.org/wp-content/uploads/2011/04/jisc2011.pdf>.

Cook County Juvenile Court Clinic research website at Northwestern University's Department of Psychiatry and Behavioral Sciences: <http://psychiatry.northwestern.edu/research/juvenile-court/>.

The Redeploy Illinois 2014 Annual Report to the Governor and the General Assembly including program overview, effectiveness, participants, expansion, data collection/analysis, and site summaries: <http://www.redeployillinois.org/sites/www.redeployillinois.org/files/assets/Redeploy%20Illinois%202014%20Annual%20Report.pdf>.

Models for Change summary of Illinois juvenile justice reforms and measurable progress analysis from 2005-2012: <http://modelsforchange.net/publications/456>.

Detailed update on the Juvenile Detention Alternatives Initiative's progress from 2009-2014 published by the Annie E. Casey Foundation: <http://www.aecf.org/resources/2014-juvenile-detention-alternatives-initiative-progress-report/>.

CeaseFire Chicago external research evaluations reports conducted by multiple sources: NIJ/Northwestern CeaseFire Empirical Evaluation Report: http://www.skogan.org/files/Evaluation_of_CeaseFire-Chicago_Main_Report.03-2009.pdf ; Quantitative empirical review from UIC: <http://cureviolence.org/wp-content/uploads/2015/01/McCormick-CeaseFire-Evaluation-Quantitative.pdf> ; Qualitative empirical review from University of Chicago: <http://cureviolence.org/wp-content/uploads/2015/01/ceasefire-qualitative-evaluation-9-14.pdf>.

Illinois Models for Change Behavioral Health Assessment Team's 2010 site visit evaluation report of the Illinois Department of Juvenile Justice's Youth Centers: https://www.macfound.org/media/article_pdfs/Report_Behavioral_Health_Program_for_Youth_Committed.pdf.

A summary and evaluation report of the Texas Juvenile Mental Health Courts including overview of the courts, court design and implementation, outcome data, and recommendations: <http://mha.ohio.gov/Portals/0/assets/Initiatives/BHJuvenileJustice/2014-BHJJ-evaluation-report-2006-2013.pdf>.

A comprehensive quantitative evaluation of the Behavioral Health Juvenile Justice Initiative in Ohio, conducted by researchers at Case Western Reserve University: <http://mha.ohio.gov/Portals/0/assets/Initiatives/BHJuvenileJustice/2014-BHJJ-evaluation-report-2006-2013.pdf>.

Santa Clara County Juvenile Justice 2015 annual report including specialty courts and other youth diversion programs: <https://www.sccgov.org/sites/probation/Documents/Juvenile%20Justice%20System%20Annual%20Report%202015.pdf>.

Sequential Intercept Model ²⁶

