

FY15 JUVENILE JUSTICE AND DELINQUENCY PREVENTION Addendum

Submission Instructions: Email completed addendum file to cjapplications@nctcog.org by February 28, 2014
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COMPLETED ADDENDUM SHOULD NOT EXCEED 7 PAGES

Agency Name: [Collin County](#)
Application title: [Substance Abuse and Mental Health Screening, Evaluation, and Treatment](#)
Application #: [2657202](#)

AGENCY HISTORY (THIS SECTION WILL NOT BE SCORED):

Location of Agency Headquarters:
[Collin County](#)
[2300 Bloomdale Road, Suite 4192](#)
[McKinney, TX 75071](#)

Mission Statement:
[Collin County Teen Court provides alternative sentencing by a jury of their peers for first-time youth offenders while placing an emphasis on the impact to the victim and establishing responsibility for their actions.](#)

Experience in providing this service: Explain how your agency is qualified to provide this service.
[Collin County Teen Court was established in late-2006 as a voluntary program for juvenile offenders to “pay” for their citation through community service and involvement in the judicial process. With Court and parental approval, juveniles \(ages 12 to 18\) charged with Class C misdemeanors may plead guilty and be referred to the 90-day Teen Court program. On average, over 300 teens are referred annually to the Teen Court program. Since it began, Teen Court has conducted 372 hearings for 2,249 cases with an 81.3% success rate.](#)

If this project is currently in existence in any capacity, how long has your agency been providing this service?
[Over the past 2 years, the Teen Court Coordinator has referred participants who have admitted using illegal drugs to drug testing and assessment, which are conducted at no cost to the participant. If the assessment results indicate a need for substance abuse treatment or mental health evaluation, the participants’ parents are notified. Unfortunately, all costs beyond the initial assessment are the family’s responsibility, and many are indigent or near indigent. The Teen Court Coordinator works with local providers to deliver as much mental health care and chemical dependency services as possible during the 90-day program, but overall the substance abuse and mental health component of the Teen Court program is loosely organized and has gaps. CJD grant funding was approved 4 months ago, and since then, the Coordinator has ordered, but not received a screening tool to use with all Teen Court participants. Additionally, an agreement with a local treatment provider is in process and should be completed within the month. Once, the screening arrives and the agreement is in place, participants will begin receiving grant services.](#)

1. STATE PRIORITIES AND PREFERENCES (Up to 20 points):

Thoroughly describe how this project addresses diversion, job training, professional therapy and counseling/mental health, school-based delinquency prevention or substance abuse services that target serious and violent juvenile offender populations.

[The proposed project utilizes academically researched and evidence-based practices to meld 3 state priorities together for a comprehensive diversionary juvenile justice program that provides mental health and substance abuse services to first-time youth offenders.](#)

[Teen \(or youth\) courts are programs designed to divert young, first-time offenders from the traditional, overburdened juvenile justice system to an informal process that incorporates components of restorative justice and pro-social peer pressure to hold youth accountable for their offenses and prevent future delinquency \(4,6\). The](#)

principal goal of teen courts is to hold young offenders accountable, after admitting guilt, for their behavior by imposing sanctions that will repair some of the harm imposed on the victim and the community, and thereby reduce repeat offending (1). While teen court proceedings and sentencing is similar to that of a regular juvenile court, youth volunteers (under adult supervision) act as clerks, bailiffs, prosecutors, defenders, and jury. These voluntary juvenile justice diversion programs harness positive peer pressure and utilize it in a peer judgment setting to help address the anti-social, delinquent, and/or criminal behavior of youth (1, 6).

Evidence suggests that teen courts may provide several benefits for offending youth and the community. One of the most popular sanctions administered by teen courts is community service, which not only acts as punishment, but also provides juvenile offenders with opportunities to “give back” to those they have harmed, creating a restorative effect and resulting in behavioral change (4). Teen courts offer youth opportunities to serve, learn, and develop pro-social leadership skills and have also been shown to reduce court backlogs without increasing recidivism, minimize first-time offender contact with “hard core” offenders, reduce the labeling and stigma associated with formal juvenile justice system involvement, and increase family participation (3).

