

DIVERSION LITERATURE REVIEW

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Diversion Research Literature Review

SECTION 1. DIVERSION PHILOSOPHY, PRACTICES, AND PROGRAMS

SCOPE OF THE PROBLEM

With the overall rate of juvenile violent crime spiking in the 1980s and continuing through the 1990s, the United States experienced a nationwide shift away from rehabilitative ideals for juvenile offenders to a more punitive approach grounded in deterrence and “zero tolerance” punishment policies. Apart from the negative effects that formal court processing may pose for youth, two implications of this “get tough” trend were higher rates of juvenile incarceration and juvenile offenders being charged as adults.

The Annie E. Casey Foundation (2008a) estimates that police make 2.2 million juvenile arrests nationwide each year and that, resulting from these arrests, some 1.7 million cases are referred to juvenile courts. Recent research by the Justice Policy Institute (JPI) [2009] indicates that the types and number of offenses formally handled by juvenile courts has changed in the past 10 years. The JPI brief cites statistics from the 2005 Juvenile Court Statistics (Puzzanchera and Sickmund, 2008) showing 28 percent of all delinquent cases handled by the juvenile courts in 2005 involved public order offenses (e.g., disorderly conduct, obstruction of justice, and liquor law violations), representing an increase of 8 percent from a decade ago, and that two out of every three cases involved a non-person offense. In addition to the overall increase of the juvenile justice system caseload, some 400,000 youths are detained in juvenile detention centers each year and nearly 100,000 are detained in juvenile jails, prisons, boot camps, and other residential facilities on any given night (Annie E. Casey Foundation, 2008a) The volume of cases being formally processed in the United States is burdening an already overcrowded juvenile justice system and has also been found to negatively affect youth who may be better served in the community and without the intervention of courts (Holman and Ziedengert, 2006). Research has shown that most youth will naturally “age out” of delinquent behavior without the intervention of the juvenile justice system. Research has also shown that juvenile justice and criminal justice systems may actually delay development and disrupt the natural engagement with families, school, and work, which will reduce the likelihood of the youth’s successful transition to adulthood (Justice Policy Institute, 2009).

The Annie E. Casey Foundation (2008b) asserts that our Nation’s current approach to juvenile justice is “costly, discriminatory, dangerous, and ineffective.” The Foundation’s “2008 Kids Count Essay and Data Brief” points out that negative implications are serious for youth confined in locked detention centers and training schools, stating that, more so than any other youth cohort in the United States, these youth “will achieve less educationally, work less and for lower wages, fail more frequently to form enduring families, experience more chronic health problems (including addiction), and suffer more imprisonment.” Additionally, new research has found that confinement is more likely to reinforce delinquent behavior in youth already at risk, and may also result in more delinquent skills than if the youth were treated individually in the community (Justice Policy Institute, 2009).

Several recent studies have shown that youth who are detained are more likely to recidivate than youth supervised in a community-based setting (Holman and Ziedengert, 2006). Additionally,

the constitutionality and charges of differential treatment based on race and ethnicity are two issues directly related to diversion programs (Shelden, 1999). Bortner, Sunderland, and Winn (1985) found evidence of systematic differential treatment that African American females were more likely to be incarcerated for status offenses while their white counterparts were more likely to be diverted from formal court processing. Additionally, Fagan, Slaughter, and Hartstone (1987) determined that minority youth fare worse than white youth at each stage of processing by the juvenile justice system and are more likely to be detained and sentenced to a correctional facility, regardless of the offense. Apart from the potentially negative implications of confinement and secure detention on youth, these sanctions are costly and are often not the most fiscally efficient method of handling juvenile offenders. According to American Correctional Association estimates, States spend an average of \$241 per day, or \$88,000 per year, for every youth locked in a juvenile facility (Justice Policy Institute, 2009). Unfortunately, States often have no financial incentives for counties to invest in alternative solutions because State governments typically fund residential placement for youth who are adjudicated delinquent, thus putting the onus on counties to pay for alternatives to detention (Justice Policy Institute, 2009).

Public sentiment is changing again as research identifies the detrimental and costly effects that secure detention and confinement may have on juveniles and communities, and how the use of these sanctions is almost never appropriate for certain populations, including status offenders, young and vulnerable offenders, first-time offenders, youth who commit nonserious offenses, and offenders with involved parents or strong community-based support systems (Austin, Johnson, and Weitzer, 2005). States are now looking to reduce their reliance on the secure confinement of juvenile offenders by exploring alternative strategies such as diversion programs, intensive supervision programs, and community-based treatment and therapy. The scope of this report is to identify and discuss effective diversion programs, policies, and practices.

DIVERSION PHILOSOPHY AND PRACTICES

Diversion is “an attempt to divert, or channel out, youthful offenders from the juvenile justice system” (Bynum and Thompson, 1996). The concept of diversion is based on the theory that processing certain youth through the juvenile justice system may do more harm than good by inadvertently stigmatizing and ostracizing them for having committed relatively minor acts that might be more appropriately handled outside the formal juvenile justice system (Lundman, 1993). The primary objective of a diversion program is to divert youth from traditional forms of secure detention and confinement into the most appropriate alternative program or mode of supervision for their individual treatment needs (Austin, Johnson, and Weitzer, 2005).

Diversionsary practices vary in terms of when the youth is diverted and the types of services provided. Juveniles may be diverted by law enforcement before arrest, or diversion may take place during court intake or even after adjudication—as long it occurs before disposition (Rousch, 1996). Depending on when youth are diverted, a diversion program may involve outright release with minimal services, referral to a community agency, or direct provision of services.

Diversion practices may include the following strategies: comprehensive treatment programs, drug court, mental health court, and teen court. Other strategies are employed to divert status offenders and CHINS (Children in Need of Services) youth from formal court proceedings,

including model court, truancy intervention programs, juvenile holdover programs, respite or shelter care, mentoring programs, curfew prevention programs, parent training, and underage drinking prevention and intervention programs. These strategies are discussed in further detail in the next section.

JUVENILE OFFENDERS WITH MENTAL HEALTH DISORDERS

Over the past few years, the issue of diversion for youth and adult offenders with mental health disorders has received increased attention. Shufelt and Coccozza (2006) found that 70 percent of youth placed in secure juvenile correctional facilities may suffer from mental health disorders, with females experiencing a higher rate of disorders (81 percent) compared to males (67 percent). Of these youth, about one fourth experience disorders severe enough to impair their ability to function. Examples of these mental health disorders include major depression, bipolar disorder, conduct disorder, attention deficit/hyperactivity disorder, anxiety disorder, and other potentially debilitating conditions. In their 2006 Justice Policy Institute report, Holman and Ziedenberg reference findings from two studies supporting the premise that youth corrections have a profoundly negative impact on youth mental health. One study found that the onset of diagnosed depression in incarcerated youth started after they began their sentences. The other found that poor mental health, when coupled with the conditions of confinement, actually increases the odds that incarcerated adolescents will engage in suicide and self-harm.

