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# Strategies to Divert Adolescents with Behavioral Health Needs from the Juvenile Justice System



Robert M. La Follette  
School of Public Affairs  
UNIVERSITY OF WISCONSIN-MADISON

**Wisconsin Family Impact Seminars**

An initiative of the Robert M. La Follette School of Public Affairs, with generous financial support from the University of Wisconsin–Madison Chancellor's Office and Phyllis M. Northway Fund

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# Strategies to Divert Adolescents with Behavioral Health Needs from the Juvenile Justice System

Briefing Report for the 38th Wisconsin Family Impact Seminar

FIRST EDITION

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“Strategies to Divert Adolescents with Behavioral Health Needs from the Juvenile Justice System” is the topic of the 38th Wisconsin Family Impact Seminar. For additional information and resources, visit our website at [www.wisfamilyimpact.org](http://www.wisfamilyimpact.org).

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## EXECUTIVE SUMMARY

State policymakers around the country are reassessing their juvenile justice systems to better meet multiple goals: fiscal responsibility, public safety, holding youth appropriately accountable, and improved outcomes for youth and their families. In Wisconsin, nearly 40,000 youth under age 18 were arrested or taken into custody in 2017. National studies have found that 50% to 70% of adolescents involved in the juvenile justice system have a mental health condition—a rate two to three times higher than the general adolescent population—and more than 60% of those have a co-occurring substance use disorder.

There is a growing interest in diverting low-risk adolescents with behavioral health needs (e.g., mental health condition, substance use disorder, condition related to traumatic exposure) from entering the justice system. Instead, adolescents are connected as soon as possible with community-based services and family-based treatment. Research suggests that as a result of diversion, adolescents are less likely to experience negative outcomes such as academic failure, unemployment, serious health conditions, and future justice system involvement.

This briefing report summarizes key findings from the research on adolescent development, unpacks the relationship between behavioral health problems and involvement in crime, and discusses evidence-informed approaches schools and communities are using to keep youth with behavioral health needs out of the juvenile justice system.

Adolescents are distinctly different from adults, both in their behaviors and on brain scans, according to **Edward Mulvey**, Professor of Psychiatry and Director of the Law and Psychiatry Program at the University of Pittsburgh School of Medicine. Research shows that compared to adults, adolescents are less likely to make good decisions in emotionally charged situations; more likely to seek out new and novel experiences; more sensitive to outside influences such as peers, and less likely to see the future consequences of their current actions. As a result of this research, courts have given adolescent offenders less harsh punishments and connected them with community- and family-based services and support to get them back on track for healthy development.

Adolescents' brains and behaviors continue to mature into their early to mid-20s. Consistent with these changes, the majority of adolescent offenders naturally stop offending as they age, even in the absence of interventions. Among serious offenders, research suggests there is no difference in future offending between those placed in secure institutions and those released to the community on probation. In fact, research suggests placement can sometimes increase recidivism. In addition, research indicates that offering more mental health treatment services alone will probably do little to reduce recidivism rates. Youth offenders likely have other, more impactful, factors that are influencing their behaviors, including substance use and other risk factors such as negative peer relationships and antisocial attitudes. Thus, juvenile justice reform requires system-wide changes in which adolescents are regularly assessed for their behavioral health needs and matched with appropriate services. State policymakers can use the research on adolescent development to make evidence-informed decisions about investing limited funds on youth who will benefit most.

In the next chapter, **Karli Keator**, Vice President of Policy Research Associates and Director of the National Center for Youth Opportunity and Justice, focuses on the school-to-justice pathway that developed as a result of zero tolerance policies in the 1990s. These policies increasingly responded to disruptive student behaviors with school-based arrest, suspensions, or expulsions, but often failed to address underlying causes of behavior and did little to improve safety. Referrals to the juvenile justice system have since increased, along with disproportionate representation of youth who have behavioral health needs.

One solution is the School Responder Model (SRM), which focuses on youth who come to the attention of school staff for disruptive or threatening behavior like bullying or ongoing problems like truancy. Trained school “responders” work with school personnel to identify the youth’s behavioral health needs and, in close collaboration with community partners, connect youth and their families to treatment and case management services. Between 2010 and 2018, Connecticut’s SRM program reduced school-based court referrals by 34% and linked 47% more students with behavioral health services. There are two critical aspects of any effort to create alternative pathways for youth with behavioral health needs. First, school, law enforcement, and community-based professionals need training on adolescent development, the impact of trauma, and evidence-informed interventions. Second, families must be an integral part of the planning and implementation of programs, and programs must build on families’ strengths.

In the third chapter, **Evan Elkin**, National Executive Director of Reclaiming Futures, suggests that despite numerous changes in juvenile justice over the last two decades, a significant number of youth have unmet behavioral health needs. Only 21% of youth receive treatment services before they enter detention or incarceration and one-third (33%) receive services while detained or incarcerated. There’s a strong relationship between substance use and future offending. While it’s highly beneficial to provide mental health services to youth, treating substance use problems is particularly important for reducing recidivism.

Reclaiming Futures works to improve substance use treatment by helping states and communities better respond to youth diverted from the justice system. Using Reclaiming Futures’ six-step model, cross-system community teams identify gaps in their screening and assessment protocols and weak points in their treatment service delivery system. Teams track youth closely throughout the system to ensure youth are screened and assessed, matched with appropriate supports and services in a timely manner, and participating in (and benefitting from) those services. Reclaiming Futures’ model also helps address the racial disparities that exist at all points of the justice system. One key feature of this model and other successful approaches for justice-system involved youth is strong family engagement, especially in case planning.

In the final section, **Wisconsin Family Impact Seminar staff** present an inventory of programs administered by Wisconsin state agencies that (1) work directly to divert youth from the juvenile justice system, or (2) broadly address youth with behavioral health conditions who might be at risk of referral to the justice system. Although the list is likely not exhaustive, the aim is to give legislators and other readers a better understanding of the breadth and focus of programs available in the state.

Since 1993, the nonpartisan Wisconsin Family Impact Seminars have encouraged policymakers to view policies through a family impact lens. This lens acknowledges that families are the most efficient, humane, and economical way to raise the next generation, financially support their members, and care for those who cannot always care for themselves. Notably, each author in this report emphasized the importance of strong family engagement in the planning and implementation of programs, policies, and case plans. Without family engagement, efforts to divert adolescents with behavioral health needs from the justice system—and keep them out—will come up short. Policymakers now have the opportunity to ask questions such as: Which programs or approaches currently operating or under consideration have a strong family-engagement component? How can cross-system collaboration be strengthened at the state and community level, particularly by involving youth and families? Which policy decisions can ensure that the *right* services (e.g., the best match) are delivered to the *right* youth (based on their risks and needs) at the *right* time to change the trajectory of Wisconsin youth with behavioral health needs?



# RESEARCH ON ADOLESCENT DEVELOPMENT, BEHAVIORAL HEALTH, AND CRIMINAL OFFENDING: WHY DOES IT MATTER FOR JUVENILE JUSTICE POLICY?

by Edward Mulvey, Professor of Psychiatry & Director of the Law and Psychiatry Program, University of Pittsburgh School of Medicine

The transition from adolescence to early adulthood marks an important period of development, second only to early childhood in terms of its influence on an individual's life trajectory. Research in the last 15 years has radically transformed how researchers and policymakers think about adolescence. We know much more about the changes in adolescents' psychology (their reasoning and behaviors) and neurobiology (their brains) as they mature into adulthood. This knowledge has had significant implications for law and public policy. This chapter highlights six key takeaways from my and others' research on adolescent development and criminal offending that can help state policymakers develop more evidence-informed juvenile justice policy.

## SIX KEY TAKEAWAYS

- 1** We are in the middle of a "sea change" in the orientation of juvenile justice, with research on adolescent development being integrated into court decisions, practice, and state policymaking.

A series of U. S. Supreme Court decisions over the last two decades has reaffirmed the position that adolescents' capacity to make reasonable decisions about engaging in crime is qualitatively different from that of adults, and that this difference should be taken into account when considering sentencing. This logic is reflected in the words of Justice Kagan in the *Miller v. Alabama* decision that, "Incorrigibility is inconsistent with youth." This logic has spread beyond the courts, however, spawning changes in the age of jurisdiction in several states (e.g., Michigan, New York) and increasing support for interventions that foster positive adolescent development.

Current legal and legislative thinking has shifted to recognize that adolescents are individuals whose personality and habits are in a state of flux. This shift in thinking has affected decisions and policies about youth who have committed serious crimes, as well as youth who have committed nonviolent, low-level crimes (which are the vast majority of crimes committed by youth). When considering the culpability of an adult who commits a serious crime, courts often need to make a judgment about the fixed nature of their character and intractability for positive change. In some instances, this assessment may be used to determine whether the individual has a "depraved character."

Such judgments about adolescents, however, are often difficult to make because their characters are still forming, often fluctuating considerably over time. Research suggests that adolescent offending only rarely reflects an underlying depraved character. Adolescents are, in a sense, a moving target. They are difficult to judge against other adolescents and it is difficult to predict exactly how they will turn out over time. As a result, courts have ruled in favor of considering maturity as a factor in sentencing, often resulting in less harsh sentences for juveniles who commit serious crimes compared to adults.

Knowledge of adolescent development has also had an impact on society's response to less serious offenses committed by adolescents. Our thinking about interventions and punishment for these offenders has changed. There is increased support for prevention programs to keep youth out of the juvenile justice system and diversion programs to get them out of the justice system as soon as possible.

## 2 Neuropsychological and behavioral research, taken together, support the idea that adolescents are distinct from adults in how they formulate judgments.