As youth courts are the most replicated program to combat juvenile delinquency since the establishment of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) with more than 1250 functioning in 49 states (4), they present opportunities for providing appropriate services treatments at the community level for first-time offenders. One of the most important first steps to respond to the mental health treatment needs of youth in the juvenile justice system is to systematically identify their mental health needs as they become involved with the juvenile justice system (5). In order to do this, it is critical that mental health screening measures and procedures be in place to identify mental health needs among youth at their earliest point of contact with the system. While this may seem obvious, as little as 10 year ago, systematic mental health screening within the juvenile justice system was not occurring and the appropriate tools were unavailable (2).

Screening, which is a brief process carried out by non-clinical staff, is a triage process used to identify persons with possible mental or emotional problems needing further assessment by a clinical professional. Increased awareness of youth mental health needs, along with recent scientific research demonstrating the prevalence of youth with mental health needs, has led to the development of a wide range of easy-to-use mental health screening tools for juvenile justice (2). Of these, the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2), a 52 question self-report screening tool that identifies potential mental health and substance abuse problems, is the most widely used. This tool has been examined in more than 50 research studies, and it is possibly the only tool with national norms (7). Additionally, the State of Texas, has adopted the MAYSI-2 as the mandatory mental health screening tool for all youth referred to local juvenile probation departments.

Collin County Teen Court has the unique opportunity to divert first-time, usually minor, offenders away from the formal juvenile justice system, while incorporating the early detection of mental health and substance abuse needs through screening of all participants using the MAYSI-2 screening tool. Persons identified by the screening tool as potentially having additional needs will be referred for professional evaluation and mental health or substance abuse treatment as part of the program requirements. Through grant funds, individualized treatment will be provided with licensed professionals connected with community-based programs to maximize successful service linkages and improve rehabilitation. Early detection linked with the provision of the evaluation and treatment, can improve behavioral outcomes and prevent further involvement with the justice system.

1. Butts, J.A., J Buck, and M.B. Coggeshall. *The Impact of Teen Court on Young Offenders*. Washington, DC: The Urban Institute, 2002.
2. National Center for Mental Health and Juvenile Justice. *Mental Health Screening within Juvenile Justice: The Next Frontier*. Delmar, NY: National Center for Mental Health and Juvenile Justice, 2007.
3. Pearson, S.S, and S. Jurich. *Youth Court: A Community Solution for Embracing At-Risk Youth*. Washington, DC: American Youth Policy Forum, 2005.
4. Schneider, J.M. *Youth Courts: An Empirical Update and Analysis of Future Organizational and Research Needs*, Hamilton Fish Institute Reports and Essays Serial. Washington, DC: Hamilton Fish Institute on School and Community Violence, The George Washington University, 2007.
5. Skowyra, K. and J. Coccozza. *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 2007.
6. Stickle, W., N.M. Povitsky, M. Connell, D.M. Wilson, and D.C. Gottfredson. “An Experimental Evaluation of Teen Courts.” *J of Exp Criminol* 4 (Apr 2008):137–63.

7. Vincent, G.M. *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health, 2012.

2. **LOCAL PRIORITIES (Up to 20 points):** Thoroughly describe how this project addresses at least one of the following local priorities: programs to improve family stability, including parent education; prevention programs focused on reducing the use of alcohol, tobacco, and illicit drugs; programs to address mental health issues in juveniles; drop-out prevention programs; and/or programs focused on employment skills/job training for juveniles.

Research has shown that one in every 4 to 5 juveniles (20-25%) meets the criteria for a lifetime substance abuse and/or mental health (SAM) disorder associated with severe role impairment and/or distress; over 40% of those are diagnosed with multiple classes of disorders, and approximately 8 - 10% of US teens meet the current criteria for having a serious emotional disturbance (3). Fewer than half of youth with current disorders receive treatment (1). Unfortunately, as the largest provider of mental health services for youth in the state of Texas, the juvenile justice system is often the first opportunity for youth suffering from mental illness to receive treatment (4), which are often inadequate (2).

Many of the offenses committed by youth can be attributed to mental health disorders. Youth in the juvenile justice system experience mental health disorders at a rate that is more than three times higher than that of the general youth population (3). Studies have consistently documented that 65-70% of youth in contact with the juvenile justice system have a diagnosable mental health disorder, over 60% of youth with a mental health disorder also have a substance abuse disorder, and almost 30% of youth have disorders that are serious enough to require immediate and significant treatment (5).

The early identification, diagnosis, and treatment of teens with SAM disorders has proven to decrease risk of social problems, violence, and engagement in other delinquent behaviors thus reducing risk for future criminal justice system involvement. Unfortunately, the first place that a youth has their mental disorder diagnosed is often the juvenile justice system (4). As suspected, recent research shows that the more appropriate and effective response to address a youth's mental health needs involves community-based treatment interventions that engage youth and their families instead of relying on the justice system (2).