In their report for the National Center for Mental Health and Juvenile Justice, Skowrya and Coccozza (2007) identified the fear that placement of youth with mental health disorders represents a growing tendency toward the “criminalization of the mentally ill,” or using juvenile justice facilities to access mental health services otherwise unavailable in the community. Their charge was supported by the findings of a 1999 National Alliance for the Mentally Ill (2001) survey conducted with guardians of children diagnosed with mental health disorders. The survey found that 36 percent of respondents reported having to place their child in the juvenile justice system to access mental health services. More recently, a 2001 U.S. General Accounting Office study (2003) determined that 12,700 children across the U.S. had been placed into child welfare or the juvenile justice system by their parents primarily to access mental health services. Additionally, Skowrya and Coccozza (2007) cited a 2004 report issued by Congress that identified 33 States that used detention for youth with mental health needs inappropriately; specifically, youth were held with no charges against them solely because the States had no alternative places to send them (U.S. House of Representatives, 2004). These findings substantiate the need to thoroughly assess youth mental health needs and consider alternative treatment for youth with mental disorders who come in contact with the juvenile justice system.

STATUS OFFENDERS

Congress passed the landmark Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974 more than 30 years ago and reauthorized the majority of its provisions in 2002. The JJDP Act requires that participating States comply with four core protections to participate in the JJDP Act’s Formula Grants program. The first requirement is the deinstitutionalization of status offenders (DSO), which provides that

Juveniles who are charged with or who have committed an offense that would not be criminal if committed by an adult, excluding (i) juveniles who are charged with or who have committed a violation of section 922(x)(2) of title 18, United States Code [the Youth

Handgun Act], or of a similar State law; (ii) juveniles who are charged with or who have committed a violation of a valid court order; and (iii) juveniles who are held in accordance with the Interstate Compact on Juveniles as enacted by the State; shall not be placed in secure detention facilities or secure correctional facilities; and (B) juveniles (i) who are not charged with any offense; and (ii) who are (I) aliens; or (II) alleged to be dependent, neglected, or abused; shall not be placed in secure detention facilities or secure correctional facilities [42 U.S.C., Sec. 223 (a) (11)].

There are generally five major categories of status offenses: running away, truancy, ungovernability (also known as incorrigibility or being beyond the control of one's parents), curfew law violations, and underage liquor law violations (e.g., a minor in possession of alcohol and underage drinking). The rationale for the DSO core requirement has three components:

- When handled as delinquents, status offenders have been placed in environments that can lead to physical and emotional harm.
- Holding status offenders and nonoffenders in secure confinement, although expedient, is an inappropriate strategy for handling juveniles who have not engaged in any criminal behavior.
- Status offenders are often abused and neglected children who are victims themselves. Punishing these children results in continuation of the cycle of mistreatment. Instead, they should be assessed and receive appropriate services.

An alternative view regards status offending as simply a precursor to more serious offending, thus requiring active intervention and control similar to that for delinquent offenders. Although ample evidence supports the notion that less serious forms of delinquency often precede more serious delinquent acts (Huizinga, Loeber, and Thornberry, 1995; Elliott, 1994), the “precursor to delinquency” view of status offending does not take into account the normal experimentation of childhood and adolescence or the diverse developmental pathways that can lead to serious delinquency (Kelley et al., 1997). A review of court data shows a substantial decline in the use of detention in status offense cases in the years following the passage of the 1974 JJDP Act.

In summary, research suggests that diverting certain populations of youth, most notably very young and first-time offenders, status offenders, youth who commit relatively petty crimes, and youth with mental health disorders, from formal court proceedings into alternative treatments may produce better outcomes than referring them to traditional forms of secure confinement and detention.

EVIDENCE OF IMPACT

Evaluations of diversion programs have produced varied results. Although some studies have shown diversion programs are successful in reducing subsequent deviance (Shelden, 1999; Krisberg and Austin, 1993; Davidson et al., 1990), others have shown no impact, and some programs have even been shown to have a negative impact. Early studies (Elliott and Blanchard, 1975; Klein, 1976) found little or no difference in recidivism between diverted and nondiverted youth. Some research suggests diversion actually increased recidivism (Lincoln, 1976). Others have found that interventions, regardless of the setting, increased perceived labeling and self-reported delinquency among youth (Elliott, Dunford, and Knowles, 1978; Lincoln, 1976; Lipsey,

Cordray, and Berger, 1981). Consistent with this last group of findings is later work by Edwin Lemert (1981) suggesting that even treatment interventions can impose stigma on youth and lead to secondary deviance. This work raised the possibility that such programs may “widen the net” of the State system, taking in youth who otherwise might never have come into contact with the system. Many of the studies cited, however, may have been flawed by difficulties researchers encountered in constructing comparison groups for evaluation purposes (Liska, 1987). This review shows a need for more rigorous diversion research conducted on current populations.

More recent studies of diversion programs have found significant effects in reducing recidivism (Rojek and Erickson, 1982; Davidson et al., 1990) and other evaluations have yielded more positive outcomes. Although additional research is needed to determine the components of an effective diversion program, Dryfoos (1990) and Shelden (1999) argue that the most successful programs are those providing intensive, comprehensive holistic services over a sustained period, coupled with placement in community-based programs and links to serious rehabilitative services. Additional research suggests the diversionary philosophy is more successful when it is adopted on a statewide level and that positive outcomes may be attributed to a network of strategies that meet the needs of a diverse population of individual offenders and their communities, rather than a single alternative program (Coates, Miller, and Ohlin, 1978; Krisberg et al., 1988; Krisberg and Howell, 1998).

The remainder of this section discusses specific interventions and strategies designed to divert youth from formal court proceedings.

INTERVENTIONS AND STRATEGIES

Comprehensive Treatment Program

Comprehensive treatment programs come in many forms but generally use behaviorism, social learning, or cognitive behavioral models designed to reinforce prosocial behavior.* Treatment approaches include individual therapy, anger management, problem solving, behavior modification, group therapy, multimodal treatments, multisystemic therapy, and individualized case planning.

Several family and community-based treatment strategies have been evaluated and found to yield positive outcomes when used to divert youth into effective treatment to address their individual mental health and behavioral needs. Multisystemic Therapy (MST), a home-based model in which therapists work with families to empower parents and improve their effectiveness by identifying strengths and developing natural support systems and removing barriers, was found

*The behaviorism model focuses on objectively observable behavior (rather than inner experiences) and holds that behavior is learned and therefore can be unlearned and/or replaced by new behaviors. Behavioral modification components typically include reinforcing desired behaviors through rewards, discipline, role-playing, and anger management (Center for Evaluation Research and Methodology, 2002; Martin and Pear, 2002). The social learning model focuses on the effect of perceived rewards and punishments (or costs) associated with a particular pattern of behavior or interaction, as well as the skills required for prosocial behavior (Battin-Pearson et al., 1998; Greenwood, 1996). The premise of cognitive-behavioral approaches is that thoughts, beliefs, and attitudes regarding a situation drive a youth’s emotional and behavioral response. These approaches attempt to alter irrational thinking and behavior by changing attitudes and typically use moral reasoning, empathy, and victim impact; acceptance of authority and rules; and other methods that address triggers for disruptive or aggressive behavior (National Mental Health Association, 2004; Center for Evaluation Research and Methodology, 2002).

