**Treatment, Not Punishment: Untangling the Mental Health-Juvenile Justice Knot**

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In adolescence, mental illness is far more prevalent than most people realize—and treatment much harder to come by. Approximately 1 in 5 youth have a diagnosable mental health disorder,[i] while many others struggle to succeed in their families, socially, and in school due to less severe behavioral or emotional issues. Unfortunately, not all have access to the supports and services shown to help children and their families address emotional and behavioral challenges. Many families cannot afford mental health treatment and lack coverage for it: Texas leads the nation in the percentage of children with no health insurance at all,[ii] and, among the kids eligible for public mental health services in Texas, only 18% receive them.[iii] Lack of awareness, misidentification of symptoms, scarce and uncoordinated resources, and poor communication are just some of the barriers preventing children and youth from accessing appropriate mental health treatment.

At the same time, a disproportionate number of youth with mental disorders are ending up in the juvenile justice system. As some delinquent behaviors stem from untreated mental health and substance abuse issues, national studies estimate that about 70% of youth in the juvenile justice system have a diagnosable mental health disorder.[iv]

The Texas Juvenile Probation Commission (TJPC) reports that in 2006, 41% of its youth had mental health problems and 46% were chemically dependent.[v] The Texas Youth Commission (TYC) reports that in 2008, 32% of its committed youth had *serious* mental health problems and 36% were chemically dependent.[vi] Both agencies acknowledge substantial gaps between identified mental health needs and services provided.[vii] Although they have made progress in reforming the way they serve youth, the juvenile justice system is not the place to treat mental disorders, nor has it been shown to be effective in preventing further delinquent behavior in youth with mental impairment.

What's happening? Too little focus on the promotion of children's social and emotional health, inappropriate or missed identification of mental health issues, and lack of access to appropriate treatment and supports has led to the juvenile justice system becoming the de facto provider of mental health services for children in Texas.[viii] This happens even as an alternative that is well established to improve outcomes and to save the public money exists: early recognition and treatment of mental health disorders in a community setting.[ix]

While Texas must improve care and treatment of juvenile offenders with mental health needs who enter custody, steps can be taken *before* children with mental health challenges come into contact with the juvenile justice system and prevent their entering what should, after all, be a system of last resort. Community supports can help these youth successfully remain in their families and communities and prevent them from unnecessarily cycling into the juvenile justice system or "graduating" into the adult criminal justice system.

**Promoting Mental Health, Preventing Escalating Problems**

*Health Coverage and Access to Mental Health Treatment:* Access to health care is a prime component of supporting children's physical, social, and emotional health. Primary care providers are in a key position to identify and address children's behavioral health needs early, referring children and families to appropriate treatment and resources as needed. However, not all doctors **screen for social, emotional, and behavioral concerns** during well-child visits,[x] missing a valuable opportunity to help identify problems early when they are easier and less costly to treat. When problems are detected, families with private insurance plans often find limited coverage for mental and behavioral health treatment and frequently face caps for whatever services are covered.[xi]

Moderate- and low-income children enrolled in the state Children's Health Insurance Program (CHIP) or Children's Medicaid have mental health coverage, yet these benefits tend to be underutilized because many mental health providers don't accept public coverage. Additionally, many children are eligible for CHIP and Medicaid but not enrolled, either because their families don't know they qualify or because the state fails to process their applications in a timely way.[xii] The public mental health system serves children with no health insurance and provides a wide array of services. However, low funding means four out of five eligible children fail to receive services. Finally, many Texas families earn too much to qualify for public coverage but not enough to pay for expensive private insurance comprehensive enough to meet their children's needs.

*The Role of Public Schools:* Schools provide a natural environment to both identify and address students' mental and behavioral issues. Unfortunately, many schools respond to students with behavior problems by removing them from their classrooms and placing them into more restrictive environments, such as alternative education programs located off of school grounds. This practice derails students' education and wastes valuable opportunities to address underlying causes of problem behaviors with appropriate interventions.

***School Interventions in Texas***

Various initiatives are available to assist schools in supporting the social and emotional health of their students, to address problem behaviors, and to coordinate community resources available to help students succeed.

