# Implementing Evidence-Based Practices for Justice Involved Youth

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# Overview

- · Mental Health and Juvenile Justice
- · The Spread of Evidence-Based Practices
- The Models for Change Multi-State Initiative
- · Examples from the Field

# President's New Freedom Commission on Mental Health

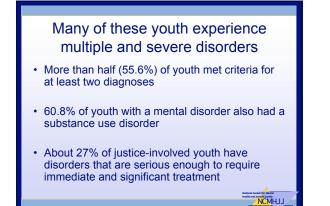
- Part of transformation of the existing mental health system is recognition that:
  - "children, adults and older adults with mental disorders are seen in multiple systems and sectors"
  - For children and adolescents these include, "schools, primary health clinics, child care programs, the child welfare system and the juvenile justice system"

Youth in Contact with the Juvenile Justice System

- Over 2 million youth under 18 are arrested a year
- Over 600,000 youth a year are placed in detention centers
- Over 100,000 youth reside in secure juvenile correctional settings

# Large numbers of youth in the juvenile justice system are experiencing mental health disorders

Prevalence of Mental Disorders- Findings From Recent Studies	Positive Diagnosis
NCMHJJ (2006)	70.4%
Teplin et al. (2002)	69.0%
Wasserman et al. (2002)	68.5%
Wasserman, Ko, McReynolds (2004)	67.2%
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Many youth with mental health problems appear to be inappropriately and unnecessarily involved in the juvenile justice system

- 67% of incarcerated youth with high mental health needs were committed for non-violent offenses (Texas Juvenile Probation Commission, 2003)
- 36% of families report placing children to access mental health services

NCMHJJ

NCMHJJ

(National Alliance for the Mentally III, 2001)

Many youth with mental health problems appear to be inappropriately and unnecessarily involved in the juvenile justice system (cont.)

 2/3 of juvenile detention facilities hold youth unnecessarily because of lack of available mental health services

(Congressional Committee on Government Reform, 2004)

 Growing recognition of need for diversion especially "to avoid the unnecessary criminalization of nonviolent juvenile offenders with mental illness" (President's New Freedom Commission, 2003)

# **Evidence-Based Practices**

- Evidence-Based Practices (EBPs) are:
  - Standardized and manualized
  - Implemented with fidelity
  - Examined using rigorous research designs, and
  - Have demonstrated positive outcomes in repeated studies

# Spread of Evidence-based Practices

- Expansion of EBPs (MST, FFT, MDTFC,etc.) across and within states
  - e.g., MST currently operating in 35 states
- Executive/Administrative action to foster growth

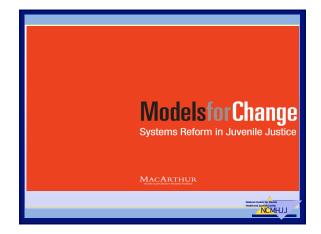
   e.g., Connecticut's redirection of funds from secure facilities, Ohio's Center for Innovative Practices
- State legislative mandates and actions for change
  - e.g., Oregon's law requiring use of EBPs

NCMHJJ

# Outcomes Associated with Evidence-Based Practices

- · Reduce rates of re-arrest
- Improved family functioning and school performance
- · Decreased drug use and psychiatric symptoms
- · Reduced rates of out-of-home placements
- · Cost savings





# Models for Change Initiative

The goal is to create a new wave of juvenile justice reform by producing system-wide change in multiple states that others will learn from and emulate.

# Models for Change: Systems **Reform in Juvenile Justice**

- Framework grounded in set of principles promoting rational, fair and effective juvenile justice reform
- Provides long-term support to lead grantee, state and local groups and leaders to develop and implement plan for reform
- Activity focused on identified targeted areas of improvement
- Technical assistance, training and consultation to sites provided by National Resource Bank of key grantee organizations

NCMHJJ

Models for Change States

### Pennsylvania

- Lead Entity-Juvenile Law Center
- •Targeted Areas of Improvement (TAI)
  - Mental health-juvenile justice coordination Aftercare
  - Disproportionate minority contact

## Illinois

Lead Entity-Loyola University Chicago and Coordinating Council Targeted Areas of Improvement (TAI)

- Community-based alternative sanctions and services Juvenile court jurisdiction
- Disproportionate minority contact

NCMHJJ

NCMHJJ

# Models for Change State (cont.) Louisiana Lead Entity- Louisiana Board of Regent Targeted Areas of Improvement (TAI) Alternatives to formal processing and secure confinement Evidence-based practices Disproportionate minority contact Washington Lead Entity-Center for Children and Youth Justice Targeted Areas of Improvement (TAI) Mental Health - Disproportionate minority contact Alternatives to formal processing and secure confinement NCMHJJ

# Advancing the Models

Expanding the knowledge base- juvenile justice, mental health and evidence-based practices

- Select bellwether states
- Develop and test strategies, interventions and tools to support reform
- Document, assess and understand the process of change
- Create and disseminate new knowledge

National Center for Hental Health and Joynthic Justice NCMHJJ Expanding Evidence-Based Community Services: The Louisiana Experience

Culturally-Competent, Evidenced-Based Practices for the Latino Community

Family Advocacy and Evidence-Based Practices

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