to be one of the most effective treatments for juvenile offenders with serious behavior disorders, including violent and chronic offenders at risk of confinement (Lipsey and Wilson, 1998; Krisberg and Howell, 1998; Cullen and Gendreau, 2000). Positive program outcomes for this population include reduced recidivism rates (Henggeler, 1997); improvements in family functioning and decreases in youth mental health problems (Mihalic et al., 2001); and significant positive effects on conduct problems, anxiety withdrawal, immaturity, and socialized aggression (Henggeler et al., 1998). Functional Family Therapy (FFT), a flexibly structured, culturally sensitive, and family-based treatment and substance abuse prevention program, and Multidimensional Treatment Foster Care (MTFC), a behavioral treatment alternative to residential placement for adolescents with chronic antisocial behavior, emotional disturbance, and delinquency, have also been identified as effective family- and community-based treatments for youth referred from the juvenile justice system, notably those exhibiting mental health disorders. Elliot and colleagues (1998) found these interventions to decrease psychiatric symptomatology and reduce long-term recidivism rates. Wraparound Milwaukee provides a coordinated system of wraparound community-based care for families and youth who have a diagnosed mental health issue, are involved in two or more service systems including mental health, child welfare, or juvenile justice, and have been identified for out-of-home placement. Evaluations of the program have yielded significant short- and long-term improvements in school, home, and family functioning and recidivism for delinquent youth (Kamradt, 2000; Milwaukee County Behavioral Health Division, 2003). MST, FFT, MTFC, and Wraparound Milwaukee have each been recognized as a model program in the U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) *Model Programs Guide (MPG)*.*

Two other OJJDP-recognized model programs that divert youth from formal court proceedings and produce positive outcomes in recidivism and referrals to juvenile court are the Michigan State Diversion Project, a behavioral treatment program for arrested juveniles that employs college students as the principal caseworkers, and Project Back-on-Track, a multifaceted afterschool program designed to help divert youth in early stages of delinquency from committing future crimes. In their evaluation of the Michigan State Diversion Project, Davidson and colleagues (1987) found that active, varied, and hands-on intervention is more effective than normal court processing of juvenile offenders, but only if they were thoroughly separated from the system. Myers and colleagues (2000) found that Project Back-on-Track produced positive outcomes in recidivism for program completers compared with their control group counterparts.

The Practical Academic Cultural Educational (PACE) Center for Girls, Inc., a nonresidential delinquency prevention program that targets the unique needs of females ages 12 to 18 who are identified as dependent, truant, runaway, delinquent, or in need of academic skills, has also produced promising results in reduced recidivism rates, improved academic functioning, reduced alcohol and drug use, reduced instances of running away, and improved behavior (for full program description, see PACE Center for Girls, Inc., 2007).

Drug Court

The juvenile drug court (JDC) model is gaining acceptance in the United States as a potentially viable alternative for juvenile offenders with substance abuse issues. Juvenile drug courts are

*See http://www2.dsgonline.com/mpg/mpg_search.aspx for full descriptions of all referenced OJJDP *MPG* programs.

intensive treatment programs established within and supervised by juvenile courts to provide specialized services for eligible drug-involved youth and their families. The JDC is a docket within a juvenile court to which selected delinquency offenders and, in some instances, status offenders, are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs. The JDC judge maintains close oversight of each case through frequent (often weekly) status hearings with the parties involved. The judge leads and works as a member of a team that comprises representatives from treatment, juvenile justice, social services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Together, the team determines how best to address the substance abuse and related problems of the youth and his or her family (BJA, 2003).

Research of the effectiveness of juvenile drug courts has yielded promising short-term results in decreasing criminal activity and drug use during program participation (Belenko, 2001). The conclusions, however, are less clear with regard to the long-term postprogram impacts of drug courts on recidivism and other outcomes. Three drug courts have been recognized by the OJJDP as promising model programs: Delaware Juvenile Drug Court Diversion Program, Maine Juvenile Drug Treatment Court, and Orange County (Fla.) Juvenile Substance Abuse Treatment Court. All have demonstrated promising results in reducing recidivism rates for program participants (O'Connell, Nesterode, and Miller, 1999; Anspach, Ferguson, and Phillips, 2003; Applegate and Santana, 2000); an evaluation of the Maine Juvenile Drug Court found the rate of in-program positive drug tests among its juvenile participants was lower than that for other adolescents in the State's juvenile justice system (Anspach, Ferguson, and Phillips, 2003). Additionally, more than half (57.3 percent) of the participants in the Orange County Juvenile Substance Abuse Treatment Court experienced improved rates of social and psychological functioning (Applegate and Santana, 2000).

Mental Health Court

The juvenile mental health court model is a relatively new concept. The goal of a mental health court is to divert offenders with mental health disorders away from formal court proceedings or detention by connecting them to the most appropriate treatment specific to their individual needs. There is large degree of variation by jurisdiction in how the mental health courts are structured and at what risk level an offender is served (Skowyra and Coccozza, 2007). Unfortunately, few evaluations of juvenile mental health courts have been conducted. Given the prevalence of mental health disorders among the juvenile offender population, this model warrants additional attention and research.*

Restorative Justice

Restorative justice is a theory of justice that emphasizes repairing the harm caused or revealed by criminal behavior. Practices and programs reflecting restorative purposes will respond to crime by 1) identifying and taking steps to repair harm, 2) involving all stakeholders, and 3) transforming the traditional relationship between communities and government in responding to crime. While most approaches to juvenile justice focus on punishing or treating delinquent youth, restorative justice seeks to involve the entire community in rehabilitating offenders and holding them accountable for their behavior. By bringing together victims, offenders, families, and other key stakeholders in a variety of settings, restorative justice helps offenders understand

*For examples of mental health courts in the United States, see Skowyra and Coccozza (2007).

the implications of their actions and provides an opportunity for them to reconnect to the community.

Some of the most common programs typically associated with restorative justice include mediation and conflict resolution programs; restitution and community service; facilitated family group conferences among the offender, victim, and the families and friends of each; victim–offender mediation in a safe setting structured for dialogue, negotiation, and problem-solving; and victim impact panels composed of crime victims who explain the real-world impact of crime to offenders. In general, research suggests restitution programs can lower recidivism (Butts and Snyder, 1992); Schneider and Schneider (1984) found that participants who completed their restitution requirements were significantly less likely to recidivate than those who did not.

Although the evidence to date is somewhat limited, existing research supports the use of family group conferences as an alternative to traditional juvenile justice practices. Three formal experiments of group conferences found promising results in high levels of victim satisfaction rates, reduced recidivism rates, and/or positive changes in the attitudes of offenders (McCold and Wachtel, 1998; Strang et al., 1999; McGarrell et al., 2000).

Research on victim impact panels is relatively limited and contradictory, but promising. Fors and Rojek (1999) found lower rearrest rates for DUI offenders who participated in a victim impact panel, compared with their counterparts who did not; they also argue the panels can be a cost effective way of reducing the probability of arrest in DUI offenders. Research suggests victim impact panels produce promising outcomes on the victim’s self esteem, locus of control, and well-being (Mercer, Lorden, and Lord, 1994).