In 2001, the Texas Legislature established the Texas Behavior Support Initiative within the Texas Education Agency (TEA) to build capacity in schools to use research based practices school-wide that encourage positive behaviors. The **Texas Collaborative for the Emotional Development in Schools** (TxCEDS) is another TEA initiative that assists districts in integrating social and emotional learning into existing school models and promotes collaboration between schools and the community. Texas schools have access to these resources, but they are not required to use them.

The **Communities in Schools** (CIS) program, a best practice in preventing students from dropping out of school, uses a case management model to assist students by providing services directly or linking students with social-service providers, public and private agencies, drug education specialists, health professionals, and others in the community to meet each student's needs. In the 2006-2007 school year, 70% of students served by CIS in Texas were targeted for behavior issues.

*Sources:* ICF International and the National Dropout Prevention Center/Network. (2008). *Best Practices in Drop Out Prevention.* http://ritter.tea.state.tx.us/comm/leg_reports/bpdp_finalreport_20081219_toTEA.pdf: ICF International. (2008). *Texas Education Agency, Evaluation of Communities in Schools (CIS) of Texas.* http://ritter.tea.state.tx.us/opge/progeval/DropoutPrevention/CIS_of_Texas_Final_Evaluation_2008.pdf

**Positive Behavioral Support (PBS)** is an evidence-based, data-driven framework proven to reduce disciplinary incidents, increase a school's sense of safety, and support improved academic outcomes.[xiii] PBS is also the recommended intervention for dealing with challenging behavior in children with disabilities,[xiv] a population that is overrepresented in the juvenile justice system. Nearly 40% of youth in the Texas juvenile justice system received special education services prior to coming into contact with the system.[xv]

The single greatest predictor of future incarceration is a history of disciplinary referrals at school.[xvi] Texas schools file more than 20,000 misdemeanor cases to the courts each year for truancy and minor violations of the Texas Education Code, such as disrupting a class or unreasonable noise.[xvii] This trend of "criminalizing" adolescent behaviors could be reversed if education professionals were sufficiently trained and given resources to manage students in need of behavioral interventions.[xviii]

*Positive Youth Development Programs:* Youth who feel safe, valued, and connected to caring adults are more likely to feel positive about their lives, be engaged in school, and exhibit good emotional health; they also are less likely to participate in delinquent behavior.[xix] Research shows positive youth development approaches can result in significant improvements in problem behaviors, including drug and alcohol use, school misbehavior, aggressive behavior, violence, and truancy.[xx]

Communities that ensure an ample and diverse array of positive youth development opportunities are available can help meet the needs of various youth, while working to coordinate the efforts of individual programs.[xxi] The **Seattle Social Development Project**, **Guiding Good Choices**, and **Strengthening Families Program for Parents and Youth 10-14** are examples of evidenced-based programs that reduce delinquency, lower substance abuse, and increase graduation rates while providing significant returns on investment.[xxii]

*Youth with Mental Illness:* When youth experience a mental health crisis, responding immediately to their needs is key to preventing them from getting involved with the juvenile justice system unnecessarily. **Mobile Crisis Units** or **Crisis Intervention Teams** in some communities provide immediate access to assessment and crisis-resolution services wherever the person in crisis is located. However, stabilization is not enough; it is just as critical to link these children and their families to ongoing services to prevent the too-familiar cycle of crisis-stabilization-crisis that many youth and families experience. Typically, the most effective services for youth with serious emotional disturbances are home- and community-based interventions, as opposed to interventions provided in more restrictive settings, such as psychiatric hospitals, residential treatment centers, or detention centers.[xxiii] A **systems of care,** "**wraparound**" approach is a promising practice in serving both youth with mental health challenges and juvenile offenders.[xxiv] This strategy provides youth and their families with an array of comprehensive, coordinated services from various agencies and organizations, rather than placing youth into predetermined, inflexible treatment programs. It substantially improves youths' functioning in their schools, homes, and communities, and can prevent them from coming into contact with the juvenile justice system.[xxv]