The science surrounding brain development has increased in both the amount of research conducted and the sophistication of that research over the last several decades. Neuropsychological studies using brain scans have examined which parts of the brain are activated when making certain types of decisions, and this technology has revealed distinct differences in decision-making between adolescents and adults. Other researchers have conducted behavioral studies using laboratory tasks to understand how adolescents and adults weigh the costs and benefits of certain actions (e.g., taking risks in game simulations) and the factors (e.g., the presence of peers) that affect certain types of choices (e.g., taking a short-term gain).

In response to the justice system's interest in this body of research, the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP) commissioned a report from the National Academy of Sciences (NAS) to assess the implications of the science around adolescent development for juvenile justice. This report examined both the neuropsychological and behavioral evidence about adolescent decision-making capacities and considered the relevance of these findings to federal, state, and local policymakers; courts; and practitioners.<sup>1</sup>

The NAS Panel found strong convergence of the conclusions reached in neuropsychological and behavioral studies on three points.

1. Adolescents lack the capacity shown by adults to make optimal decisions in emotionally charged situations. Adolescents do not think as clearly about risks and benefits when they are emotionally upset. Adolescents have less capacity for self-regulation. This is particularly relevant to criminal offending, as youth often commit delinquent acts when they are emotionally excited. You can think of this as a diminished ability to put the brakes on bad decisions.

2. Adolescents have a heightened sensitivity to external influences like peer pressure and immediate incentives, which skews their ability to make decisions they might “know” are right. During this time of life, youth pay more attention to the thoughts and opinions of others, a common, and now scientifically validated, maxim of many parents of adolescents.
3. Adolescents are less likely to make sound judgments about decisions that require future orientation. That is, they find it difficult to consider the long-term consequences of an action. They focus on the upside (rewards) of a decision rather than the downside (potential costs). Thus, they tend to act impulsively and go after immediate rewards. You could think of this as short-sightedness.

In sum, typical adolescent development is marked by increased sensation-seeking (the pursuit of new and rewarding experiences), low capacity to regulate emotions and actions, and an increased rush to action. One researcher found that this combination is not an American or European phenomenon, but is a reality of adolescence across cultures.<sup>2</sup> These characteristics influence all domains of an adolescent’s life, not only criminal activity, and are essential aspects of maturation into adulthood. Taken together, these factors have important implications for adolescents’ decisions to engage in crime, their ability to benefit from certain interventions, and their response to deterrence.

**3**

Juvenile offenders naturally evolve toward committing less or no crime; that is, juvenile offenders tend to “desist” from crime regardless of the intensity of the intervention of the justice system. This reduction in offending is related to their improved social judgment skills as they mature into adulthood.

Contrary to common belief, juvenile crime is generally not a sign that an individual has started down the path to an adult life of crime. For some adolescents, early criminal acts are the beginning of a long career of criminal involvement. Adolescents who start offending at an early age, commit numerous offenses, and have numerous disadvantages (e.g., skills deficits, poor family functioning) are at increased risk of continued offending. However, these are a minority of adolescents in the system. Most adolescents reduce or stop their offending (“desist” from crime) as they age.

The Pathways to Desistance study examined whether serious juvenile offenders followed this natural crime-cessation pattern and, if it was occurring, what factors led to the change. The study followed a group of more than 1,300 adolescents who committed felony offenses and interviewed them regularly for seven years. The pattern of desistance was clear. The adolescents self-reported less crime over time, had lower rates of arrest over time, and committed less serious crimes when they did criminal acts.<sup>3</sup>



One of the more intriguing findings is related to the pattern of adolescent development discussed above. Adolescent offenders who had a marked desistance from crime showed an increase in mature ways of thinking (e.g., consideration of others), whereas the much smaller number of offenders who continued to offend showed delayed development in mature thinking. This finding from a large sample of serious adolescent offenders further bolsters the conclusion that adolescents do desist from crime naturally and that this pattern is likely due to maturation of psychological factors (e.g., impulsivity) and brain development.<sup>4</sup>

#### **4** Institutional stays in secure juvenile or adult facilities do little, if anything, to reduce future adolescent offending.

Placement in institutions (i.e., secure residential placements, run either by the state, county, or a contracted provider) for adjudicated adolescents is being used much less nationwide. Some of this reduced use is attributable to fewer adolescents being processed through the juvenile justice system overall (i.e., arrests and petitions to court are down). In addition, many state systems have made a concerted effort to develop alternatives to these placements (e.g., diversion before adjudication or referral to community-based care at disposition), further reducing the populations of adolescents in these facilities. Even at these lower levels, however, these placements consume a sizable proportion of a state's juvenile justice resources.

The evidence for the effectiveness of these types of placements on reducing future offending, also known as recidivism, is rather weak. Large-scale meta-analyses (studies that consolidate and analyze multiple studies) have reviewed a range of interventions available in the juvenile justice system. The analyses show that institutional placements do not lead to sizable reductions in future crime; in fact, a proportion of placements seem to increase recidivism.

The Pathways to Desistance study rigorously compared institutional placement and probation, and their effects on recidivism. Even with serious adolescent offenders, there were no differences between the two approaches once the background characteristics of the adolescents were controlled.<sup>5</sup> Given the expense and variability in the programming offered in institutional environments, it seems wise to carefully consider which adolescents should be placed in institutional care (e.g., those who present the greatest threat to public safety) and carefully monitor the services offered and climate in these settings (e.g., the overall level of harshness).

**5** Mental health problems are more prevalent in adolescent offenders for a variety of reasons, but mental health problems alone contribute little to criminal involvement. Substance use problems are much more influential, but are rarely addressed adequately.

Adolescents in the juvenile justice system are more likely to have behavioral health problems (e.g., diagnosable mental health conditions or substance use disorders) than adolescents in the community. Approximately 50% to 70% of youth involved in the juvenile justice system have a diagnosable mental health condition such as anxiety or conduct disorder, compared to 10% to 20% in the general adolescent population.<sup>6</sup> It's also estimated that more than 60% of youth involved in the juvenile justice system with a mental health condition also have a co-occurring substance use disorder.<sup>7</sup>

These prevalence rates are not surprising, given the level of stress and disadvantage these adolescents have experienced during their lifetime. Prolonged stress and multiple disadvantages on a young child can increase the chances of behavioral health problems, criminal involvement, or both. (*Editor's note: See the Family Impact Seminar report, Building Strong Wisconsin Families: Evidence-Based Approaches to Address Toxic Stress in Children, for information on early childhood adversity.*) There is a clear need to integrate behavioral health services into interventions in juvenile justice.

Perhaps surprisingly, there is little evidence to support the idea that providing more mental health services will reduce future offending. Analyses from the Pathways to Desistance study can again provide some insight on why this is so. First, consistent with many other studies and as mentioned above, most of the adolescents with mental health problems also had co-occurring problems with substance use. Providing mental health services would have addressed only part of their challenges. Moreover, those adolescents with behavioral health issues (e.g., either mental health or substance use diagnoses or both) had higher levels of risk for recidivism on structured assessment instruments. That is, they had other, often more powerful factors (e.g., criminogenic factors such as negative peer groups) affecting their likelihood of reoffending. Thus, integrated interventions that address both the behavioral health needs of the adolescent (e.g., reducing their mental health symptoms) and criminogenic needs (e.g., improving their peer associations) seem to hold the most promise.

Perhaps more relevant is the finding by numerous researchers that substance use is more closely related to criminal offending (and violence) than mental health symptomatology in both adults and adolescents. Over time, the level of substance use by serious adolescent offenders goes closely in step with their criminal involvement. Yet few serious adolescent offenders with diagnosable substance use problems receive community-based treatment. Expanding prevention and treatment programs, such as the Reclaiming Futures model discussed later in this report, should yield an appreciable reduction in their continued criminal involvement.

- 6 State policymakers can improve their state's juvenile justice system by supporting programs and policies that provide the most effective services to the right adolescents at the right time. Although system improvement takes data, time, money, political will, and statewide planning, the returns on investment are high given adolescents' ability to change, mature, and become productive members of society.

There are ways to address the complex problems inherent in juvenile justice. Doing so, however, involves an organized statewide effort, rather than a search for the newest approach or intervention. There are no off-the-shelf fixes that can be implanted in juvenile justice; each state must construct its own evidence-based system for managing juvenile justice. Fortunately, policymakers can seek guidance from the extensive research on adolescent development and patterns of offending, as well as from rigorous evaluations of interventions and sentencing outcomes.

The goal of juvenile justice can be thought of as a broad effort to provide the most effective service to the right adolescent at the right time in their life to reduce their threat to public safety. It is not only fiscally responsible but also more effective when services get to adolescents at highest risk of continued offending, which is the group most likely to benefit from them.

States that have made notable progress on building effective systems (e.g., Missouri, Pennsylvania) have done so over extended periods of time and in planned steps that built upon each other. The success of these efforts is due to one critical factor: the systematic assessment of adolescents as they enter the justice system and proceed through different programs. This allows youth with behavioral health or criminogenic needs to be identified as soon as possible and connected with services that are well-matched to their needs. These assessments also allow for careful analyses of which adolescents receive which services at each point in their system involvement. Juvenile justice systems can then use this data to evaluate the effectiveness of the services (and service providers) at reducing recidivism.

As a first step to achieving these goals, most states convene all relevant stakeholders, including youth and their families, and create a statewide plan that collects accurate baseline data on adolescents and services. The next step is often to create evidence-based benchmarks for each step adolescents take in the system (e.g., initial contact with law enforcement, arraignment, sentencing). Only when states establish a strong culture of managing by objective standards can they move toward ensuring that the right adolescents are getting the right services to increase public safety.