Collin County Teen Court provides an ideal opportunity to screen, evaluate, and treat juveniles at the time of their very first, usually minor, criminal offense, prior to any further involvement with the formal juvenile justice system. Using grant funds, the program has been able to purchase the MAYSI-2 screening tool, a proven mental health screening tool, to be used with all Teen Court participants, which averages more than 300 youth referrals annually. Persons identified by the screening tool as potentially having additional needs will be referred for professional evaluation and mental health and/or substance abuse treatment as part of the program requirements. Through grant funds, individualized treatment will be provided with licensed professionals connected with community-based programs to maximize successful service linkages and improve rehabilitation. Without intervention, juveniles with SAM disorders may continue to cycle through the criminal justice system and often will become adults in this system without ever getting the services they need.

1. Department of Health and Human Services. *Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations* (HHS Publication No. SMA 12-4670). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.
2. Mental Health and Juvenile Justice Collaborative for Change. *Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System*. Delmar, NY: National Center for Mental Health and Juvenile Justice, 2014.
3. Merikangas K.R., J.P. He, M. Burstein, et. al. "Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A)". *J Am Acad Child Adolesc Psychiatry*. 49 (Oct 2010): 980-89.
4. Sanborn, R., D. Lew, R.J. Hazeltine-Shedd, A.S. Kimball. *The State of Juvenile Justice in Texas: A Roadmap to Improved Outcomes in the Texas Juvenile Justice Department, Adult Certification, and Mental Health*. Houston, TX: Children at Risk, 2011.
5. Shufelt, J.S. and J.C. Cocozza. *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State, Multi-System Prevalence Study*. Delmar, NY: National Center for Mental Health and Juvenile Justice, 2006.

3. COST AND PROGRAM EFFECTIVENESS:

3a. Describe the target population and the geographical target area to be served by the project. Describe the problem and its negative impact on the community to be served. (Up to 6 points)

Substance abuse and mental illness frequently occur together in juveniles (under 18 years), and a complex relationship exists between mental illness and substance abuse. Drug abuse can cause a mental illness; mental illness can lead to drug abuse; and/or drug abuse and mental disorders can both be caused by other common risk factors. While teenagers frequently engage in acts (truancy, petty theft, criminal mischief, fighting, etc.) that could be the basis for contact with the criminal justice system, teens with substance abuse and/or mental health (SAM) disorders are far more likely to have increased contact with law enforcement resulting in detention. Left untreated, juveniles with SAM disorders have an increased risk of social problems, violence, and engagement in other delinquent behaviors. Unfortunately, treatment is frequently cost prohibitive.

Identifying and treating juveniles upon their first, usually minor, offense can help teens successfully navigate the challenges that come from experiencing SAM disorders and prevent further involvement with the justice system. However, leaving these early offenders untreated will likely lead to escalating and more serious criminal activity, increased law enforcement contact, detention with longer sentences, and progression into the adult justice system. Collin County Teen Court provides the unique opportunity to identify and treat potential SAM disorders earlier than other, formal juvenile justice programs. Collin County Teen Court serves county juveniles, ages 12 to 18, who have plead guilty to a Class C misdemeanor and been referred to the program by a Justice of the Peace or municipal judge.

3b. To support the significance of the problem, please provide locally relevant and verifiable statistical data. (Up to 6 points).

Collin County’s population increased 69.7% since 2000, from 491,772 to 834,642 persons. Juveniles (under age 18) comprise 27.8%, resulting in the addition of more than 90,000 juveniles over the same time period (1, 2). Correspondingly, juvenile substance abuse crime has risen. Between 2000 and 2013, the Collin County Juvenile Probation Services referral caseload has doubled from 121 to 242 referrals for drug offenses. Additionally, Collin County Teen Court’s caseload has increased by 8% overall since FY 2009, while the number of alcohol/drug related offenses has tripled from 15 to 46 cases (4).

Common indicators for potential SAM disorders in adolescents include, but are not limited to, excessive fear, anger, anxiety, or feelings of worthlessness; severe mood swings; extreme difficulties concentrating and impulsive behavior; exercising unusually poor judgment; and/or little to no care or concern for others (3). While 15.5% of Teen Court participants are referred for speeding and driving offenses, the remaining 84.5% are referred for offenses such as class disruption, failure to attend school, other status offenses, alcohol and drug related charges, theft, disorderly conduct, and assault; any of which may be indicative of potential SAM disorders.