Unfortunately, with only limited community-based resources, children with mental disorders frequently come into contact with the juvenile justice system.[xxvi] Services are out of reach to many children and families. In a national survey of families who had a child with a serious mental disorder, 36% of respondents said their child was in the juvenile justice system because of the unavailability of mental health services outside of the system; 23% were told they would have to relinquish custody of their child to get the services they believed necessary; and 20% said they actually relinquished custody to obtain services for their child.[xxvii]

**Keeping Mentally Ill Offenders from Entering or Penetrating the Juvenile Justice System**

When youth with mental health challenges engage in delinquent behavior, identifying the issue and diverting these youth from the juvenile justice system and into evidenced-based community interventions–i.e., the least restrictive setting possible—benefits the youth and communities alike. Research shows many of the most effective treatment methods work best when applied in the community, while youth are with their families,[xxviii] whereas interventions in more restrictive residential placements are generally ineffective in producing long-term changes in youth behavior.[xxix]

_Screenings and assessments:_ Experts recommend screenings at the earliest point of contact with the juvenile justice system possible to help divert delinquent youth with mental health challenges to appropriate and effective treatment and services. Valid screening instruments can help detect mental health issues, including substance abuse and traumatic stress disorders. Results enable juvenile probation departments or juvenile courts to better identify interventions that will most appropriately meet the youths' and community's needs.

_Community-Based Interventions:_ Remaining in or close to their communities is important for all youth within the juvenile justice system, and perhaps even more so for youth with mental health disorders. Interventions that both address youths' mental health needs and decrease the chance of future delinquent behavior often include individual and family therapy, medication management, behavioral coaching, and respite care. All reduce psychiatric symptoms, out-of-home placement, and long-term rates of recidivism.[xxx] Evidence-based approaches that work with parents, guardians, and youth at home to improve youths' behavior include **multisystemic therapy**[xxxi], **functional family therapy**[xxxii], and **multidimensional treatment foster care**[xxxiii], and coordination of services through a **wraparound approach**[xxxiv] which is integral to systems of care. Providing delinquent youth with an array of coordinated community services has been shown to result in fewer behavioral and emotional problems after 18 months in a system of care.[xxxv]

### *Screening in Texas*

Local probation departments in Texas are required to do an initial mental health screening when youth are admitted to detention or enter the probation system. The Texas Juvenile Probation Commission is developing a series of juvenile risk assessment instruments for identification of a juvenile's risk of re-offense based on criminal history and needs. Beginning in 2010, youth in the juvenile justice system in pilot areas will be screened for undiagnosed traumatic brain injuries (TBI) that may contribute to delinquent behavior, allowing for more targeted services. However, screenings and assessments do not guarantee treatment. Specialized treatment services are often in short supply or are too expensive for local communities. The majority of youth with mental health disorders served by local probation departments in Texas do not receive treatment. In 2004, 67% of youth served by juvenile probation departments who needed services did not receive them.

*Sources*: Texas Family Code Sec. 51.21; Texas Juvenile Probation Commission and Juvenile Justice Practitioners. (2008) *Texas Juvenile Probation: Today and Tomorrow*. http://www.tjpc.state.tx.us/publications/reports/TJPCMISC0308.pdf; Texas Juvenile Probation Commission and Juvenile Justice Practitioners. (2008) *Texas Juvenile Probation: Today and Tomorrow*. http://www.tjpc.state.tx.us/publications/reports/TJPCMISC0308.pdf; Texas Juvenile Probation Commission. *Models for Change: Systems Reform in Juvenile Justice Grant Application*.

*Role of the Judicial System in Diverting Youth:* The juvenile courts play an important role in making sure delinquent youth with mental health issues receive appropriate treatment. Courts in Texas can order a mental health evaluation at any stage of court proceedings, and local probation departments are required to refer the child to the local community mental health center for further evaluation and services if testing indicates a suspected mental illness.[xxxvi] When families have access to adequate legal defense to help them focus on securing appropriate community-based services, youth are able to remain in their homes or be placed in less restrictive settings.[xxxvii]

**Mental Health and Drug Courts** are emerging as promising alternatives to more traditional courts to address juvenile offenders' mental and substance use issues, while also addressing public safety.[xxxviii] Mental health courts link offenders who would ordinarily be prison-bound to long-term community-based treatment. Drug courts provide court-supervised treatment as an alternative to traditional criminal sanctions.