A considerable amount of research supports that the victim–offender mediation process produces several positive effects for victims and offenders. In general, victims who meet their offenders tend to be more satisfied with the process than victims whose cases are handled in the formal justice system (Umbreit, 1994a; Umbreit, 1994b); they are also less fearful of being revictimized (Umbreit and Roberts, 1996; Umbreit and Coates, 1993; Umbreit, 1994a; Umbreit 1994b). Similarly, offenders who meet their victims through mediation are far more likely to be held directly accountable for their behavior (Umbreit, 1994a; Umbreit, 1994b; Marshall and Merry, 1990), successfully complete their restitution obligations (Umbreit and Coates, 1993), subsequently commit fewer and less serious crimes (Pate, 1990; Nugent and Paddock, 1995; Schneider, 1986; Umbreit, 1994a; Umbreit, 1994b); they are also satisfied with the process and outcome of victim–offender mediation (Coates and Gehm, 1989; Marshall and Merry, 1990; Umbreit and Coates, 1993).

Eight restorative justice programs have been identified as promising or effective model programs in the OJJDP *MPG*: the Albuquerque Victim–Offender Mediation Program, Bethlehem Police Family Group Conferencing Project, Canberra Reintegrative Shaming Experiments, Indianapolis Restorative Justice Project, Minneapolis Center for Victim–Offender Mediation, Oakland Victim–Offender Reconciliation Program, Teen Outreach, and Washington, D.C. Restitution Program.

Teen Court

Teen (or youth or peer) courts are much like traditional courts in that there are prosecutors and defense attorneys, offenders and victims, and judges and juries; however, young people rather than adults fill these roles and, most important, determine the disposition. The principal goal of a teen court is to hold young offenders accountable for their behavior by imposing sanctions that will repair some of the harm imposed on the victim and community. At their most basic level, then, teen courts are programs in which young people who engage in delinquent or problem behavior are held accountable for their offense by peers through a wide array of sentencing options (Godwin, 2000).

Teen courts are rapidly spreading across the country. A recent survey estimates there are at least 675 teen courts operating in the United States, most of them small and relatively new (Butts and Buck, 2000). Teen courts are generally used for younger juveniles (ages 10 to 15) who are charged with less serious offenses (e.g., shoplifting, vandalism, and disorderly conduct) and have no prior arrest records. Typically, young offenders are offered teen court as a voluntary alternative to the traditional juvenile justice system (Butts and Buck, 2000). Butts, Buck, and Coggeshall (2002) completed the most comprehensive evaluation of teen courts by examining four different sites (Alaska, Arizona, Maryland, and Missouri). The evaluation suggests the teen court model is a promising alternative for secure detention. All four sites reported relatively low recidivism rates and some evidence suggests teen courts may provide other benefits for offending youth. For instance, participation in teen courts may provide a general satisfaction with the experience (McLeod, 1999; Swink, 1998; Wells, Minor, and Fox, 1998), improved attitudes toward authority (LoGalbo, 1998; Wells, Minor, and Fox, 1998), and greater knowledge of the legal system (LoGalbo, 1998; Wells, Minor, and Fox, 1998). Two youth courts, Anchorage (Alaska) Youth Court and Independence (Mo.) Youth Court, have been recognized as model programs in the OJJDP *MPG* for producing reduced recidivism rates among program participants compared with juveniles not participating in the Teen Court process (Butts and Buck, 2000).

ADDITIONAL DIVERSION STRATEGIES FOR STATUS OFFENDERS AND CHINS

As previously indicated, formal court processing and secure confinement and detention are often inappropriate strategies for handling status offenders. This section discusses interventions and strategies to divert status offenders from formal court processing. While the body of research on interventions targeted towards this population is generally limited, promising outcomes have been found for these diversion strategies.

Model Court

The purpose of model courts for child abuse and neglect is to divert families from traditional child welfare services into community-based programs. Model courts are based on best practices in *Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases* (National Council of Juvenile and Family Court Judges, 1995). The Erie County Family Court,* a designated Victims Act Model Court (1998), has achieved success in decreasing the number of children in foster home placement through the implementation of new processes with a concentrated focus on expediting adoptions, implementation of a permanency court pilot program, development of family mediation and family group conferencing programs, implementation of a family treatment court, and development of a kinship policy (using relatives

*For additional information, see <http://www.courts.state.ny.us/courts/8jd/Erie/family/treatment.shtml>.

as foster parents) and a specialized Department of Social Services kinship unit. Similarly, another model court that has experienced positive outcomes in reducing its number of out-of-home placements is the New Jersey Juvenile/Family Crisis Intervention Unit (JFCIU).^{*} New Jersey's JFCIUs are authorized to divert family-related problems (e.g., incorrigibility, truancy, running away, and serious family conflict) from court proceedings. JFCIUs provide short-term crisis intervention services with the goal of stabilizing the family situation and/or referring the juvenile and family to community agencies.

Truancy Intervention

Research has shown that, given the multiple factors that can cause truancy, prevention and intervention programs must integrate school and community resources to best address these factors. There are many different types of interventions, settings, and approaches/strategies for truancy reduction. Broad categories include systems change, court-based programs, and school-based programs. At the same time, many programs include elements from different types of programs to successfully meet the needs of local communities.

Court-based and court diversion programs leverage the power of the court to coordinate and oversee the delivery of services identified for the truant youth, and often for the family. Some programs, such as the St. Louis (Mo.) County Truancy Court,[†] are connected to the court but are designed primarily to divert youth from court before adjudication. The St. Louis County Truancy Court is a voluntary diversion program in which schools, families, and students can participate before a student's absence from school becomes so severe that the school must refer the case to family court and/or the Division of Family Services. Similarly, the Washtenaw County (Mich.) Status Offense Diversion Program[‡] provides effective, noncourt intervention for status offenders to resolve presenting problems and prevent delinquent behavior. These programs have all demonstrated positive outcomes in reducing excessive absenteeism and diverting youth from formal court proceedings.

Programs that integrate community and school resources have also achieved positive outcomes in reducing truant behavior. A Los Angeles County, Calif., truancy reduction program called Abolish Chronic Truancy (A.C.T.),[§] targets elementary school children who have excessive absences. A.C.T. uses a series of graduated interventions to hold students and parents accountable for attendance problems; a case is filed in court against the parents/guardians and/or the child only as a last resort. One example of a community-based truancy intervention that has produced positive outcomes in reducing excessive absences is the Truancy Assessment and Service Centers (TASC).^{**} Each TASC is organized as a cooperative, interagency program, drawing on various agencies to provide an effective use of resources. The Kern County (Calif.)

^{*}For additional information, see <http://www.capemaycountygov.net/Cit-e-Access/webpage.cfm?TID=5&TPID=460>.

[†]Program is not longer in operation. For additional information, see <http://www.co.st-louis.mo.us/circuitcourt/truancy.html>.

[‡]For additional information, see http://works.bepress.com/cgi/viewcontent.cgi?article=1007&context=donald_shelton.

