

## **Mentoring Program for Youth**

### **Target Population**

On any given day, approximately 130,000 youth reside in juvenile detention and correctional facilities nationwide (Sickmund, 2015). Studies have consistently shown that anywhere from 65% to 70% of these youth have a diagnosable mental health disorder (Teplin, Abram, McClelland, Dulcan & Mericle, 2019), with approximately 25% experiencing disorders so severe that their ability to function is significantly impaired (Shufelt & Coccozza, 2006). Addressing the needs of youth with mental health issues within the Collin County Juvenile Probation Service (CCJPS) has been a struggle due to the number of youth within the system. Mental disorders among children/youth are described as serious due to their emotional, behavioral and cognitive nature (Centers for Disease Control and Prevention, 2018). The purpose of this grant will be to provide counseling a long side mentoring twenty (10 per year) youth with severe mental problems.

### **Problem Statement**

Youth who become involved in the juvenile justice system are more likely than their peers to have been exposed to not just one or two traumatic stressors, but multiple types of traumatic victimization (Abram et al, 2013). These are not just incidents, but types of adverse stressors (e.g., physical abuse, sexual abuse, domestic violence, community violence, life-threatening neglect) that impact youth before they first come to the attention of law enforcement. These youth experience what has been described as “poly-victimization,” which is defined as prolonged or multiple exposures to traumatic events (Finkelhor, Ormond, & Turner, 2007). The brain and nervous system are altered by poly-victimization in childhood (Teicher & Samson, 2013) in ways that increase stress reactivity, anger, and impulsivity while reducing the youth’s ability to self-regulate. Youth who have been poly-victimized are at high risk for involvement in delinquency and contact with law enforcement and the juvenile justice system (Ford et al., 2010).

A trauma-informed juvenile justice system contributes to restoring order and safety by enabling juvenile justice staff to effectively participate in a youth’s recovery from traumatic experiences. This benefit includes potentially substantial long-term economic and social cost savings, as well as the immediate satisfaction of being able to effectively contribute to the public’s safety and welfare. Trauma-informed juvenile justice systems help youth and families had better understand childhood trauma and its impact on behavior and health. This understanding can help restore relationships by providing a new way for youth and families to understand the trauma they have experienced. A third benefit is the strengthening of the safety net for traumatized youth by providing a basis for a partnership between systems that serve and supervise children, including the education, child welfare, mental health, and justice systems. Aligning their often-different missions around the shared goal of protecting children and youth from victimization can actually shrink, rather than widen, the net in which children are caught if they engage in problematic or delinquent behavior. A shared understanding of psychological trauma and PTSD can provide an alternative explanation for what may otherwise be diagnosed as a psychiatric disorder or sociopathic character flaws (Ford, Chapman et al., 2012; Ford et al., 2013). Protecting children and youth from harm and helping them recover and become successful and productive citizens are points of convergence for all child-and family-serving systems. This can be a basis for developing administrative structures and processes that bring educators, child welfare workers, juvenile justice administrators and staff, and court professionals together as a team on behalf of traumatized youth.

## Supporting Data

Along with the county population, the number of referrals to Collin County Juvenile Probation Department (CCJPD) has increased annually, increasing by 38% overall from FY 2015 (n=1,462) to FY 2019 (n=2,011). During this same time period, the number of felony referrals has disproportionately increased by 71%, going from 221 in FY2015 to 378 in FY2019.

The nature of the felonies committed has also increased in degree of violence, as opposed to just statutory element. The number of youth referred for aggravated assault, sexual assault, murder, deadly conduct/discharge firearm, and injury with intent has increased 98% from 57% in FY15 to 113 in FY18. The number of misdemeanor assault charges has more than doubled over the same period.

The importance of mental health and access to services is profound as mental health contributes to a child's emotional, behavioral, and cognitive well-being.