### *Judicial Diversion in Texas*

Specialized court programs are unavailable to the majority of juveniles in Texas, but some communities are implementing this promising practice. One example is **Travis County's COPE Mental Health Court**, which links youth with a mental health disorder or diagnosis that has led to the commission of a criminal offense to community mental health services, therapeutic services, and other services as needed by the family. The **Bexar County Mental Health Court for Female Juvenile Offenders** diverts young delinquent females who have been traumatized into treatment and away from further criminal justice system involvement. The **Tarrant County Juvenile Drug Court** targets juvenile offenders referred for substance abuse offenses and gives them opportunities to get support that will improve their decision-making, skills, and health.

### *Community-Based Practices in Texas*

There are several promising diversion practices underway in the state:

- Dallas and Harris counties are participating in the Annie E. Casey Foundation-funded **Juvenile Detention Alternatives Initiative (JDAI)**. JDAI targets the detention component of the juvenile justice system for diversion efforts by helping communities devise systems and procedures to help make sure only youth awaiting trial who need to be detained are held in detention centers and diverting other youth to community-based alternatives.
- The **Front End Diversion Initiative** is an intake-based diversion effort that provides family engagement, motivational interviewing, crisis intervention, and mental health training to specialized juvenile probation officers to help them better identify and work with youth with mental health challenges.
- The **Special Needs Diversionary Program** pairs a specialized probation officer with a local mental health professional to provide the offender and his/her family coordinated community-based case management services, such as skills training, anger management, medication maintenance, and group therapy.
- The **Youth Empowerment Services Medicaid** waiver pilot program, being implemented in Bexar and Travis counties, will provide intensive community-based services for youth and children with severe emotional disturbances to reduce out-of-home placements by all child-serving agencies, including the juvenile justice system agencies.
- Bexar County is a demonstration site for a **behavioral health intervention pilot project** to divert children and youth at-risk of being removed from their home into integrated systems of care implemented by local and state child-serving agencies, including the local mental health authority and TYC.

*Sources:* The Annie E. Casey Foundation. (2009) *Two Decades of JDAI: A Progress Report* http://www.jdaihelpdesk.org/Docs/Documents/JDAI_Natl_Report_r6.pdf; Texas Juvenile Probation Commission. (2009). *Front End Diversion Initiative Program: Policy and Procedure Manual Overview*; Texas Juvenile Probation Commission. (2008) Overview of the Special Needs Diversionary Program for Mentally Ill Juvenile Offenders, FY 2007.

**Mental Health Treatment during Incarceration**

Some delinquent youth will need to be placed in secure facilities, due to concerns for public safety or chronic reoffending. However, in general, merely incarcerating youth has proven ineffective in changing behavior once they are released back into their homes and communities.[xxxix] Providing mental health treatment during incarceration, however, can improve outcomes. A TYC study found that youth who received mental health treatment while incarcerated were significantly less likely to be rearrested or reincarcerated after one year following their release.[xl]

Conducting comprehensive psychological assessments on all juvenile offenders upon commitment would allow juvenile justice agencies to identify previously undiagnosed mental health needs and develop individualized treatment plans, including planning for youths' return to their families and communities. Interventions that are tailored to the youths' individual needs and evidenced-based hold the most promise. Evidence-based practices, such as **cognitive behavioral therapy**, specialized **substance abuse treatment**, **integrated treatment for dually diagnosed youth**, and **trauma-informed care,** are key to treating incarcerated juvenile offenders.[xli] Research notes the importance of specialized treatment, provided by qualified professionals with extensive training, which has proven more effective than similar programs administered by regular correctional staff.[xlii] Even when youth are incarcerated, families can be involved in the treatment plan to enhance effectiveness.