As can be seen from the graph below, Teen Court referrals for drug/alcohol related offenses, disorderly conduct, and/or assault, which tend to have stronger ties to SAM disorders than some other offenses, make up 18.8% of all offenses referred to Teen Court since FY 2009. However, there has been a 55.3% increase in these types of cases from 47 in FY 2009 to 73 in FY 2013.

FY	Assault / Physical Contact	Alcohol / Drug	Disorderly Conduct	Total	% of Total Cases/Year
2009	10	15	22	47	18.7%
2010	16	22	20	58	15.3%
2011	12	17	26	55	14.6%
2012	12	31	23	66	21.4%
2013	8	46	19	73	26.8%
Total	58	131	110	299	18.8%

Each month, approximately 5 teens are referred to Teen Court after pleading guilty or no contest to aggressive, disruptive, or substance abuse charges. Of these individuals, 2 to 3 per month, approximately 8-12% of all Teen Court cases, would benefit from drug and/or psychological evaluation and treatment (4).

In 2012, the Collin County Teen Court Coordinator referred one particular participant charged with assault to be professionally evaluated; the participant was diagnosed as bipolar and schizophrenic. The teen's parents paid for the \$600 evaluation, but in many cases the teens and their families cannot afford testing, much less treatment. Teen Court participants who are identified as potentially needing intervention commonly drop out of the voluntary Teen Court program and pay their misdemeanor fines to the originating Justice of the Peace or Municipal Court, which is less expensive than evaluation and treatment.

1. "Collin County QuickFacts." State and County QuickFacts. US Census Bureau, 6 Jan 2014. [Accessed Jan 17, 2014]. <http://quickfacts.census.gov/qfd/states/48/48085.html>.
2. "Intercensal Estimates of the Resident Population by Five-Year Age Groups and Sex for Counties: April 1, 2000 to July 1, 2010," US Census Bureau, Population Division, Oct 2012. [Accessed Jan 17, 2014]. <http://www.census.gov/popest/data/intercensal/county/county2010.html>.
3. The REACH Institute. The Action Signs Project: A Toolkit to Help Parents, Educators and Health Professionals Identify Children at Behavioral and Emotional Risk. 2011. [Accessed Jan 17, 2014]. www.thereachinstitute.org/files/documents/action-signs-toolkit-final.pdf.
4. Collin County. Teen Court reports. 2007 – 2013.

3c. Describe or demonstrate how the supporting data addresses a significant crime problem. (Up to 5 points)

The number of Teen Court alcohol and drug related offenses has been steadily increasing and has actually tripled over the past 4 years from 15 to 46 cases. As mental health and substance abuse are frequently linked, and persons with SAM disorders are disproportionately represented in the justice system, the increase in alcohol and drug related offenses for teens may result in, if left undiagnosed and untreated, an increased adult population in the criminal justice system in the future. Additionally, recent research shows a higher prevalence of SAM disorders in the juvenile population than originally estimated, and untreated SAM disorders are linked to increased, and more costly, contact with the justice system at all ages.

3d. Describe how this project avoids duplication or overlapping of existing resources or programs available within the project's proposed service area and target population. (Up to 5 points)

Collin County Teen Court provides a distinctive opportunity to identify and treat potential SAM disorders earlier than other, formal juvenile justice programs. Many times youth are first charged with minor (theft, disorderly conduct, assault) or status (truancy, alcohol possession, curfew violations) offenses prior to progression to more serious offenses; however, these charges usually result in payment of fines/fees to the appropriate jurisdiction and/or community service without any additional interaction with the judicial system. Unfortunately, any of these teens, whose offenses may be attributed to SAM disorders, miss being screened and evaluated until they escalate further into the formal criminal justice system. Teen Court gives Collin County the opportunity to help teens and their families receive treatment and services earlier, which has an increased likelihood of successful treatment response and prevention of future criminal justice system involvement. Additionally, Teen Court participants (and their families) will be referred to and treated by local community providers, which has been shown to be the more appropriate and effective response to address a youth's mental health needs.

3e. Describe the overall project goal and how the activity(ies) selected in eGrants will accomplish the goal. NOTE: Do not copy and paste the CJD definition of the activity(ies). (Up to 5 points)

The overall goal of this grant-funded project is to use the Collin County Teen Court program to identify and diagnose teens with substance abuse and mental health disorders early and provide access to treatment, thus improving behavioral outcomes and preventing further involvement with the justice system.