The need for and lack of comprehensive, coordinated mental health services throughout the life cycle, and especially for children, is underscored by the following information regarding the incidence and prevalence of mental health needs:

- 1.2 million children in Texas have a chronic mental illness (TexMed, 2018).
- 1 in 6 U.S. children aged 2-8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder (Centers for Disease Control and Prevention, 2018).
- One in 68 children are diagnosed within the broad spectrum of "special needs" which includes autism disorders (Center for Disease Control 2010 and Chumin, 2013).
- 71% of Texas children under the age of 6 had not had a single developmental screening (Casey Foundation Study, 2013).
- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis (Centers for Disease Control and Prevention, 2018).
- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem (Centers for Disease Control and Prevention, 2018).
- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety (Centers for Disease Control and Prevention, 2018).
- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression (Center for Disease Control and Prevention, 2018).
- Adolescent children of military parents have greater emotional and behavioral problems than adolescents without military parents (SAMHSA, 2018).
- Nearly 8 in 10 children (78.1%) aged 3-17 years with depression-received treatment (Centers for Disease Control and Prevention, 2018).
- 6 in 10 children (59.3%) aged 3-17 years with anxiety-received treatment (Centers for Disease Control and Prevention, 2018).
- More than 5 in 10 children (53.5%) aged 3-17 years with behavior disorders received treatment (Centers for Disease Control and Prevention, 2018).
- The Center for Disease Control and Prevention (2018) analyzed the long-term effect of childhood and adolescent traumatic experiences on adult health, mental health, healthcare costs and life expectancy. Adverse Childhood Experience (ACE) such as emotional, physical, or sexual abuse, emotional or physical neglect, witnessing abuse, household substance abuse or mental illness, parental separation or divorce,

incarceration of a family member strongly correlate with an adult's depression, alcohol abuse, illicit drug use, risk intimate partner violence, suicide attempts.

- In 2019, suicide accounted for 19% of deaths among youth aged 10 to 14, 29% among youth aged 15 to 19, and 23% among young adults aged 20-24.
- 51% of Texas adolescents in grades 7 – 12 have used alcohol and 25% had consumed alcohol in the last month. 26% of Texas Secondary students have used Marijuana (Substance Abuse Trends in Texas: June 2017).
- Left undetected, mental health disorders can have serious consequence such as school failure, teenage childbearing, unstable employment, early marriage and marital instability and violence. Additionally, untreated disorders can lead to more frequent and more severe episodes and are more likely to become resistant to treatment (NIMH, 2017).
- Mental, behavioral, and developmental disorders begin in early childhood.
- 1 in 6 U.S. children aged 2-8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.

Treatment rates vary among different mental disorders

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Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder. Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems.

Furthermore, 20% of children have a diagnosable mental disorder with only 1 in 5 receiving help (National Association of Mentally Ill, 2017). The American Psychiatric Association asserts that 15% of depressed individuals will commit suicide and by 2022, depression will be the second largest killer following heart disease ("The Numbers Count: Mental Disorders in America," 2009). In fact, mental disorders represent four of the top 10 leading causes of disability (Centers for Disease Control, 2015).

## **Approach & Interventions**

Following delinquent conduct and/or Child in Need of Supervision (CINS) offenses, juveniles between the ages of 10 and 17 are referred to the CCJPS department. During intake, all referred juveniles complete the Massachusetts Youth Screening Instrument (MAYSI-2), a 52-question behavioral and substance abuse screening tool, which is administered by a certified juvenile probation officer who has received mandated training to conduct and score the screening tool. This questionnaire helps to identify needs in areas of somatic complaints, alcohol and drug use/dependence, anger and irritability, and thought disturbance (mental health). In addition to the screening, officers observe the youth during intake and obtain information regarding mental health history, past and current treatment, and any medications taken.

If the youth has a previous diagnosis or is currently receiving services from an established provider, the probation department seeks to monitor and enforce continued treatment compliance with the juvenile and family. However, when an officer suspects mental health needs for a juvenile and no previous diagnosis exists, a psychological examination is often scheduled with a licensed clinician - either the department's contract psychologist or a private clinician in good standing with the State. If the juvenile meets the criteria for a Diagnostic and Statistical Manual of

Mental Disorders (DSM-5) diagnosis, results from the evaluation will be used to assist the department with planning for supervision and community protection, developing a treatment plan, and providing referrals for support services for the juvenile and his/her family.