*Small, Regional Facilities and Trained Staff:* Secure juvenile justice facilities that serve a small number of offenders and are located as close to the communities youth come from as possible bring better outcomes for incarcerated youth. This practice has been implemented in the Missouri juvenile correction system and is sometimes referred to as the "**Missouri Model**." Additionally, ensuring facility staff use a youth-focused and strength-based approach, have adequate training to work with youth (e.g., training in strategies to defuse escalating situations), and can maintain low youth-to-staff ratios is beneficial.[xliii] In contrast, the use of seclusion and restraints, including using medication as a means of chemical restraint, poses serious health and safety risks to youth, and prevents youth from learning appropriate coping skills.[xliv]

***The Targeted Approach in Texas***

Youth incarcerated within TYC continue to be housed in large facilities, most often far from their families and communities. Lawmakers and advocates are closely watching the outcomes of newly implemented reforms within the Commission. In response to juvenile justice reform passed by the state legislature in 2007, TYC implemented the **ConNEXTtions** program, an integrated system-wide rehabilitation program offering various therapeutic techniques and tools for youth in TYC facilities. ConNEXTions uses an evidence-based assessment on all youth, with assessment results forming the basis for individual treatment plans. In addition to general programming, youth may be required to attend supplemental groups to assist them in areas such as mental health support, alcohol and drug education, anger management, or psychosexual development. Youth diagnosed with severe mental illness may receive treatment at one of two facilities in the state, Corsicana Residential Treatment Center or Crockett State School.

## Reentry into the Community and Aftercare Services

Most youth involved in the juvenile justice system will return to their families and communities. Planning for this reentry is a critical piece in preventing them from cycling back into the juvenile or adult criminal justice systems. Experts recommend beginning planning for reentry soon after a youth enters confinement, taking into account a youth's family and living arrangements; peer groups; mental, behavioral and physical health; substance abuse treatment needs; and educational plans.[xlv]

**Reentry planning** and **aftercare services** following a youth's return home are model practices in reducing recidivism rates and saving the public money in the long run.[xlvi] Using a **wraparound approach** to serve youth leaving a juvenile justice facility is a promising practice that can prevent youth with mental illness from engaging in further delinquent behavior. Such planning is needed for all youth coming out of the juvenile justice system, and it is especially critical for youth with mental health disorders to make sure they have continuing access to services and supports, including mental health treatment, substance abuse treatment, and re-enrollment into health coverage.

Youth coming out of the juvenile justice system face many of the same challenges as youth aging out of foster care. A new pilot for former juvenile offenders uses a promising strategy several communities are using to help former foster youth. **Transition centers** are community collaborations that use a one-stop model to provide former foster youth with access to health care, job training, skill-building, housing, education, and more.[xlvii] TYC and TJPC have recently partnered with community groups in San Antonio to launch the **Children's Aftercare Reentry Experience (CARE) Project** that will provide youth coming out of the juvenile justice system with access to these services through San Antonio's transitional center.

### *Reentry Services in Texas*

During its 2009 session, the state legislature enacted several laws to help youth with mental illness leaving the juvenile justice system access supports and services critical to their successful reentry.

- State agencies are now required to work together to **determine a youth's eligibility for public health benefits** upon release as part of the discharge planning process, helping to ensure that qualifying youth can access health care.
- The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) contracts with public mental health agencies to provide juvenile offenders with serious emotional disturbances with targeted treatment services using a wraparound, case management philosophy, with strong emphasis on flexible programming. TCOOMMI is now also required to coordinate a **continuity of care system for juvenile offenders**. This continuum of care is to be delivered by various state child-serving agencies, including juvenile justice, human services, and education agencies. The continuity of care system was established to address the medical, psychiatric, or psychological needs and care of juvenile offenders with mental illness, along with their education and rehabilitation needs, from the time they enter the enter the juvenile justice system until they are released from supervision into their communities.
- The state legislature also authorized TCOOMMI to **provide community services to youth discharged from TYC due to a mental impairment** that precludes them from effectively participating in rehabilitative services. These youth, arguably in the greatest need of ongoing mental health treatment and supports, were previously ineligible for aftercare services through TCOOMMI because they were not placed on parole after discharge.