[§]For additional information, see <http://da.co.la.ca.us/cpys/act.htm>.

^{**}For additional information, see <http://www.schoolengagement.org/truancypreventionregistry/index.cfm?fuseaction=programinfo&displayprogramid=187>.

Truancy Reduction Program (TRP)^{*} is another community-based approach that has been successful in achieving positive outcomes in reducing truancy. The Kern County TRP involves a collaborative effort of parental participation, school involvement, and casework management. Key program components include assessment, home visits, weekly school contacts, counseling with the student and family, referrals to community resources, mentoring and evaluation.

Juvenile Holdover Programs

Juvenile holdover programs are especially appropriate for rural runaways and minors who violate liquor laws. These programs provide a safe, temporary location for youth who do not meet detention criteria but need a place to stay until appropriate arrangements can be made. A holdover program allows law enforcement officers who have picked up youth to return to their duties while parents or other responsible parties are located; this is especially useful in rural areas, where it might take an officer hours to travel to and from a detention facility.[†]

Holdover programs can be customized to meet local needs. Less restrictive than formal detention, the programs are staffed by community volunteers or paid staff and administered by law enforcement, juvenile court, probation, or a nonprofit organization. They can be located in a nonsecure or combination secure/nonsecure setting. If a community's detention and shelter care facilities are too small or too overcrowded to house the program, it can be located in an emergency shelter, probation office, hospital, hotel/motel, or other setting. In more remote areas, staff can be on call. Some areas house the program in a community assessment center.

Respite/Shelter Care

Respite care can help status offenders (such as runaway or ungovernable youth) and their parents by diverting youth from out-of-home placements. Respite programs can function as voluntary walk-in or police drop-off centers for runaways, court diversion for status offender programs, or as an alternative to nonsecure detention for status offenders already involved in family court. Few comprehensive evaluations have been done to assess the effectiveness of respite programs. The Vera Institute of Justice reviewed the short-term effectiveness of four respite care centers and found respite care a promising model for quickly reunifying parents and children and connecting them to additional support services; results showed the centers successfully reunified 60 to 80 percent of families, typically within a 5- to 14-day respite period (Quraishi, Segal, and Trone, 2002). Vera evaluators concluded respite care is a viable response to adolescents at risk of detention and placement; they also assert that it promotes better educational outcomes and better interactions among family members in a more cost-effective way than other court-ordered placements (Quraishi, Segal, and Trone, 2002).

Parent Training and Family Therapy

Behavioral parent training is structured and delivered by a trained professional. The intervention can occur in diverse settings (e.g., schools, community centers, churches, the workplace, or even at home with self-instructional programs) and under various approaches. Numerous researchers have found that parent training helps reduce aggressive, antisocial, and delinquent behavior among children (Dumas, 1989; Satterfield, Satterfield, and Schell, 1987; Tremblay et al., 1991; Tremblay et al., 1992; Kazdin, Siegel, and Bass, 1992).

^{*}For additional information, see <http://kcsos.kern.org/schcom/trp>.

[†]For additional information, see <http://www.nhtsa.gov/people/outreach/traftech/TT259.htm>.

The OJJDP *MPG* recognizes numerous parent training and family therapy interventions as model programs. Two examples are Helping the Noncompliant Child (HNC), a training program that teaches parents to change maladaptive patterns of interaction with their children by establishing a positive, mutually reinforcing relationship, and Parenting with Love and Limits (PLL), a combination of group and family therapy for adolescent populations with the primary diagnosis of oppositional defiant or conduct disorder. The HNC program has been extensively evaluated by more than 40 studies and has been found to produce short- and long-term positive outcomes in self-esteem, academic progress, relationship with parents, delinquency, drug use, and various types of psychopathology comparable with those reported in the community comparison group. Findings from the PLL intervention evaluations show promising outcomes for program participants (compared with the control group) in substance use, recidivism, aggressive behaviors, depression, attention deficit disorder, externalizing problems, parent and child communication, and mothers' perceptions of their adolescents (Baum and Forehand, 1981; Forehand and Long, 1988; Humphreys et al., 1978; Long et al., 1994; McMahon, Forehand, and Griest, 1981; Peed, Roberts, and Forehand, 1977; Wells and Egan, 1988; Wells, Forehand, and Griest, 1980).

Curfew Prevention and Intervention Programs

Although many jurisdictions have established procedures for handling curfew violators, few offer curfew programs. Of those that exist, most view curfew violations as an opportunity to offer diversion programs and services to help families and youth avoid repeat offenses. The SafeNite Curfew and Diversion Program,^{*} introduced in 1994 by Denver, Colo., aims to reduce the number of juvenile perpetrators and victims of crime/violence and to alleviate court congestion. Diversion plans can include community service and workshops on issues such as problem solving, anger management, mental health, substance abuse, and school problems. If the youth completes a specified diversion plan, no court appearance is required and the ticket is dismissed. The Camden City Curfew Project[†] aims to educate the community about Camden's curfew ordinance and link youth and their families with resources including youth development programs and social services. The project also aims to keep youth safe by removing them from public places during the hours when most violent crime occurs. Research has shown that curfew programs do appear to reduce the number of curfew violations.

The rationale offered for curfews is twofold: it will decrease juvenile delinquency and youth victimization (Males and Macallair, 1999; National Criminal Justice Association, 1997). While many perceive the statutes as effective and cite anecdotal evidence to support this (LeBoeuf 1996), most relevant studies have generally concluded there is little evidence that curfew laws make a significant impact on juvenile crime rates (Adams, 2003; Gouvis, 2000; Males and Macallair, 1999). One study, which emphasized the methodological limitations of other studies and used a different approach, suggested curfews are effective at curbing violent and property crimes by juveniles (Kline, n.d.). Research has also shown that on school days juvenile violent crime peaks in the hours following school—hours unaffected by curfew laws. On nonschool days, juvenile violent crime peaks around 8 p.m., falling quickly by 11 p.m., when most curfews take effect (Snyder and Sickmund, 2006). Considering the number of hours in the afterschool

^{*}For additional information, see <http://www.denvergov.org/SafeNiteCurfewProgram/tabid/393565/Default.aspx>.

[†]For additional information, see <http://www.camdendccb.org/CamdenCityCurfewProject.htm>.

period compared with all other hours, the rate of crime in this afterschool period is 6 times the rate of that covered by most curfews (Snyder and Sickmund, 2006).

Underage Drinking Intervention Programs

While science has made great progress in recent years in the prevention and treatment of substance abuse, there is still much to learn about adapting interventions and treatments to effectively address specific risks by gender, ethnic identification, and geographic settings. However, from universal prevention aimed at children to offender treatment for substance use disorders in institutions and communities, much has been learned in the past two decades about what works and what does not (BJA, 2003; Dusenbury and Falco, 1995; Ferrer–Wreder et al., 2003; Robertson, David, and Rao, 2003).

Wraparound initiatives have produced promising results in providing support, guidance, and services to at-risk youth and juvenile offenders with issues regarding substance use. Wraparound programs, when run well and staffed by committed individuals, offer a highly structured, integrated services environment that has the potential to offer positive benefits for all.

