Implementing Evidence-Based Practices for Justice Involved Youth

Moderator: Joseph J. Cocozza
National Center for Mental Health and Juvenile Justice

Symposium Presentations

Evidence-Based Practices: Advances in the Models for Change
-Joseph Cocozza, National Center for Mental Health and Juvenile Justice

Expanding Evidence-Based Community Services: The Louisiana Experience
-Debra DePrato, Louisiana Board of Regents

Culturally-Competent, Evidenced-Based Practices for the Latino Community
-Eric Trupin, University of Washington

Family Advocacy and Evidence-Based Practices
-Darcy Gruttadaro, National Alliance on Mental Illness

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

<table>
<thead>
<tr>
<th>Prevalence of Mental Disorders: Findings From Recent Studies</th>
<th>Positive Diagnosis</th>
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<tbody>
<tr>
<td>NCMHJJ (2006)</td>
<td>70.4%</td>
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<tr>
<td>Teplin et al. (2002)</td>
<td>69.0%</td>
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<tr>
<td>Wasserman et al. (2002)</td>
<td>68.5%</td>
</tr>
<tr>
<td>Wasserman, Ko, McReynolds (2004)</td>
<td>67.2%</td>
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</tbody>
</table>
Many of these youth experience multiple and severe disorders

- More than half (55.6%) of youth met criteria for at least two diagnoses
- 60.8% of youth with a mental disorder also had a substance use disorder
- About 27% of justice-involved youth have disorders that are serious enough to require immediate and significant treatment

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 non-violent 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

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
Issues and Barriers

- Defining the Range of “Evidence”
  - e.g., strong-moderate-negative, mixed or no evidence (Hoogwood); model-effective-promising (Federal Collaboration on What Works)
- Funding EBPs
  - Funding services
  - Cost and cost-effectiveness
- Effectively Implementing EBPs
  - Structural issues in going to scale
  - Workforce/Training concerns
  - Family involvement and choice
  - Youth and Communities of Color

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

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

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
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

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