## Conclusion

We're entering the next generation of juvenile justice reform, one in which the promise of our youth can be capitalized upon rather than hindered. More policymakers, government leaders, court and law enforcement officials, and youth-serving organizations are taking a developmental approach to juvenile justice and formulating policies and practices aligned with the latest science on adolescent development. This evidence-informed perspective helps ensure that youth are held appropriately accountable, interventions are effective and fiscally responsible, and youth are less likely to reoffend. When it comes to adolescents—who are still developing emotionally, physically, and intellectually into their 20s—it is up to us to support their growth into mature adults who complete their education, form stable relationships, engage in the labor market, and stay physically and mentally healthy.

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# DISRUPTING SCHOOL-TO-JUSTICE PATHWAYS FOR YOUTH WITH BEHAVIORAL HEALTH NEEDS

by Karli Keator, Vice President, Policy Research Associates & Director, National Center for Youth Opportunity and Justice

State policymakers and school leaders have long sought to create an environment in which education can occur without disruption, harm, or danger. In recent years, there has been a growing interest in ensuring students at risk of referral to the justice system don't step onto the school-to-justice pathway. To accomplish this, schools can create an environment that is safe and conducive to learning by developing a cross-system strategy to identify and support youth with behavioral health problems.

This chapter highlights five key takeaways from research that I believe are important for state policymakers to consider when developing an alternative pathway for youth who are at risk of being referred to the juvenile justice system. This pathway identifies and reroutes youth with behavioral health needs to community-based services, which leads to cost-savings and better outcomes for youth in the short and long term.

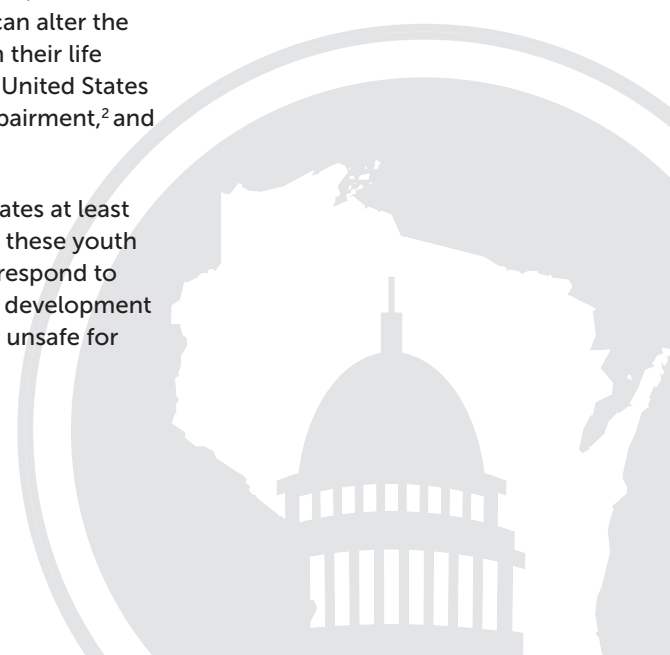
Karli Keator

## FIVE KEY TAKEAWAYS

- 1 Many students have undiagnosed, untreated, or undertreated behavioral health conditions that affect their school performance and behavior.

Behavioral health conditions—which encompasses mental health conditions, substance use disorders, and conditions related to traumatic exposures and stress—can alter the way children learn, behave, and develop. All will have a profound effect on their life courses.<sup>1</sup> Each year, an estimated 14% to 20% of children and youth in the United States experience a behavioral health condition with some level of functional impairment,<sup>2</sup> and approximately 11% have significantly impaired functioning.<sup>3</sup>

Justice-involved youth have diagnosable behavioral health conditions at rates at least two to three times higher than rates among all youth.<sup>4</sup> Yet less than half of these youth receive treatment or have access to behavioral health services.<sup>5</sup> Failing to respond to the behavioral health needs of youth not only interferes with their healthy development but also can contribute to youth acting out in ways that are disruptive and unsafe for themselves and others around them.



## 2 Zero tolerance policies have had the unintended consequence of creating a school-to-justice pathway for many students with behavioral health needs.

In the 1990s, schools began to implement zero tolerance policies to address threats to school safety.<sup>6</sup> These policies were designed to remove disruptive students from school and in the process, theoretically, deter other students from causing additional disruptions.<sup>7</sup> Since that time, law enforcement and other school authority figures have increasingly responded to students who display disruptive behaviors in schools with school-based arrest or “exclusionary discipline,” such as suspensions and expulsions. These discipline policies disproportionately affect youth with behavioral health conditions, disrupt their education, and often fail to address the underlying cause of the behavior.

A 2008 report from the American Psychological Association concluded that zero tolerance policies have failed to improve school safety, climate, or student behavior. In fact, there is evidence that schools with higher rates of suspension are less safe and exhibit diminished school climate when compared to schools that serve students from similar neighborhoods.<sup>8</sup> Several studies have found a link between higher rates of suspension and lower graduation and schoolwide attendance rates.<sup>9,10,11</sup>

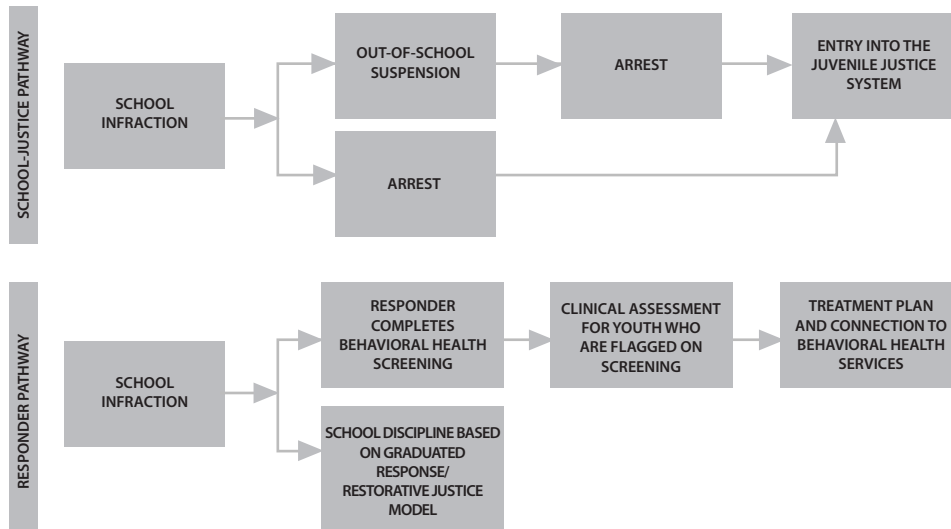
Additionally, zero tolerance policies in schools have resulted in a disproportionate number of youth with mental health conditions in the juvenile justice system.<sup>12</sup> Zero tolerance policies also have contributed to the overrepresentation of minorities involved in the juvenile justice system and are disproportionately applied to students with special educational needs.<sup>13</sup> A comprehensive study in Texas on the connection between school discipline and entry into the juvenile justice system found that, when controlling for other variables, youth classified as having an emotional disturbance (ED) had a 24% higher probability than youth without a disability of being suspended or expelled.<sup>14</sup> The Office for Civil Rights at the U.S. Department of Education found that while students with disabilities make up 12% of the student population, they comprise 28% of students who are referred to law enforcement in schools.<sup>15</sup>

As a result, zero tolerance policies have led to a pattern of referrals from schools to the juvenile justice system. Unnecessary contact with the juvenile justice system is associated with school-related problems (e.g., negative academic and behavioral outcomes) and often leads to greater entrenchment of school difficulties for youth who are labeled as delinquent.<sup>16,17</sup> Arrest and unnecessary court involvement are associated with negative outcomes, including poor mental health, reinforcement of violent attitudes, decreased educational attainment, barriers to education and employment, recidivism, and harsher legal penalties for future crimes.<sup>18,19,20,21</sup>

- 3 To effectively respond to the behavioral health needs of students while promoting school climate and school safety, communities have implemented programs such as the School Responder Model that create alternative, non-exclusionary pathways for students at risk of referral to the justice system.

Schools provide an ideal setting for identifying at-risk students due to the large number of youth in school and the ability to provide follow-up care without some of the traditional barriers to accessing care in the community (e.g., cost, insurance, transportation).<sup>22,23</sup> The School Responder Model (SRM) targets youth who have come to the attention of school disciplinary staff, including administrators and school resource officers. The problem might be one or more specific incidents involving disruptive or threatening behavior, such as bullying or fighting, or an ongoing problem like chronic tardiness or truancy. Instead of referring a youth to law enforcement officials, trained “responders” work with school personnel to identify the youth’s behavioral health needs and link youth and their families with treatment and case management services (see Figure 1).