Juveniles whose needs can be met locally will be provided with either in-house counseling or will be referred to a community-based provider for treatment. Additionally, juveniles will be matched with a community mentor. Mentoring is designed to promote healthy development and functioning by reducing risk factors and enhancing protective factors. CCJPS will contract with a local mentoring organization to provide screened and trained adults to meet regularly, approximately three times weekly, and establish positive relationships with referred youth. Mentors will be an advocate for the youth and provide them with life skills, coaching, and support for both the youth and family. Additionally, mentors will help youth engage in prosocial behaviors, such as participation in community service and group events. Mentoring services will be provided for 12 months and will provide juveniles with additional support, help them develop a stronger sense of self-worth, increase their social competency, and improve academics. Mentors assist in many different facets. Mentors assist youth with mental health needs in areas such as:

- Providing support for treatment.
- Address internalizing problems, such as handling stress and teaching coping strategies.
- Address externalizing problems by role modeling effective strategies for living with mental health issues as well as by monitoring youth to keep them safe and ensuring their forward progress in treatment.
- Help youth feel valued, cared for, and emotionally close to a caring adult.

Whether you recognize it or not everyone is an advocate. Not only will the youth be mentored but they will also have an Educational Advocate. Advocacy literally means to call out for support.

The following are characteristics of an effective advocate: (Education World, 2019)

- Always listens and learns
- Deliberate focus on long-term goals
- Values support from others
- Openness to different ways to share the message
- Commitment to partner with different and like-minded individuals
- Ability to look at and respond to positions and an issue
- Tenacity to bounce back from negative responses
- Engages the public and stakeholders

Throughout the project, a juvenile probation officer will coordinate with both the treatment provider, Educational advocate and mentor to monitor the youth's participation in services. In addition to weekly and then moving to monthly in person contact monitoring by the officer, service providers will convey in reports if the youth has been available for/participating in services and report any treatment issues or needs that require attention. Services provided and recidivism will be tracked for participating youth. CCJPS will conduct a 1-year post-project follow up interview/survey and database check to determine if the youth has had any further law enforcement interactions and/or has shown improved/positive mental health/behaviors.

Aftercare: Juveniles access to mental health services after being released is an important part of a comprehensive approach to addressing their mental health needs. Without ongoing treatment, many children are more vulnerable to behaviors that prompt their return to the system. Community-based and home-based mental health services, family-based therapy, youth mentoring, and recreational and social opportunities are options that will be given to help the youth create a continuum of care. The program is designed to help youths with mental health issues and their families by developing integrated care plans designed to address each family's unique situation.

## **Risk/Needs/Responsivity Focus**

The program assessment process consists of working collaboratively in order to create a comprehensive, individualized, and interdisciplinary assessment plan. Assessment team members apply practices to highlight youth and family strengths, identify criminogenic risk, and need factors that are contributing to the probability of the youth's future behavior. A number of unique and specialized areas of evaluation are considered throughout the assessment process. All youth are provided with a mental health and substance use screening and assessment. Youth will also be provided a Risk Assessment, which will determine the likelihood that continued delinquent behaviors would occur for a youth if nothing were done to intervene. A risk assessment can also guide intervention planning by indicating what areas may be the best targets for intervention in order to reduce the youth of reoffending and lastly the risk assessment can provide a standardized method that is important when collecting data. This data collection can indicate areas of need that are more frequent among youth. Furthermore, the risk assessment will be used to provide a measure of overall progress of the youth in our care. A psychological evaluation of the youth will always be an essential tool for a youth when doing a mental health assessment. Research suggests that juveniles, youths will have more success in programs where decisions on certain characteristics of the youth; namely the youth's level of risk for reoffending and the specific factors that play a key role in why the youth continues offending. The outcome is known as Risk-Need-Responsivity, which include the following principles but not limited to: 1)that the youth receive the most intensive monitoring and services to reduce their risk of continued offending; 2)Need to address the offenders' specific characteristics that may affect their response to treatment (such as learning style, motivation, mental health); and 3)Professional discretion, which means for decisions about case planning should not be made merely on scores but also based on other factors such as the circumstances that impact the ability to make progress (an example could be parental involvement).