Baltimore, Md.’s Choice Program^{*} and San Francisco, Calif.’s Detention Diversion Advocacy Program[†] are two examples of programs that have produced promising results by providing at-risk youth and juvenile offenders with intensive supervision and individual treatment plans. This complex, multifaceted intervention strategy is designed to keep delinquent youth at home and out of institutions whenever possible. Rather than forcing these young people to enroll in predetermined, inflexible treatment programs, these initiatives involve “wrapping” a comprehensive array of individualized services and support networks “around” young people (Bruns et al., 2004). A care coordinator assembles and leads child and family teams consisting of family members, paid service providers, and community members (such as teachers and mentors), who know the youth under treatment and are familiar with his or her changing needs. These teams work together to ensure the child’s needs are being met across all domains in the home, the educational sphere, and the community at large.

^{*}For additional information, see <http://www.choiceprograms.net/>.

[†]For additional information, see <http://www.cjcj.org/juvenile/justice/detention/diversion/advocacy/program/>.

SECTION 2. COMPONENTS OF SUCCESSFUL MODEL JUSTICE SYSTEMS

The preceding sections give context to the rise of the diversion philosophy and provide brief descriptions of diversion practices and programs. The following section focuses on how a model justice system should coordinate its resources into a comprehensive model, including focused organizational strategies and a recommended framework for defining system goals and principles.

ORGANIZATIONAL STRATEGIES

The appropriate infrastructure must be in place for any system to work properly and produce the intended results. Skowyra and Coccozza (2007) developed a comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. While the scope of their work primarily targets youth impaired with mental health disorders, their conceptual and practical framework to guide practice and policy can be adapted to guide the decision points in the juvenile justice system as well. Due to the overwhelming number of youth with mental health issues who come into contact with the juvenile justice system, special attention is paid to the importance of appropriate screening and assessment of mental health needs.

Skowyra and Coccozza (2007) identified several key organizational strategies that should be considered during efforts to reform the coordination and delivery of mental health screening, assessment, and treatment of youth who come into contact with the juvenile justice system. Their work emphasizes the importance of understanding the developmental realities of youth and providing them with services specific to their needs based on gender, race, ethnicity, sexual orientation, age, faith, and socioeconomic status. Additionally, the authors assert that the juvenile justice system should not operate solely as a means for youth to access mental health services or because of their mental illness; rather, whenever possible, youth with mental health needs should be diverted to evidence-based community treatment settings. Skowyra and Coccozza also advocate for the routine evaluation of the effectiveness of services and strategies for improving the identification and treatment of youth with mental health needs.*

Based on their identified organizational strategies, Skowyra and Coccozza developed four “Cornerstones” as the foundation of an effective model infrastructure. The four Cornerstones were developed based on their assessment of the most critical areas needed to improve the delivery of mental health services to youth in contact with the juvenile justice system:

- **Collaboration.** The need for improved collaboration between the juvenile justice and mental health systems.
- **Identification.** The need for improved and systematic strategies for identifying mental health needs among youth in contact with the juvenile justice system.

*For a full discussion of the principles identified by Skowyra and Coccozza, see <http://www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf>.

- ***Diversion.*** The need for more opportunities for youth to be appropriately diverted into effective community-based mental health treatment.*
- ***Treatment.*** The need for youth in contact with the juvenile justice system to have access to effective treatment to meet their needs. [Skowyra and Coccozza, 2007]

An important piece of Skowyra and Coccozza’s model is identifying the critical intervention points at which each of these principles can be implemented and outlining concrete action steps to better assess the needs of offenders with mental health disorders and connect them to appropriate resources. There are six critical intervention points of the juvenile justice system: initial contact with law enforcement, intake (probation or juvenile court), detention, judicial processing, dispositional alternatives (juvenile correctional placement or probation), and reentry.

As indicated previously, juveniles may be diverted by law enforcement before arrest, or diversion may take place during court intake or even after adjudication; often, diversion takes place at the police level. Regardless of when diversion takes place, a reliable and consistent assessment process is an integral component of an effective system. As will be discussed more thoroughly in section 3, an objective and thorough assessment of the youth’s individual needs, including mental health, is critical during all points of contact with the juvenile justice system to ensure he or she receives the most appropriate treatment in the least restrictive setting.†

DEVELOPING A FRAMEWORK OF GUIDING GOALS AND PRINCIPLES

In addition to ensuring the right organizational strategies and infrastructure are in place, systems must develop a strong conceptual framework to map out their guiding philosophies and principles. This framework will also guide decisions about evaluation needs and goals. This section draws upon the work done by Models for Change (MFC), a national initiative funded by the John D. and Catherine T. MacArthur Foundation to accelerate reform of juvenile justice systems across the country. The initiative aims to create replicable models for reform that effectively hold young people accountable for their actions; provide for their rehabilitation; protect them from harm; increase their life chances; and manage the risk they pose to themselves and to public safety.

Models for Change works with States to target seven juvenile justice leverage points where success will stimulate system wide reforms: aftercare, racial and ethnic fairness/disproportionate minority contact, mental health, community-based alternatives, right-sizing jurisdiction, evidence-based practices, and juvenile indigent defense. Maryland is one of 12 States currently partnering with MFC to accelerate reform of its juvenile system, specifically targeting disproportionate minority contact issues.‡

The following sections describe the goals, principles, characteristics, and practices identified by the MFC framework to which juvenile justice systems must be dedicated to accelerate reform.

*See Skowyra and Coccozza (2007) for a list of diversion programs specifically targeted to juveniles with mental health needs.

†For a more thorough discussion of all six critical intervention points and recommended assessment tools, see Skowyra and Coccozza (2007)

‡For a full discussion of the scope of MFC’s work, see <http://modelsforchange.net/index.html>.

GOALS FOR CHANGE

MFC prioritizes a culture of responsibility and accountability as a fundamental philosophy that adults and youth must embrace for a system to be effective. At the core of this culture is the belief that youth must accept responsibility for their actions and take active measures to repair harm inflicted upon an individual as a result of their criminal activity. MFC embraces the belief that adults must also share in this responsibility by taking all possible steps, when appropriate, to maintain the youth's connections with his or her family and community and using secure detention and confinement only when other interventions fail, cannot adequately meet the youth's needs, or cannot guarantee public safety. Adopting this culture also requires model systems to accept responsibility for their own performance through accurate data collection, performance management, and evidence-based decision-making for allocation of resources and program implementation.

In summary, MFC recommends that juvenile justice systems dedicate themselves to shaping their philosophy around three goals and their associated responsibility-enforcing practices:

1. *Youth responsibility* involves engaging in the following practices:
 - A flexible and graduated system of sanctions and incentives
 - Meaningful community service programs
 - Victim restitution programs
 - Victim impact/awareness training and other developmentally appropriate accountability program components
2. *Community responsibility* involves engaging in the following practices:
 - Policies and decision-making criteria that favor **appropriate diversion at arrest, intake, and adjudication states**
 - A continuum of local alternatives to formal processing, detention, and incarceration
 - Least restrictive/nearest-to-home alternatives systematically preferred in all decision-making
 - Inclusion of community members and organizations in local planning and development, diversion and policy-setting, and creation of community service opportunities
 - Active recruitment of community members to teach, mentor, monitor, and informally resolve disputes among youth
3. *System responsibility* involves engaging in the following practices:
 - Mechanisms for tracking and reporting case-level successes and failures (new offenses, restitution paid, community service performed, etc.) at case termination [MFC, n.d.]