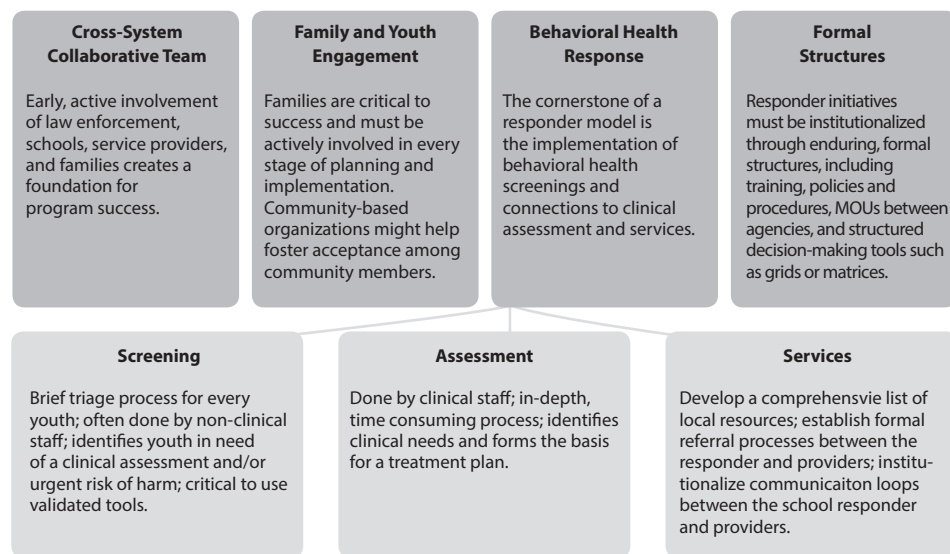
**Figure 1: Typical School-to-Justice Pathway vs. School-Based Responder Pathway**





The School Responder Model provides a new process for responding to these youth. Key components of the model include strong connections between the schools and the behavioral health system, as well as training and support for school staff on how to recognize the signs and symptoms of mental health problems among youth (see Figure 2). Two states, Connecticut and Ohio, have well-established SRM programs. Connecticut's School-Based Diversion Initiative, implemented in 48 schools across 17 school districts, reduced school-based court referrals by 34% and connected 47% more students to behavioral health services between 2010 and 2018.<sup>24</sup>

**Figure 2: Key Components of the Responder Model**



For any diversion program to be effective, services for youth need to be available, accessible, and evidence-based. State policymakers play an important role in creating and overseeing this statewide system of care through policies that support cross-system collaboration, high-quality data collection and evaluation, and shared financing. Cross-system collaboration among all stakeholders—state and local policymakers, school officials, law enforcement, community service organizations, and other youth-serving agencies—is essential for effective identification, screening, and case planning of youth. Roles and responsibilities should be formalized through agreements that (1) require data sharing to support evaluation and quality improvement of programs and services, and (2) outline how local, state, federal, and private funding streams will be blended to provide robust services and supports for youth and families.

Sharing limited resources reduces duplication across systems that is all too common in communities, and can ease barriers youth and families face to accessing well-matched and effective services. Communities and states also benefit from cross-systems program evaluation and quality assurance processes. In particular, more frequent data sharing can help local providers and schools quickly improve their practices and provide policymakers with data to make better decisions. It will also allow communities to identify gaps, inefficiencies, and opportunities in the current service array.

- 4 Behavioral health conditions among youth are often not identified because professionals working across service sectors are inadequately trained to recognize and respond to the signs and symptoms of these conditions.

States are beginning to recognize the importance of providing training on adolescent development, the impact of trauma, evidence-based interventions, and positive youth development to professionals who work with youth (for example, New York state's mental health education law, effective July 1, 2018). However, knowledge is not enough. These professionals also need to develop skills for effectively engaging and working with these youth and their families. Cross-systems policies and trainings can reduce delays to critical services and increase the safety for both youth and staff. For example, educational programs such as the Adolescent Mental Health Training for School Resource Officers and Educators or Mental Health First Aid for Youth (both offered in Wisconsin) can help professionals working in school settings recognize signs and symptoms of behavioral health conditions and connect youth with appropriate, community-based services.

To sustain a knowledgeable and skilled workforce, policies and practices that encourage self-care and support wellness activities also have been developed. Some agencies have implemented mindfulness programs for staff, support for vicarious and secondary trauma, employee assistance programs, and assessments of physical and emotional safety and well-being.

- 5 Youth and family engagement are critical to the success of school-based diversion initiatives.

Family engagement is critical to preventing youth from stepping on the school-to-justice pathway or progressing deeper into the juvenile justice system. When families are highly engaged in their child's life, studies indicate that children experience improved school readiness, higher academic achievement, improved behavior at school, better social skills, and higher graduation rates.<sup>25</sup> Greater family engagement is also associated with improved academic performance, such as higher math proficiency and reading performance, as well as increased test scores and academic perseverance.<sup>26,27</sup> Students whose parents have a high level of engagement with school also show more positive attitudes toward school and are less likely to be suspended.<sup>28</sup>

Family engagement also means including parents and youth in the development, implementation, and oversight of policies and programs. Family engagement has been found to improve overall school climate and increase school safety.<sup>29</sup> Randomized controlled trials have found that family engagement specifically related to students with behavior problems increases the youth's adaptive skills, reduces behavior problems, enhances school engagement, and improves relationships between parents and teachers.

While it is well established that family engagement is critical to positive school outcomes, many schools struggle to foster meaningful family engagement. The School Responder Model includes family and youth engagement as a core component, but that is not true of all school-based approaches. Effective family-school partnerships occur when stakeholders take the attitudes of shared responsibility for educational outcomes, collaborative problem solving, value and respect for differences, and responsiveness to everyone's needs. State policymakers play an important role in this by (1) supporting the adoption of programs that include a strong family engagement component, and (2) providing funding for evidence-based interventions that build on family strengths.

## Conclusion

State policymakers across the country are looking for ways to prevent low-risk youth from entering the juvenile justice system, where they are more likely to experience negative outcomes. School-based programs can be highly effective for creating alternative pathways to services and supports for youth with behavioral health needs. The considerations described above can improve the success of these school-based efforts, making it more likely that programs are cost-effective and connect the *right youth* with the *right services* at the *right time*, improving their overall well-being.

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# CROSS-SYSTEM COLLABORATION: CREATING OFF-RAMPS TO COMMUNITY-BASED SERVICES FOR YOUTH IN THE JUSTICE SYSTEM

by Evan Elkin, National Executive Director, Reclaiming Futures

Over the last two decades, we have seen a significant paradigm shift in juvenile justice away from a system that relied heavily on detention and incarceration to one focused on identifying and responding to the treatment needs of justice system-involved youth. There have been numerous changes: an increase in community-based and treatment-oriented alternatives, the use of behavioral health-oriented screening and assessment tools with youth as they enter the system, and an increase in the number of juvenile probation staff who have a social work background rather than a corrections background. Today's juvenile justice system more often recognizes the importance of developmentally appropriate programming for adolescents and is sensitive to the influence of trauma on delinquent behavior.

Still, many jurisdictions lag behind on these changes, and as a whole, the nation's juvenile justice system has failed to produce strong treatment outcomes. Challenges remain in a number of fundamental areas, including the implementation of effective, evidence-supported treatment; racial and ethnic disparities; and meaningful family and community engagement. The following are five key takeaways for policymakers to consider as a way to address some of the challenges in the juvenile justice system, especially for youth with substance use disorders.

Evan Elkin

## FIVE KEY TAKEAWAYS

- 1 Youth with behavioral health conditions do not receive adequate treatment inside or outside the juvenile justice system.

Behavioral health conditions (e.g., mental health conditions or substance use disorders) are common among youth involved in the juvenile justice system. Studies indicate that 40% to 70% of detained or incarcerated adolescents have a diagnosable mental health disorder and about 45% to 50% meet the criteria for a substance use disorder, compared with 10% to 20% of the general youth population.<sup>1</sup>

Despite these high prevalence rates, most adolescents in the justice system do not receive treatment services. One meta-analysis that synthesized 27 studies found low use of behavioral health services (mental health, substance use, or unspecified services) across all junctures in the system.<sup>2</sup> Approximately one-third (32.6%) of adolescents received services *while* detained or incarcerated, and a slightly higher proportion—37%—received such services upon *reentry* to their community. However, only one in five (21%) adolescents had received services for mental health or substance use disorders *before* they entered detention/incarceration.



The treatment rates for minority youth are even lower. Another meta-analysis found that, controlling for the level of need and diagnosis, minority youth in the juvenile justice system were less likely than white youth to receive referrals to behavioral health services.<sup>3</sup> This is particularly concerning because minority youth are also less likely to receive treatment before they enter the system.

These statistics paint a picture of significant unmet behavioral health needs among youth in the juvenile justice system. The rates of service use at various points in the system suggest that juvenile justice is often the first meaningful opportunity to screen adolescents for behavioral health conditions and connect them with treatment.

What happens when youth do not get the treatment they need? They may experience challenges with emotional regulation and mental health, physical health, family cohesion, and school performance. They also are more likely to break the law. One particular concern for policymakers and justice system leaders is a juvenile offender's risk of future offending, or recidivism. Research has shown that different behavioral health conditions affect reoffending differently. As discussed in Edward Mulvey's chapter of this report, mental health conditions alone (without substance use disorders) tend not to be related to future offending. In a study of serious youth offenders, youth with mental health conditions had similar outcomes as youth who did not.<sup>4</sup>

It's a different story for substance use disorders. Research has shown a consistently strong relationship between substance use and future offending in youth and adults. While it's humane and highly beneficial to provide mental health services to youth, treating substance use problems is particularly important for reducing recidivism. Youth who receive treatment for their substance abuse disorders are less likely to get into trouble with the law again and even when they do, they tend to commit less serious crimes.

**2** Most communities and justice systems are not equipped to effectively respond to the treatment needs of justice system-involved youth who have behavioral health conditions, especially substance use disorders. The missing piece is cross-system collaboration, a critical driver of successful outcomes for youth involved in the juvenile justice system.