*Sources:* Texas Correctional Office on Offenders with Mental or Medical Impairments. (2009). *The Biennial Report of the Texas Correctional Office on Offenders with Medical and Mental Impairments.* http://www.tdcj.state.tx.us/publications/tcomi/Biennial%20Report%202009%20FINAL.pdf; Texas Health and Safety Code, Section 614.018

**Special Issues and Considerations**

*Co-occurring Disorders:* Many youth involved with the juvenile justice system have co-occurring mental health and substance abuse disorders. Youth with emotional and behavioral problems are almost four times as likely to be dependent on alcohol or drugs, compared to their peers.[xlviii] Screening and assessment tools used throughout the juvenile justice process can be designed to detect various disorders, including trauma and substance abuse problems. When co-occurring disorders are present, **integrated treatment** is necessary, as are professionals who can effectively treat the multiple needs of youth. Because some youth may return to homes and friends that promoted or supported their drug use, aftercare and relapse prevention services are critical. Youth who continue their substance use upon reentry are more likely to reoffend, and treatment for substance use can reduce continued criminal behavior.[xlix]

*Treatment of Young Female Offenders:* While females make up a small percentage of youth incarcerated by TYC (just 7% of commitments in 2008), over a quarter of youth referred to TJPC in 2005 were female.[l] No matter where they are served, young female offenders have different treatment and rehabilitation needs than their male peers.[li] Young female offenders are more likely to report being the victims of violence and to develop mental health problems following trauma than male juvenile offenders.[lii] Girls should have access to community-based treatment that is **gender-specific** and **trauma-informed**.[liii]

*Family Involvement:* Having families involved in all aspects of care and treatment for youth[liv] can help mental health professionals have valuable information key to keeping the youth stable and safe. Even more importantly, families can play an integral, if not essential, part of youths' treatment and rehabilitation. **Multisystemic therapy** and **functional family therapy**, both evidenced-based best practices for working with delinquent youth, work with parents, guardians, and youth at home to improve the youth's behavior and the communication and problem-solving skills of parents and siblings. Since most youth return to their families after they leave the juvenile justice system, it is necessary to involve families in planning for successful reentry into their home and community. Families also play a key role in the systems of care approach for youth with serious emotional disturbances. **Family partners** and **family liaisons** are valuable approaches to both assist and engage families in supporting their youths' treatment. To facilitate their involvement, families need information, training, and support at all stages of their child's experience with the juvenile justice system. Many of Texas's child and youth-serving agencies recognize this and have begun to staff or contract with experienced parents or young adults who have had life experiences and a personal working knowledge of accessing and utilizing the state's health and human services or juvenile justice systems. These professionals help families navigate the systems to access services.

*Disproportionate Minority Contact:* Youth of color face particular challenges in both the mental health and juvenile justice systems. Compared to their white peers, they are less likely to receive services for mental health concerns;[lv] when they do receive treatment, it is less likely to be care shown to be effective.[lvi] Even when evidence-based treatments are available, they may not be treatments that have been shown to be effective with youth of color.[lvii] At the same time, youth of color are overrepresented in the juvenile justice system, nationally and in Texas.[lviii,lix] While referrals to juvenile probation departments in Texas have decreased by 12% since 2001, the reduction has been almost solely driven by a drop in referrals of white youth; youth of color are referred at roughly the same rate as in previous years.[lx] Minority students are more likely to receive disciplinary referrals in Texas schools,[lxi] and they are more likely to be put on probation.[lxii] The factors influencing the experiences of youth of color within both systems are complex,[lxiii] but involve practices both in the community, such as differences in school discipline practices that disparately impact youth of color, and in care, such as biases in the legal and justice systems that lead to different outcomes across racial and ethnic groups. Policy and practice

must address the gaps in front-end contact with the juvenile justice system, as well as ensure the cultural competence of treatment for youth in care.

*Investing in What Works:* Thanks to a growing body of research, much is known about how to effectively address the mental health needs of youth, both in the community and within the juvenile justice system. To ensure the best outcomes for children and families and to make the most of limited public resources, investments need to be linked to evidence-based programs, as well as emerging practices that show promise but need further evaluation. Across all programs and systems, objective evaluations, routinely conducted, can help measure progress in client outcomes and to determine cost-effectiveness.