GUIDING PRINCIPLES

In addition to establishing a strong conceptual framework, MFC encourages all justice systems to identify a set of unifying principles that clearly states their vision and defines their missions. MFC recommends modeling these principles on the fundamental belief that all individuals involved in the justice system deserve to receive fair treatment and treatment based on their individual developmental, cultural, age, and gender needs. MFC also advises systems to adopt nondiscriminatory principles and practices that promote fairness and a culture that encourages youth to accept responsibility for their wrongdoings and community members to recognize youth potential, embrace their obligation to safeguard youth welfare, and help youth grow into productive adults* .

*For a thorough discussion of MFC's guiding principles, see <http://www.modelsforchange.net/about/Background-and-principles/Principles.html>.

SECTION 3. EFFECTIVE RISK CLASSIFICATION PROCESSES AND ASSESSMENT INSTRUMENTS

An efficient and effective juvenile justice system should have processes in place to properly assess the needs of its targeted youth population and tailor its services to meet these individualized needs.

Research has shown 54 percent of male and 73 percent of female youth arrested will have no further contact with the juvenile justice system (Snyder and Sickmund, 1999). As identified by Austin, Johnson, and Weitzer (2005), the critical task (and challenge) is to target only those youth who need intervention services, match them to the most appropriate type and level of treatment they need, and avoid allocating unnecessary resources on youth who are unlikely to commit another crime.

SELECTING AN APPROPRIATE RISK ASSESSMENT AND CLASSIFICATION INSTRUMENT

As discussed in the review of diversion practices, risk assessment and classification are instrumental processes in determining the number and type of youth most appropriate for diversion. This also holds true at other critical intervention points, including the decision to release youth from confinement. Austin, Johnson, and Weitzer (2005) discuss steps systems can take when considering the selection of good risk assessment and classification instruments and how they can be used at different critical intervention points when developing alternatives to detention and confinement. They identified the following three key attributes of objective classification and risk assessment instruments:

- They employ an objective scoring process.
- They can use items that can be easily and reliably measured, meaning the results are consistent across staff and over time as they relate to individual staff members.
- They are statistically associated with future criminal behavior, so the system can accurately identify offenders with different risk levels. [Austin, Johnson, and Weitzer, 2005]

Identifying the right type of instrument to use is not easy. The goal is often to predict more than one type of risk, including risk of failure to appear, rearrest, technical violations, institutional misconduct, and escape. *We recommend more than one risk assessment and classification instrument be used*, based on the type of risk being predicted and at what decision point the tool is being implemented. Risk assessment and classification instruments can share many common features, but should be adapted to correctly categorize offenders into relevant categories based on the type of risk being predicted and decision point objective (Austin, Johnson, and Weitzer, 2005). For example, a reliable and objective risk assessment and classification instrument should be used at the police level or when the youth enters the system to determine if he or she is eligible for and could potentially be best served by being diverted from formal court proceedings. At that time, other classification tools, including mental health and substance abuse screenings, should be used to identify potential needs and connect the youth to the most appropriate services.

Austin, Johnson, and Weitzer (2005) identified the following categories that should be considered in an objective risk assessment and classification instrument:

- Number and severity of the current charges
- Earlier arrest and juvenile court records
- History of success or failure while under community supervision (pre-adjudication, probation, or parole)
- Other “stability” factors associated with court appearances and reoffending (such as age, school attendance, education level, drug/alcohol use, and family structure)

To create an objective interpretation of the results, additive point scales should be constructed to quantify the risk level each reviewed youth poses for release or detention. This numerical score helps police and court officials identify low-risk youth charged with nonserious crimes for whom diversion might be most viable, while also ensuring that youth who present a serious risk to themselves and/or the community are not released without the proper level of supervision. When implemented properly and used faithfully, instruments that calculate a quantifiable risk score adhere to higher standards of validity and reliability than subjective decision-making, thus producing more confidence that youth receive the most appropriate treatment. Austin, Johnson, and Weitzer (2005) cite several jurisdictions that use objective detention risk assessments to reduce the number of youth detained prior to formal adjudication. One such jurisdiction is in Cook County, Ill., where administrators combine a validated risk assessment instrument with a range of alternatives for youth who do not require secure detention. Youth arrested in Cook County are contacted immediately after arrest by an on-call probation staff member and receive an objective risk assessment before the initial detention decision is made. Administrators use the assessment’s numeric score to recommend release or detention for the youth and, if release is recommended, any special conditions required (Austin, Johnson, and Weitzer, 2005).

IMPLEMENTING AN EFFECTIVE RISK ASSESSMENT AND CLASSIFICATION SYSTEM

As indicated in the discussion of guiding principles adopted by model systems, juvenile justice systems have a responsibility to make decisions based on accurate and valid data. It is imperative that certain considerations are factored into the decision to create and/or use risk assessment and classification instruments, including the individual’s risk of reoffending and failure to appear. The authors give special attention to the use of manual system overrides in the objective classification and risk assessment system; in this context, an override occurs when a staff member changes the outcome assessed by the automated scoring mechanisms. They purport that some level of discretion in the use of overrides is needed because false positives (youths who were predicted to reoffend but do not) and false negatives (youths who were expected to succeed but do not) will be produced. To balance this, staff must be able to override the scored risk level based on their professional judgment and consideration of other factors they are aware of but are not related to risk (Austin, Johnson, and Weitzer, 2005). The challenge is to balance the number of overrides used to avoid the misclassification of youth.*

*See Austin, Johnson, and Weitzer (2005) for further discussion of the use of overrides in the assessment process.

RISK ASSESSMENT AND CLASSIFICATION FOR JUVENILE OFFENDERS WITH MENTAL DISORDERS

Given the significant and potentially detrimental effects of mental health disorders on youth, the systematic identification of mental health needs at all critical intervention points in the juvenile justice system must be a priority for any model system. The results of the risk assessment and classification of a juvenile offender should be used in conjunction with the results of a thorough mental evaluation to guide decisions about the appropriateness of diverting youth to community-based services and programs (Skowrya and Coccozza, 2007).