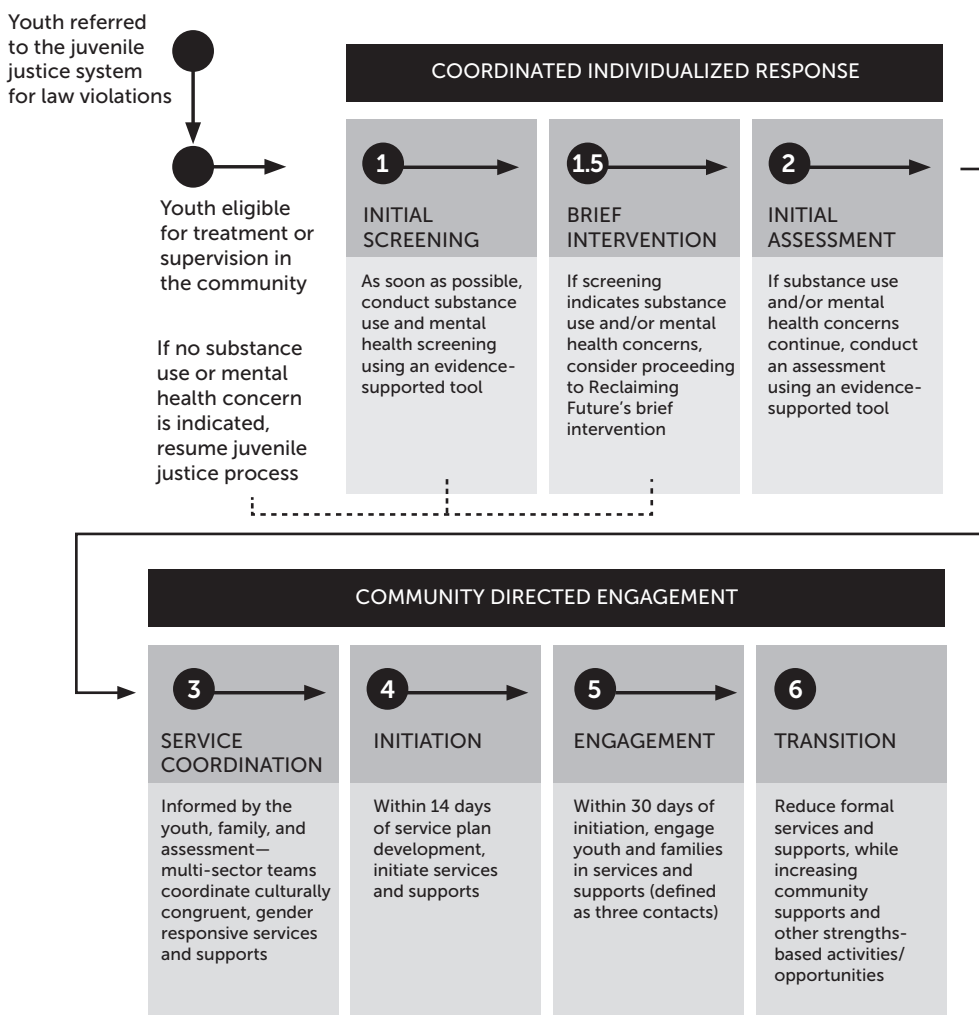
There are many reasons for low rates of treatment service use among youth in the juvenile justice system. Law enforcement and justice system workers might not screen and assess youth for behavioral health conditions. In some areas, especially rural areas, there are few resources in the community with which to connect youth. Youth might be matched with the wrong service, or if they are connected to the right service, might never participate or drop out. Finally, if families aren't engaged in the process, treatment is less effective and youth are less likely to participate.

Program frameworks like Reclaiming Futures provide a blueprint for juvenile courts and communities to address these barriers and achieve better outcomes for youth and families. The foundation for this framework is cross-system collaboration—a critical and often overlooked factor to helping youth get the treatment they need so they exit the justice system as soon as possible.

Reclaiming Futures brings together key partners from the community, including the courts, law enforcement, treatment agencies, families and youth, and community-based supports, to work toward more treatment and better treatment for youth with substance use problems. Community teams use the model to assess gaps in their screening and assessment protocols, case planning, and treatment service delivery. Working together, community teams track youth through the system to ensure youth are assessed, receive a treatment plan tailored to their needs, are matched with appropriate services and supports in a timely manner, and are followed to ensure they are engaging in those services and supports.

As shown in Figure 1 below, the six-step model has two steps focused on determining the youth's behavioral health status and four steps focused on matching youth with appropriate services and ensuring youth are participating in, and are benefiting from, those services.

**Figure 1: Reclaiming Futures' Six-Step Model**



Evan Elkin

More than 40 jurisdictions in over 20 states are implementing Reclaiming Futures. (Wisconsin does not have a Reclaiming Futures site.) An evaluation of a blended Reclaiming Futures/juvenile drug court model showed that youth in the Reclaiming Futures model were more likely to receive substance use treatment than youth in a typical juvenile drug court.<sup>5</sup> The evaluation also found improved youth access to treatment when there was greater fidelity to the model—especially cross-system collaboration and the use of assessments. Preliminary research on this blended model showed a net savings of nearly \$85,000 per participating youth, mostly due to reductions in future criminal offending.<sup>6</sup>

Reclaiming Futures is not a program, but instead is a strategy to help states and communities build the capacity to respond effectively to youth involved in the justice system. Each local jurisdiction creates its own strategy, which works well in decentralized states like Wisconsin that have county-administered human service and juvenile justice systems. North Carolina has invested in Reclaiming Futures on a large scale since 2008. With seed funding from a private foundation, the North Carolina Governor’s Crime Commission and Department of Public Safety have supported Reclaiming Futures in 14 jurisdictions, many of which encompass multiple counties.

Comprehensive approaches such as Reclaiming Futures and similar frameworks offer states the best chance to effect change on the juvenile justice system and improve outcomes for youth. Legislators and other state policymakers play an important role and can take actions such as:

- Promoting the statewide adoption of frameworks that use a structured process for working with justice system-involved youth; specifically, frameworks that identify each critical juncture along the justice pathway and create standards for response times at each step.
- Requiring the use of a validated assessment instrument at intake and throughout a youth’s involvement in treatment. One such tool is the Youth Assessment and Screening Instrument (YASI) (which is currently being phased in over a two-year period in Wisconsin).
- Ensuring that state statutes and policies support, rather than work against (perhaps unintentionally), the ability of local jurisdictions to implement reforms.
- Requiring robust data collection and data sharing within and between local jurisdictions, as well as process and outcome evaluations, to help communities evaluate their progress and make adjustments as needed.
- Providing funding for pilot projects and for statewide adoption of a framework. One often overlooked but important consideration is funding non-service elements, such as data systems, staff training, and family engagement activities, that are critical to the success and continuous improvement of Reclaiming Futures.
- Supporting initiatives that facilitate cross-system collaboration, encourage local community engagement, and increase the treatment provider network, especially in rural areas.

### 3 Racial and ethnic disparities exist across the juvenile justice continuum—from arrest to incarceration—and policymakers and practitioners in juvenile justice can take a data-driven approach to address these disparities.

Minority youth are overrepresented in the juvenile justice system, which is referred to as *disproportionate minority contact* (DMC) by the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) and others.<sup>7</sup> Despite two decades of juvenile justice system reforms, racial and ethnic disparities have increased on many important indicators including arrest rates, detention, longer term placement or incarceration, and the use of alternative sentencing options. For example, in 2013, rates of diversion from formal court processing were 10% lower for black youth compared to white youth, meaning fewer black youth exited the system at this point.<sup>8</sup> According to the Sentencing Project, between 2003 and 2013:<sup>9</sup>

- National juvenile arrests rates dropped 34%, but racial disparities between black and white youth widened by 24%. Black youth are more likely than white youth to be arrested for all major offense categories.
- Juvenile incarceration rates decreased 47% (and fell more than 50% in some states), yet the gap between black and white youth incarceration rates increased by 15%.

The dramatic decreases in juvenile crime rates, pre-trial detention usage, and incarceration rates have been driven by the increased availability of treatment-oriented, community-based alternatives. However, minority youth are underrepresented in these alternative treatment programs and have lower success rates in other programs such as juvenile drug treatment courts.<sup>10</sup> An emerging area of interest is the number of lesbian, gay, bisexual, questioning, gender nonconforming, and transgender (LGBQ/GNCT) youth—girls in particular—who make up a larger than expected proportion of youth in detention and incarceration.<sup>11</sup> One solution to reduce the inequities in detention and incarceration rates is ensuring alternative treatment programs are available to and meet the needs of minority and LGBQ/GNCT youth.

OJJDP requires states to track racial disparities and make improvements to reduce overrepresentation of minority youth. The Reclaiming Futures model aims to address racial and ethnic disparities in the justice system. Several core components of the model have been shown by research to decrease these disparities: universal screening of all youth; conducting in-depth assessments if warranted; developing culturally sensitive, family-engaged service plans; and regular follow-up to ensure youth are engaging in services and receiving benefits from them.

## 4 Research on the juvenile drug treatment court model suggests there are more effective approaches to addressing the substance use treatment needs of justice-involved youth.

Jurisdictions around the country have used juvenile drug treatment courts (JDTC) as their primary approach to address justice system-involved youth with substance use needs. Yet these courts struggle to produce consistently better outcomes than other courts or treatment approaches. Research suggests that the highly intensive and costly JDTCs are no more effective than “juvenile court as usual” and that outcomes for non-white youth and girls may be comparatively worse.<sup>12</sup>

In 2015, OJJDP formed an expert panel to review the research to date and draw up new guidelines for JDTCs. As a result, OJJDP launched a national technical assistance effort to improve the courts. Yet there is little indication that the JDTC model and practices used by program teams have changed, and outcomes remain poor.

One persistent challenge is that federal and state funding mechanisms inadvertently limit innovation in JDTCs. For example, treatment courts are prohibited from working with youth charged with violent felonies, which can include assault charges resulting from fights in school, and therefore cannot serve the youth most likely to succeed with these intensive interventions. Also, most court-based treatment approaches do not operate as off-ramps to community resources, but instead tend to draw youth, particularly LGBTQ and minority youth, deeper into the system.