**Return on Investment**

Community-based treatments for youth with mental health challenges are more effective and less expensive than treatments provided in more restrictive environments, such as juvenile justice facilities. Various juvenile delinquency prevention programs have been shown to be effective in not only reducing juvenile criminal behavior, but in saving money by avoiding costs in the juvenile justice system and to victims of juvenile crime.[lxiv]

In 2005, it cost an average of $885 to provide youth with behavioral health services in a community setting in Texas, compared to $8,759 to provide behavioral health services in institutional or residential settings.[lxv] The average cost to commit a youth to the Texas Youth Commission is $96,000,[lxvi] compared to approximately $3,000 for providing drug or alcohol rehabilitation.[lxvii] Separately, untreated mental illness in children and delinquent behavior each inflict a great cost to the public. Since mental health and juvenile delinquency are related and often interconnected, Texas can reap multiple benefits by addressing these issues together.

**Recommendations**

To promote resiliency and success in children, keep citizens safe from delinquent activity, and save taxpayers money, Texas should act to ensure children with mental impairments are diverted from the juvenile justice system whenever possible; we must also ensure those who do enter the system receive quality care and that their needs are met as they transition out of the system.

DIVERSION

- Promote school success by requiring school districts to use evidence-based models, such as school-wide Positive Behavioral Supports, and to train teachers and school staff to recognize potential unmet mental health needs, so they can make appropriate referrals.
- Continue to repeal zero-tolerance policies that criminalize challenging behavior in the school environment.
- Support keeping kids in the community by making Mobile Crisis Teams available on school campuses.
- Build community capacity to address mental health needs of children and families, including evidence-based treatments addressing the whole child.
- Decrease reliance on psychotropic medication to control behaviors in children. When such medication is deemed necessary, ensure that its usage is closely monitored and provided in conjunction with other interventions.
- Improve coordination among agencies and systems serving children and their families. Use multidisciplinary teams as standard practice for assessment and service delivery. Provide flexible funding for Community Resource Coordination Groups (CRCGs) and Texas Integrated Funding Initiative (TIFI)

sites to provide more children with complex needs access to needed supports and services using a systems of care approach.
- Expand probation-based diversion strategies, such as the Front End Diversion Initiative, to all counties, with specialized officer certification that includes motivational interviewing.
- Increase use of mental health and drug courts and move all juvenile courts towards treatment-based models
- Ensure that all practices reduce the disproportionate referral of children of color to the juvenile justice system.
- Make the primary objective of probation supervision rather than sanction.

<u>IN CARE</u>

- Identify youth with mental health challenges when they come into the system.
- Provide evidence-based treatment, such as Cognitive Behavioral Therapy, Multisystemic Therapy, Functional Family Therapy, trauma-informed care, and substance abuse treatment.
- Involve guardians and family of choice in all aspects of youth care. Strategies to better engage families include training juvenile justice staff on how to effectively engage families, exploring the use of family group decision making, and using technology, such as video conferencing, to keep families engaged with incarcerated youth.
- Given the prevalence of trauma among young female offenders, provide them with community-based treatment that is gender-specific and trauma-informed.
- In order to address their unique needs, keep children out of the adult criminal justice system.
- Utilize programs and practices that are culturally competent.
- Use seclusion and restraints only when there is an imminent risk of danger to the youth or others and no other safe and effective intervention is possible. Medication should not be used as a chemical restraint.
- Serve youth in small, regionalized facilities close to their communities.
- Partner with community-based organizations to keep youth connected to the community and involved in activities that foster responsibility and self esteem.
- Promote professionalism among juvenile justice staff. Increase professional requirements, including field experience and training in working with special populations; pay a living wage; and reward staff who work effectively with youth.

<u>TRANSITION</u>

- Begin planning for reentry upon confinement. Provide comprehensive aftercare services to youth coming out of the juvenile justice system to make sure a continuum of care and services is available.
- Identify and engage a child’s family of choice and help them prepare for the child’s reentry into the community.
- Take steps to ensure eligible youth are enrolled in Medicaid or CHIP and can begin receiving covered services immediately upon release.
- Assist youth leaving the juvenile justice system in acquiring the skills and resources needed to succeed in reentry and to prevent recidivism.
- Provide grants to community-based organizations that assist youth in enrolling in school or training; securing employment and safe, stable housing; accessing mental health services; and resolving substance abuse problems.
- Explore the use of transition centers, such as those serving youth leaving the child welfare system, to assist youth leaving the juvenile justice system.

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