Teen Court can help detect and refer youth with potential SAM disorders for evaluation and treatment as part of program completion. All Teen Court participants will be required to complete the MAYSI-2 screening tool, and results will be used to refer participants for professional evaluation. Dependent upon evaluation results, participants will be placed in mental health and/or substance abuse treatment/counseling with licensed professionals and connected with community based programs, maximizing successful service linkage to improve

rehabilitation. For participants with substance abuse issues, drug testing will be conducted monthly throughout the 90-day program.

3f. Describe the planned flow of services for the individuals to be served by the project. (Up to 6 points)

Teen Court is an ideal way to identify early SAM disorder indicators before comprehensive criminal justice involvement is required. Teen Court is a 90-day program that provides alternative sentencing to first-time adolescent (ages 12 to 18) offenders charged with Class C misdemeanors. Sentences are meant to be constructive, enable offenders to understand the harm caused by their behavior, make amends to the person(s) affected by their actions, and improve relationships with victims and the community. Following completion of the program, the misdemeanor will be dismissed from the adolescent's record.

At the original misdemeanor sentencing hearing, the Justice of the Peace or Municipal Judge may include participation in the Teen Court program as part of probation. After this referral to Teen Court, all participants, over 300 annually, will complete the Massachusetts Youth Screening Instrument (MAYSI-2), which is a short, written mental health screening tool which can be quickly scored by a non-mental health professional to alert for potential mental/emotional distress and certain behavior problems including substance abuse. Additionally, the Coordinator may identify the potential need for substance abuse and/or mental health evaluation or treatment through post-hearing discussions with the Judge, mandatory follow on contact with the teen's school, or parental meetings.

After referral to the program, a Teen Court hearing is set. At the hearing, defendants explain and admit their wrongful acts before a jury of their peers, accepting whatever sentence is imposed. Sentencing options usually include community service, apology letters, research papers/essays, and future Teen Court jury duty. While the youth "jury" volunteers may include drug testing as part of the sentence, the requirement for evaluation and/or treatment will be assigned by the Teen Court Coordinator after the hearing is over.

The sentencing process begins the 13-week (90-day) program period, and the Coordinator will ensure indicated participants are evaluated for SAM disorders by licensed, professional contractors. Following evaluation results, the Teen Court Coordinator will work with participants who have treatment needs to schedule 1-hour weekly treatment sessions with a contracted professional therapist/counselor for 10 weeks paid using grant funds. As an incentive to attend treatment, the participant's community service hours will be reduced by the corresponding number of treatment hours. Monthly drug testing will be conducted on participants attending substance abuse treatment.

At the end of the 90-day program period, and again 6 months later, the Teen Court Coordinator will survey the participants, using both self-reporting and reassessment using the MAYSI-2, to determine if the teens have had any further law enforcement interactions, show improved/positive mental health, and/or remain drug free. Without treatment, disorders are likely to persist and worsen, contributing to negative social outcomes and recidivism. The National Institute on Drug Abuse (NIDA) has recognized the bidirectional relationship of mental illness and substance abuse and concluded that "diagnosis and treatment of one disorder will likely reduce risk for the other, or at least improve its prognosis".

3g. DO NOT TYPE IN OR REMOVE THIS SECTION – COG WILL PRINT MEASURES FROM EGRANTS

3h. For each output and outcome measure, describe how data will be collected and the method in which each output and outcome will be measured. (Up to 6 points)

All Teen Court participants, approximately 300 annually, will be screened using the MAYSI-2 tool; completed screening results will be maintained in the participants' files. Participants whose screening results indicate a need, approximately 20 annually, will be referred to local, professional treatment providers for further, professional evaluation and treatment. Successful completion (expected to be approximately 80%) of treatment participation will be measured through treatment provider schedules, attendance rosters, and/or affidavits. Participants with substance abuse issues will be drug tested monthly and results will be maintained, with an expected 70% testing negative at the end of the 90-day program. At the end of the 90-day program period, and again 6 months later, the Teen Court Coordinator will survey the participants for self-reporting of any additional offenses and behavioral changes/improvements and request participants complete the MAYSI-2 screening tool again for scoring comparison. The Coordinator will maintain all treatment and testing results electronically and/or in participant files.

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