The OJJDP panel did find several components of drug treatment courts that played a role in whatever success the courts had, including: (1) strong family engagement, (2) adapting court and treatment practices to align with the science of adolescent development, (3) engagement with the community, especially treatment providers, (4) enforcing strict eligibility requirements so that its intensive approach is reserved for youth in greatest need of intensive treatment, and (5) addressing the root causes of racial and ethnic disparities. Although investing in the current JDTC model might not be warranted, policymakers can support other underutilized, but effective programs that incorporate these successful components.

## 5 Strong and meaningful family engagement in case planning, treatment, and other intervention programs is a critical factor for successful outcomes in juvenile justice and community settings.

There has long been consensus in research and in the justice field that meaningful family engagement is critical to supporting youth behavior change in treatment and positive youth development in general. Still, most juvenile justice jurisdictions find it challenging to involve family caregivers in the process in positive ways. Families are often seen as chaotic

or dysfunctional, court-based programs are not structured to involve family caregivers or give them a voice, and many adolescent treatment programs are not designed or equipped to work with families.

Policymakers can look to a number of innovative programs that seek to break this cycle. For example, Reclaiming Futures has worked with jurisdictions in northwest Ohio and St. Charles Parish, Louisiana, to adapt their family intervention courts for delinquency proceedings. In St. Charles Parish, the court has forged a partnership with a community-based organization where families work with a family navigator to actively participate in case planning. Families are eligible whether the youth is involved in a delinquency case or would be referred to a treatment court. The final plan is developed with and endorsed by the family and becomes the blueprint for how the case is monitored in court. This program has resulted in high levels of engagement and motivation, an array of referrals for the youth and other family members, and program completion rates above 90%.

## Conclusion

Policymakers, court systems, treatment providers, community organizations, and families are looking for opportunities to create off-ramps for justice system-involved youth with behavioral health conditions, especially substance use disorders. These off-ramps prevent youth from proceeding further on the justice pathway by connecting them to well-matched, culturally appropriate treatment options as soon as possible. Creating a new pathway requires systemic change, which can be accomplished by forging strong cross-system collaborations such as those used in Reclaiming Futures' model. The other ideas and options presented in this chapter—comprehensive screening and assessment, a structured process in which no youth is left behind, and significant family engagement—can help state policymakers build an evidence-based system that responds to youth and offers meaningful ways for families and other community stakeholders to participate in the process.

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## STATE-ADMINISTERED DIVERSION, PREVENTION, AND SUPPORT PROGRAMS FOR YOUTH

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This table provides an overview of the programs and grants administered by Wisconsin state agencies that (1) focus on diverting youth from the juvenile justice system, and (2) focus on general juvenile delinquency prevention and/or broadly support youth with behavioral health needs (e.g., mental health conditions, substance use disorders, conditions related to trauma and stress). The information in this table was obtained from state agency websites, Legislative Fiscal Bureau publications, and communication with staff from state agencies and the Legislative Fiscal Bureau.

This is likely not a complete inventory of current programs or grants in Wisconsin; there are programs not represented in the table that may benefit youth diverted from the justice system or those with behavioral health needs. The table also does not include the number of youth and families served by each program or discuss budget allocations. However, it is our hope this table conveys the breadth and quality of work being done by Wisconsin's state agencies and inspires state policymakers to build on this foundation for future juvenile justice reforms.

## PROGRAMS THAT FOCUS ON DIVERTING YOUTH FROM THE JUVENILE JUSTICE SYSTEM

Program or initiative	Brief description
Department of Children and Families (DCF)	DCF is responsible for developing standards for and delivery of community-based juvenile delinquency-related services. Additionally, the department is responsible for collecting data on justice-involved youth and providing consultation, technical assistance, and training to aid counties in the implementation and delivery of those services.
Community Intervention Program (CIP)	This grant program, available to counties through an application process, provides funding for early intervention services for first-time juvenile offenders and intensive community-based services for youth who are serious chronic offenders. A critical component of this program is coordination and collaboration with other involved agencies and/or stakeholders (e.g., schools, courts, law enforcement, service providers).
Community Youth and Family Aids Program (Youth Aids)	This program provides each county an annual allocation of state and federal funds from which a county may pay for juvenile delinquency-related services, including out-of-home placements and non-residential, community-based services for juveniles such as mentoring or counseling.
Early Intervention (EI) Program	This program provides counties an annual allocation to provide targeted services and supports to juveniles at risk of committing delinquent acts or juveniles who have committed a minor offense and are at risk of further delinquent behavior. They include school programs designed to: (a) identify children at risk and intervene to strengthen the skills of the children and their families, (b) provide volunteer programs linking juveniles at risk with adult mentors, and (c) provide individual counseling and intensive, in-home family treatment programs.
Youth Innovation Grants	This grant program, available to counties through an application process, provides funding to develop and launch new, innovative youth justice projects and practices under the topic areas of school-justice partnership/truancy prevention, service array/matching, reducing the use of detention, or reducing racial and ethnic disparities.
Department of Justice (DOJ)	DOJ, through the Justice Programs Section, provides financial and technical assistance to public safety, criminal justice, and juvenile justice agencies throughout the state.
Federal Juvenile Justice Grant Program (Title II State Formula Grant Program)	This grant program supports innovative efforts at the state and local levels to maintain compliance with the Juvenile Justice and Delinquency Prevention Act (JJDP) and adhere to standards that reduce the risk of harm to court-involved youth, reduce racial and ethnic disparities in the system (disproportionate minority contact), and improve the way systems address delinquent behavior through evidence-based programs. Activities supported by this grant could include the development of a local restorative justice system, training for law enforcement officers in adolescent development and behavior, and mentoring for youth at risk of future juvenile justice system involvement.

## PROGRAMS THAT FOCUS ON GENERAL JUVENILE DELINQUENCY PREVENTION OR BROADLY SUPPORT YOUTH WITH BEHAVIORAL HEALTH NEEDS

Program or initiative	Brief description
Department of Health Services (DHS)	DHS aims to promote the health and safety of Wisconsin's adolescents.
Child Psychiatry Consultation Program (CPCP)	This program offers consultation, education, and referral support to enrolled primary care providers caring for children and adolescents with behavioral health concerns. Services are provided by psychiatrists and licensed mental health practitioners.
Comprehensive Community Services (CCS)	CCS helps individuals of all ages with ongoing mental health and substance use needs that, if left unaddressed, could result in hospitalizations during times of crisis. The programs are designed to promote and support recovery by stabilizing and addressing an individual's critical mental health and substance use concerns, including an individual's ability to self-manage their physical and social health; and an individual's ability to meet their basic needs, including housing, education, and employment skills. There are currently 25 certified regions that cover 66 counties and three tribes.
Coordinated Services Teams (CST) Initiative, including Wraparound Milwaukee and Children Come First (Dane Co.)	Coordinated Services Teams serve children up to age 18 who are involved in multiple systems of care such as mental health, substance abuse, child welfare, juvenile justice, special education, or developmental disabilities. This intervention and support model provides children and their families a team-centered, strength-based assessment and case planning process. Approximately 66 counties and all 11 federally recognized tribal nations in Wisconsin offer or are developing CST Initiatives. Additionally, Dane and Milwaukee counties offer a managed care model of this service.
Wisconsin Youth Treatment Initiative	This initiative supports improvements in treatment for adolescents and transitional-aged youth, ages 12-25, with substance use disorders or co-occurring substance use and mental health disorders. Identified youth are connected to evidence-based assessments, mental health and/or substance use disorder treatment models, and recovery services. Three county and community mental health agencies are currently receiving training in Multidimensional Family Therapy (MDFT) through this initiative (Madison, Menomonie, and River Falls).
Youth Crisis Stabilization Facilities (YCSF)	Youth crisis stabilization facilities are a new type of facility in Wisconsin that will serve youth ages 17 and under who are experiencing a mental health crisis. DHS is currently seeking proposals for the development and certification of the first facilities. DHS intends to use the results of the current Grant Funding Opportunity Announcement process (which closes on February 14, 2020) to award one or more grant agreements.

## PROGRAMS THAT FOCUS ON GENERAL JUVENILE DELINQUENCY PREVENTION OR BROADLY SUPPORT YOUTH WITH BEHAVIORAL HEALTH NEEDS (CONT'D)

Program or initiative	Brief description
Department of Justice (DOJ)	DOJ, through the Justice Programs Section, provides financial and technical assistance to public safety, criminal justice, and juvenile justice agencies throughout the state.
Crisis Intervention Team (CIT) training (with DHS)	CIT training is a community-driven initiative designed to improve the outcomes of police interactions with people living with mental illnesses. CIT programs are local partnerships between law enforcement, mental health providers, local National Alliance on Mental Illness (NAMI) chapters, and other community stakeholders.
School Safety Grants (with DPI)	Administered by the DOJ Office of School Safety, this grant program supports school safety, including physical security improvements, as well as mental health training for school staff and school resource officers in trauma, adverse childhood experiences (ACEs), and adolescent mental health.
Department of Public Instruction (DPI)	One component of DPI's mission is to keep kids healthy, safe, supported, and encouraged in school in part by: 1) growing mental health supports for kids across all parts of the state, and 2) enhancing school safety measures that address bullying, racism, and harassment.
Aid for School Mental Health Programs	This program reimburses school districts and independent charter schools for increases in their general fund expenditures for school social workers.
Alternative Education	This program works with school districts to develop programs for at-risk students using successful alternative or adaptive school structures and teaching techniques that are incorporated into existing, traditional classrooms or offered in place of regularly scheduled curricular programs. Programming can also include jail or detention-based education.
Cooperative Educational Service Agency (CESA)	Twelve CESAs serve educational needs in all areas of Wisconsin by serving as a link between school districts and between school districts and the state. The CESA Statewide Network and DPI collaborate to support the Wisconsin Safe & Healthy (WISH) Schools Training & Technical Assistance Center. The Center builds the capacity of Wisconsin public school districts to implement alcohol, tobacco, other drug abuse prevention and intervention programs. Center staff also provide training for school districts on mental health topics such as trauma and suicide prevention.
Mental Health and School Climate Training Programs	This program supports training for school district staff and the instructional staff of independent charter schools in the following evidence-based strategies: (a) screening, brief interventions, and referral to treatment (SBIRT), (b) trauma sensitive schools, and (c) youth mental health first aid.
Positive Behavioral Interventions and Supports (PBIS)	PBIS is a proactive, multi-level, school-wide approach to support the behavioral and academic needs of all students. PBIS applies evidence-based programs, practices, and strategies for all students to increase academic performance, improve safety, decrease problem behavior, and establish a positive school culture. Students with greater academic and behavior needs receive targeted supports.