Skowrya and Coccozza (2007) point out that significant progress has been made around mental health screening and assessment for youth involved in the juvenile justice system. They developed 11 recommended action steps when selecting a mental health assessment tool, which include the following: systematically screening all youth who come in contact with the juvenile justice system for mental health needs to identify conditions that require immediate response (such as suicide risk) and youth who require further evaluation; provide access to immediate emergency health services; conduct routine mental health screenings as youth move among system points; and use of standardized, scientifically proven screening instruments that have strong psychometric properties to target mental health and substance abuse needs and that can be adapted for critical groups of youth, in particular minority and female youth.*

In their 2007 report, Skowrya and Coccozza also included a tool to help police and court administrators assess the mental health needs and risk levels of the juvenile justice population on a continuum and make appropriate decisions regarding which youth are appropriate for diversion to community-based mental health treatment[†]. The continuum is composed of four quadrants, which range from youth who present very low mental health needs and little or no risk levels (quadrant 1), to youth who present very high levels of mental health needs and very high risk-levels (quadrant 4). The authors assert that youth falling on the high end of the continuum (those represented in quadrants 3 and 4, should be prioritized for diversion to community-based mental health treatment because they present high mental health needs but varying degrees of delinquency. Skowrya and Coccozza purport that there are potential benefits of diverting these youth into effective and targeted mental health treatment in lieu of secure detention, including reducing recidivism, providing more effective and appropriate treatment, and encouraging family participation in treatment.[‡]

In summary, selecting reliable risk assessment and classification instruments is critical in each decision point within the juvenile justice system. Systems should constantly evaluate their risk assessment and classification instruments to monitor their validity and reliability[§].

*See Skowrya and Coccozza (2007) for a thorough discussion of their recommended 11 steps to mental health screening and assessment.

[†]See Skowrya and Coccozza (2007) for further discussion of the continuum.

[‡]See Skowrya and Coccozza (2007) for additional discussion of effective practices for youth represented in quadrants 1, 2, and 4.

[§]Examples of several detention risk assessment and classification instruments, including mental health screening assessments, are thoroughly discussed in Skowrya and Coccozza (2007).

SECTION 4. EVALUATION OUTCOMES AND MEASURES

The selection of appropriate data collection techniques, outcomes, and measures is the final piece in developing a strong evaluation plan. Proper collection, interpretation, and use of data are integral components in implementing an evidence-based juvenile justice system. To achieve the goal of system responsibility (section 3), juvenile justice systems must have reliable mechanisms in place to track and report case-level successes at case termination for all programs (MFC, n.d.), including diversion practices. Since the scope of this report covers diversion practices, this section explores recommendations for selecting appropriate evaluation goals, outcomes, and measures specific to these practices.

IDENTIFICATION OF GOALS, OUTCOMES, AND MEASURES

As indicated previously, it is important to approach goal-setting and evaluation techniques in an organized and systematic way. Models for Change recommends creating a flowchart of ideas to stay on task and ensure that plans are well thought-through and feasible given the system's needs, financial and personnel resources, juvenile population and community needs, system infrastructure, and public policy considerations. The first steps to implementing effective data collection and tracking systems are to identify system goals that support the guiding principles (discussed in section 2) and decide how "success" will be evaluated. This decision must be a collaborative effort among all involved parties (such as the court, police department, and community-based service providers) that results in goals that are relevant to the mission, realistic to achieve, and have quantifiable outcomes. Once system goals are defined, data collection procedures can be established and appropriate outcomes and measures assessed. Outcomes are the observable changes or results of an intervention or strategy, and measures are the quantifiable standards to evaluate whether the desired outcome has been achieved.

Models for Change developed a matrix (Griffin et al., 2003) that links specific characteristics, practices, outcomes, and measures associated with its six recommended core principles (goals) for all model systems: fundamental fairness, juvenile–adult differences, individual differences, youth potential, safety, and responsibility. Many of the outcomes and measures presented in the matrix can be adapted to evaluate diversion programs, including measures of accountability, community ownership, and cross-collaboration. Using a matrix is a good way to guide the brainstorming process and, ultimately, the decision-making process to determine what goals are relevant, realistic, and quantifiable, and what measures are needed to evaluate the successful achievement of these outcomes. A few examples of selected goals and their corresponding outcomes and measures relevant to diversionary practices are detailed below.*

Goal 1. The Juvenile Justice System Holds Juvenile Offenders Accountable for Their Actions in Developmentally Appropriate Ways

Outcomes 1 and 2. Offenders' fulfillment of obligations created by wrongdoing; offenders' demonstration of remorse for their acts and empathy for their victim (or victims).

Measures

*For a full discussion of the MFC matrix, see http://www.modelsforchange.net/publications/154/Models_for_Change_Framework.pdf.

- Proportion of all cases in which community service or restitution is ordered
- Total restitution paid and proportion of restitution that is paid
- Total hours of community service performed and proportion of community service ordered that is performed
- Inventory of programs designed to hold offenders accountable

Goal 2. The Juvenile Justice System Encourages and Facilitates ‘Community Ownership’ of Delinquency Problems

Outcome 1. A system of graduated responses to juvenile offending that, consistent with public safety and offender accountability goals, are as informal, unrestrictive, and as close to home as possible and reflect promising, evidence-based approaches.

Measures

- Proportion of juveniles diverted from formal processing at arrest, intake, and adjudication
- Proportion of arrested juveniles who are detained
- Proportion of adjudicated juveniles who are State-committed
- Documented availability of local alternatives to detention, formal processing, and incarceration
- Proportion of total juvenile justice funding devoted to local alternatives

Outcome 2. Full partnership with the local community in meeting the needs of juvenile offenders.

Measures

- Number of adult volunteers working with court-involved and diverted juveniles
- Number of community-based organizations involved in juvenile justice planning and policymaking
- Number of community-based organizations providing services to court-involved and diverted juveniles
- Number of juveniles served and dollar amount of services provided by community-based organizations

Outcome 3. Juveniles exiting the system are more capable and productive than when they entered it.

Measures

- Proportion of cases closed without a new offense
- Proportion of cases closed in which the juvenile successfully fulfills all requirements of the case/supervision plan
- Proportion of juveniles at case closing who are in school, employed, or have their GEDs [MFC, n.d.]

ADDITIONAL MEASURES AND OUTCOMES TO MEASURE RECIDIVISM

Recidivism is often the primary objective of any juvenile justice system. Research has yielded additional ways to measure a system's effectiveness. The MFC matrix provides examples of measures and outcomes that juvenile justice systems can adopt to evaluate the effectiveness of their policies and programs; however, the list is certainly not exhaustive. Shelden (1999) presents additional measures of recidivism evaluated for youth involved in the Detention Diversion Advocacy Project, including

- Subsequent petitions to juvenile court
- Subsequent referrals for violent offenses
- Subsequent out-of-home placements

It is also important to remember there are other key indicators of an effective and sustainable program, such as the reduction in overrepresentation and disparities affecting minority youth, an intervention that responds to identified youth needs and strengths, and offenders' demonstration of remorse for their acts and empathy for their victims (MFC, n.d.).

Systems should also consider the intended goals of individual community-based treatment programs and devise appropriate goals to measure the effectiveness of these interventions (MFC, n.d.). Examples of outcomes for family or community-treatment programs could include the following:

- Increased positive interaction with peers, families, and adults
- Decreased conduct problems in school and at home
- Decreased reports of truancy
- Increased reports of youth self-esteem and self-worth
- Reduced alcohol, drug, or tobacco use

In summary, juvenile justice systems must organize their goal-setting and evaluation techniques in a systematic way to most effectively support their guiding principles and measure program impact.

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