## PROGRAMS THAT FOCUS ON GENERAL JUVENILE DELINQUENCY PREVENTION OR BROADLY SUPPORT YOUTH WITH BEHAVIORAL HEALTH NEEDS (CONT'D)

Program or initiative	Brief description
Project Advancing Wellness and Resiliency in Education (Project AWARE)	This grant program provides support to schools to increase awareness of mental health issues among school-aged youth, provide training for school staff, and connect school-aged youth who may have behavioral health issues and their families to needed services. The current sites include four K-8 schools: Arbor Vitae-Woodruff, Lac du Flambeau, Minocqua-Hazelhurst-Tomahawk, and North Lakeland; as well as Lakeland Union High School.
School-Based Mental Health Services Grant Program	This grant program awards funds to school districts and independent charter schools for the purpose of collaborating with community mental health providers to provide mental health services to pupils. Activities eligible for grants under the program can include co-locating community mental health clinics in schools and providing screening and intervention services.
Student Alcohol and Other Drug Abuse (AODA) Mini-Grant Program	This program supports the development of comprehensive AODA programs which encompass both prevention and intervention services. Schools may apply for AODA mini-grants to support education, prevention, and intervention programs designed by the students that target AODA and other youth risk behaviors such as tobacco, traffic safety, violence, and suicide.
Department of Workforce Development (DWD)	DWD helps Wisconsin's at-risk youth acquire the knowledge, skills, abilities, and talents necessary to obtain a high school diploma or its equivalency, enter the world of work, or attend post-secondary education to help them become self-sufficient and successful in life.
Workforce Innovation and Opportunity Grant (WIOA)	This grant program provides an integrated youth service-delivery system that includes education, workforce training, skills development, and job readiness services. These funds and the associated programs are targeted to out-of-school youth and managed through Wisconsin's 11 local workforce development boards. Some of the services offered to out-of-school-youth could include counseling, tutoring, and career planning as well as dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent.



## GLOSSARY

### A

**Adverse childhood experiences (ACEs):** Potentially traumatic experiences that occur before age 18. The 10 ACEs identified in a landmark study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente are abuse (emotional, physical, or sexual), neglect (emotional or physical), and household challenges (mother treated violently, household substance abuse, household mental illness, parental separation or divorce, or incarcerated family member). Research suggests that the more ACEs a person experiences, the greater the chances for poor physical and mental health and socioeconomic outcomes. Researchers have identified additional adverse childhood experiences (e.g., bullying, homelessness) that also have negative consequences.

**Age of criminal responsibility:** The age at which an individual is subject to the jurisdiction of adult criminal court instead of juvenile court. In Wisconsin, the age of criminal responsibility is 17 and in some circumstances a person as young as age 14 can be “waived” into adult court.

**Assessment (also known as *risk and needs assessment*):** A standardized process or tool to determine the nature and complexity of a youth’s problems, risk for recidivism, and factors that, if treated, can reduce a person’s likelihood of reoffending. An assessment can identify risks and needs in various domains such as mental health, prosocial skills, and support networks. Assessments are typically longer and more in-depth than screenings and can be used to match youth with appropriate treatment and level of supervision. (See also *needs assessment* and *risk assessment*.)

**Adolescence:** The period of life between puberty and young adulthood, from age 10 or 11 (“early adolescence”) through age 19 or even the early 20s (“late adolescence”), during which biological, cognitive, emotional, and social development unfolds. Compared to children or adults, individuals in mid- or late adolescence are more impulsive, less likely to consider the future consequences of their actions, more likely to engage in sensation-seeking, and more likely to pay attention to the potential rewards of a risky decision than the potential costs.

**Arrest:** When law enforcement personnel take or hold a juvenile in custody in response to a delinquent or criminal charge. In Wisconsin, juveniles may also be taken into custody but not arrested when the officer reasonably believes that the juvenile has committed an act in violation of state or federal criminal law, is a runaway, or has violated some other law or court order.

### B

**Behavioral health condition:** A term that encompasses all contributions to a person’s mental wellness, including mental health conditions (e.g., anxiety, depression, conduct disorder), substance use disorders, and conditions related to traumatic exposures. Behavioral health conditions can pose developmental, emotional, physical, and social challenges, and youth with these conditions are at an increased risk of juvenile justice system involvement.



## C

**Community-based program:** Services, programs, and/or supervision provided to youth who remain in their homes and communities in lieu of detention, as part of a diversion program, or upon release from a correctional facility. Services and programs may include restitution programs, substance abuse treatment, or other rehabilitative services.

**Co-occurring disorders:** When a person has a mental health condition and substance use disorder at the same time. These conditions may precipitate or exacerbate one another, or they may exist independently. Research shows that 50% to 70% of adolescents involved in the juvenile justice system have a mental health condition and 60% of those youth have a co-occurring substance use disorder.

**Criminogenic needs:** Characteristics, traits, or problems of a person that are correlated with the likelihood of reoffending. Risk assessments often measure two categories of criminogenic needs: static and dynamic. Static factors, such as age and criminal history, cannot be changed or addressed through treatment or programs. Dynamic factors, such as antisocial thinking, negative peer groups, or lack of literacy or job skills, can be addressed in therapy, training, or education to help the offender become a law-abiding citizen.

**Crisis Intervention Team (CIT) program:** A community-based program to improve the response to individuals experiencing a mental health crisis. CIT programs create partnerships between law enforcement, mental health providers, hospital emergency services, and families. Although initially developed to respond to adults in crisis, the model has been expanded to youth with the goal of preventing youth from becoming involved with the juvenile justice system.

## D

**Disproportionate minority contact (DMC):** The difference in the rates of juvenile justice system contact of youth from specific minority groups compared to white, non-Hispanic youth. This term also refers to the disparate and harsher treatment administered to minority youth compared to white, non-Hispanic youth at various decision points in the justice system.

**Delinquency:** Conduct by a juvenile that would constitute a crime if committed by an adult. Delinquent acts do not include status offenses and may exclude traffic violations and petty offenses.

**Detention:** Temporary custody of a juvenile in a secure confinement facility. Juveniles may be placed in secure detention prior to trial or disposition, or for violation of a condition of a dispositional order.

**Desistance:** The cessation or giving up of criminal activity. Most adolescent offenders stop their offending as they age and mature into adulthood.

**Diversion:** A system of procedures and programs designed to channel certain youth away from formal processing in the juvenile justice system, sometimes to treatment programs or services in the community. Programs frequently target first-time offenders, non-violent offenders, and youth whose delinquent behavior stems from behavioral health conditions (e.g., mental health conditions or substance use disorders).

**I**

**Intake:** The process after taking a juvenile into custody in which intake workers with the juvenile court or county department (1) make a determination about temporary custody, (2) decide how the case is to proceed (i.e., dismissal of the case, deferred prosecution agreement, or formal delinquency proceedings), and (3) provide counseling and referral services.

**J**

**Juvenile justice system (also called youth justice system):** In Wisconsin, the area of law applicable to youth between the ages of 10 and 17 who are accused of violating a state or federal criminal law, civil law, or county or municipal ordinance. Each county is responsible for its own juvenile justice system. The juvenile justice process operates from the premise that youth are fundamentally different from adults, both in level of responsibility and potential for rehabilitation.

**M**

**Mental health condition (also known as mental health disorder):** A wide range of conditions that affect a person's mood, thinking, and behavior. A mental health condition is often not the result of one event, but of overlapping factors including genetics, environment, experiences (including traumatic experiences), and lifestyle. Common mental health conditions among juveniles in the justice system include anxiety, depression, conduct disorder, and attention-deficit/hyperactivity disorder.

**N**

**Needs assessment:** A tool used to assess the degree to which a person has struggled with or is currently exhibiting signs and symptoms of mental health and behavioral problems. Some tools also ask questions about behaviors that have or could lead to court involvement (e.g., violence, breaking the law, drug use). Some comprehensive assessments combine a needs assessment and a risk assessment (e.g., risk for re-offending) into one instrument. (See *assessment*.)

**R**

**Racial disparity:** When the proportion of a racial/ethnic group within a system is greater than the proportion of such groups in the general population.

**Recidivism:** Subsequent criminal involvement of individuals who have been involved in the justice system. Different jurisdictions have different definitions of what qualifies as recidivism. The Wisconsin Department of Corrections (DOC) defines recidivism as a youth committed to the Division of Juvenile Corrections, who, within three years after release into the community, commits a new offense resulting in a court disposition involving DOC. In 2014, the most recent year data are available, the recidivism rate for juveniles released from Wisconsin juvenile correctional facilities (i.e., Lincoln Hills, Mendota Juvenile Treatment Center, and Copper Lake School) was 58.8%.

**Recidivism rate:** The rate at which youth who have been previously adjudicated delinquent reoffend, as measured by subsequent arrests, prosecutions, and/or placement or incarceration. A decrease in the recidivism rate is frequently used as a key indicator to determine the success of programs and services for delinquent offenders.

**Reclaiming Futures:** An evidence-informed, six-step model adopted by communities to better serve justice system-involved youth who have behavioral health conditions, especially substance use problems. Reclaiming Futures' model promotes cross-system collaboration within communities and states to ensure all youth receive screenings (and assessments if needed), are matched with appropriate support and treatment as soon as possible, and are regularly monitored to ensure their treatment is successful.

**Risk assessment:** A tool to help juvenile justice decision-makers classify youth into graduated risk levels according to their likelihood of committing a new offense. These instruments can help with decisions about which youth can be safely released into the community, with or without supervision, or might qualify for or succeed in a particular community-based program. Some comprehensive assessments combine a needs assessment (e.g., mental health and behavioral problems) and a risk assessment into one instrument. (See *assessment*.)

## **S**

**School-based mental health services:** Care provided to and coordinated for children and adolescents with mental health conditions in the school setting. Care can include the screening of and treatment for mental health conditions, often in collaboration with community health agencies. Community mental health clinics may also be co-located in schools. Providing school-based mental health services addresses common problems families might experience such as lack of transportation and financial constraints, and may address mental health provider shortages and stigmas related to mental health problems.

**School Responder Model (SRM):** A school-based approach to reroute students with behavioral health needs who are at risk of referral to the juvenile justice system (e.g., youth with academic disengagement, pattern of escalating misbehavior, law enforcement involvement). Trained, school-based "responders" identify and screen youth for behavioral health conditions, including mental health and substance use disorders and exposures to trauma, and connect them to community-based behavioral health services instead of referring them to the juvenile justice system.

**Screening:** A brief process or tool to identify people who may require more in-depth assessment to determine risks or needs related to problematic behavior, health, mental health, trauma, academic concerns, and drug use. Because they are not used to diagnose problems or establish treatment plans, screening instruments can be administered by a wide range of health, school, and justice professionals.

**Sequential Intercept Model (SIM):** A strategic planning tool that helps communities better understand their gaps in services and resources available for helping justice system-involved individuals with mental health conditions or substance use disorders. Both Dane County and Milwaukee County have developed a Sequential Intercept Model map that illustrates how people with behavioral health needs come in contact with and flow through their criminal justice systems.

**Status offense:** An act that would not be a crime if committed by an adult but is unlawful when committed by a minor, such as underage use of alcohol, curfew violations, truancy, and running away from home.

**Strengths-based approach:** Policies, practice methods, and strategies that identify and draw on the strengths of individuals, families, and communities, as opposed to a deficit approach, which emphasizes problems and pathology. Strengths-based approaches engage the family as a partner in developing and implementing programs and treatment plans. (For example, see *YASI*.)

## T

**Trauma:** A painful or distressing experience often resulting in lasting mental and physical effects that interferes with daily functioning. Potentially traumatic experiences include abuse, neglect, and household dysfunction. Symptoms of trauma in youth may include emotional numbing, nightmares, sleep disturbances, academic decline, aggressive and antisocial behaviors, or suicidal thoughts.

**Toxic stress:** Excessive activation of a child or adolescent's stress response system that occurs when he or she faces intense, prolonged, or frequent adversities, especially in the absence of a relationship with a supportive adult. This type of stress can negatively impact an adolescent's developing brain, ability to learn and function in school, and capacity to build trusting, supportive relationships.

## Y

**Youth Assessment and Screening Instrument (YASI):** A research-based tool used in Wisconsin and other states to measure a youth's needs, strengths, and risk for reoffending, and to help develop case plans. The YASI includes 88 questions designed to ensure that only those youth with higher risk levels enter the system. The tool also includes a brief "pre-screen" version to assist in early decision-making. The statewide roll-out of the YASI began in a small number of Wisconsin counties in early 2019. By the end of the two-year, phased implementation process, all counties will use the YASI in their youth justice cases.

## Z

**Zero tolerance policies:** School discipline policies and practices that respond to violations of school rules, misbehavior, or possession of banned items with predetermined consequences—often severe, punitive, and exclusionary (e.g., out of school suspension and expulsion)—regardless of the context or rationale for the behavior.

# THE FAMILY IMPACT GUIDE FOR POLICYMAKERS

## Viewing Policies Through the Family Impact Lens



- Most policymakers would not think of passing a bill without asking, “What’s the economic impact?”
- This guide encourages policymakers to ask, “What is the impact of this policy on families?” “Would involving families result in more effective and efficient policies?”

When economic questions arise, economists are routinely consulted for economic data and forecasts. When family questions arise, policymakers can turn to family scientists for data and forecasts to make evidence-informed decisions. The Family Impact Seminars developed this guide to highlight the importance of family impact and to bring the family impact lens to policy decisions.

### WHY FAMILY IMPACT IS IMPORTANT TO POLICYMAKERS

Families are the most humane and economical way known for raising the next generation. Families financially support their members, and care for those who cannot always care for themselves—the elderly, frail, ill, and disabled. Yet families can be harmed by stressful conditions—the inability to find a job, afford health insurance, secure quality child care, and send their kids to good schools. Innovative policymakers use research evidence to invest in family policies and programs that work, and to cut those that don’t. Keeping the family foundation strong today pays off tomorrow. Families are a cornerstone for raising responsible children who become caring, committed contributors in a strong democracy, and competent workers in a sound economy.<sup>1</sup>

In polls, state legislative leaders endorsed families as a sure-fire vote winner.<sup>2</sup> Except for two weeks, family-oriented words appeared every week Congress was in session for over a decade; these mentions of *family* cut across gender and political party.<sup>3</sup> The symbol of *family* appeals to common values that rise above politics and hold the potential to provide common ground. However, family considerations are not systematically addressed in the normal routines of policymaking.

### HOW THE FAMILY IMPACT LENS HAS BENEFITED POLICY DECISIONS

- In one Midwestern state, using the family impact lens revealed differences in program eligibility depending upon marital status. For example, seniors were less likely to be eligible for the state’s prescription drug program if they were married than if they were unmarried but living together.
- In a rigorous cost-benefit analysis of 571 criminal justice programs, those most cost-beneficial in reducing future crime were targeted at juveniles. Of these, the five most cost-beneficial rehabilitation programs and the single most cost-beneficial prevention program were family-focused approaches.<sup>4</sup>
- For youth substance use prevention, programs that changed family dynamics were found to be, on average, over nine times more effective than programs that focused only on youth.<sup>5</sup>

### QUESTIONS POLICYMAKERS CAN ASK TO BRING THE FAMILY IMPACT LENS TO POLICY DECISIONS:

- How are families affected by the issue?
- In what ways, if any, do families contribute to the issue?
- Would involving families result in more effective policies and programs?



## HOW POLICYMAKERS CAN EXAMINE FAMILY IMPACTS OF POLICY DECISIONS

Nearly all policy decisions have some effect on family life. Some decisions affect families directly (e.g., child support or long-term care), and some indirectly (e.g., corrections or jobs). The family impact discussion starters below can help policymakers figure out what those family impacts are and how family considerations can be taken into account, particularly as policies are being developed.

### FAMILY IMPACT DISCUSSION STARTERS

How will the policy, program, or practice:

- support rather than substitute for family members' responsibilities to one another?
- reinforce family members' commitment to each other and to the stability of the family unit?
- recognize the power and persistence of family ties, and promote healthy couple, marital, and parental relationships?
- acknowledge and respect the diversity of family life (e.g., different cultural, ethnic, racial, and religious backgrounds; various geographic locations and socioeconomic statuses; families with members who have special needs; and families at different stages of the life cycle)?
- engage and work in partnership with families?

### ASK FOR A FULL FAMILY IMPACT ANALYSIS

Some issues warrant a full family impact analysis to more deeply examine the intended and unintended consequences of policies on family well-being. To conduct an analysis, use the expertise of (1) family scientists who understand families and (2) policy analysts who understand the specifics of the issue.

- Family scientists in your state can be found at <http://purdue.edu/hhs/hdfs/fii/>
- Policy analysts can be found on your staff, in the legislature's nonpartisan service agencies, at university policy schools, etc.

### APPLY THE RESULTS

Viewing issues through the family impact lens rarely results in overwhelming support for or opposition to a policy or program. Instead, it can identify how specific family types and particular family functions are affected. These results raise considerations that policymakers can use to make policy decisions that strengthen the many contributions families make for the benefit of their members and the good of society.

### Additional Resources

Several family impact tools and procedures are available on the Wisconsin Family Impact Seminars website at <http://www.wisfamilyimpact.org>.

- <sup>1</sup> Bogenschneider, K., & Corbett, T. J. (2010). Family policy: Becoming a field of inquiry and subfield of social policy [Family policy decade review]. *Journal of Marriage and Family*, 72, 783-803.
- <sup>2</sup> State Legislative Leaders Foundation. (1995). *State legislative leaders: Keys to effective legislation for children and families*. Centerville, MA: Author.
- <sup>3</sup> Strach, P. (2007). *All in the family: The private roots of American public policy*. Stanford, CA: Stanford University Press.
- <sup>4</sup> Aos, S., Miller, M., & Drake, E. (2006). *Evidenced-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia: WA State Inst. for Public Policy.
- <sup>5</sup> Kumpfer, K. L. (1993, September). *Strengthening America's families: Promising parenting strategies for delinquency prevention—User's guide* (U.S. Department of Justice Publication No. NCJ140781). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

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