## **Capacity & Capability**

Collin County Juvenile Probation Services department, with over 130 staff positions, provides probation and intensive supervision services for deferred and adjudicated juveniles, pre- and post-adjudication detention and rehabilitation services, and alternative education services for expelled juveniles. Each year, CCJPS receives more than 1,200 referrals for delinquent, Child in Need of Supervision (CINS) and/or violation of probation offenses, with over 300 being adjudicated. The average daily population for the detention facility exceeds 100.

As the cornerstone of its philosophy, the Collin County Juvenile Probation Services department promotes a balanced and restorative justice approach throughout the juvenile justice continuum to include both sanctions and rehabilitation through intervention services. Such efforts address both offender accountability and provide for a safe and secure community. An individualized assessment in partnership with the offender, the family, and partner agencies is utilized to achieve these goals. The department provides the juvenile offender with opportunities to develop into a responsible citizen and lead a productive life in the family environment, whenever possible, while making the necessary restitution to both the victim of their crime and to the community at large.

All staff members and service providers are trained and licensed, as appropriate. New hires for CCJPS probation officers must possess a bachelor's degree from an accredited college in criminal justice, counseling, law, social work, psychology, sociology, or other approved field; have either one year of experience in a related area or one year of graduate school; and be eligible to obtain juvenile probation officer certification. All licensed clinicians who provide services through CCJPS meet the licensure / certification required for their specific field of service.

The Educational Advocate must possess a bachelor degree, preferably a Master's degree in Education. The Educational Advocate is a former high school principal and counselor with comprehensive knowledge of the local

school districts and juvenile justice system and their processes. She has served on the local juvenile drug court team for several years and has experience providing advocacy and transition support services for juveniles involved in the justice system. The educational advocate will act as a liaison in resolving disagreements and facilitating a collaborative working relationship needed to negotiate services for the youth. The advocate will coordinate and attend meetings.

**Treatment Provider:** The treatment provider will help put a treatment plan together that works for the participant and family that is based off the assessment. The Treatment Provider will provide group, individual and family counseling sessions. They will provide parenting skill classes to the parents. They will teach the juveniles various coping skills on how to manage emotions. The Treatment Provider will review progress of each juvenile and provide weekly reports to the Team regarding progress towards reaching treatment goals, attendance and participation.

**Community Mentors** are contracted through a local mentoring organization that recruits, screens, and trains volunteers to act in a non-professional helping capacity to provide relationship based support benefitting the juvenile's development.

Family in many cases, are active clients. They are essential to the service delivery process. It is important to promote and support parental and family involvement and invest in activities and strategies that foster parent collaboration. The importance of family involvement cannot be underestimated in addressing the needs of youth with emotional and behavioral disorders who are referred to juvenile courts, adjudicated, or incarcerated. The family will be the source of information for the child's strengths, needs, and experiences. If rehabilitation and behavioral change are the primary goals of the courts, approaches that are family centered are likely to have greater impact (Bray, 2010).

## **Performance Management**

**Goal:** Prevent further involvement with the justice system through the provision of mentoring services and educational advocacy to improve behavioral, educational, and social outcomes.

**Output Objectives:**

1. Provide community mentoring services for 10 high risk juveniles
  - a. Weekly interactions between mentor and juvenile (2 times per week)
2. Provide counseling for 10 high risk juveniles
  - a. Three times/services provided by therapist per juvenile
3. Ensure minimum of 95% of participants seeking assistance, deemed eligible for the program are served.
4. Demonstrate maximum 5% increase yearly in participant enrollment.
5. Graduate 15 from project by 2<sup>nd</sup> year.

**Measure:**

1. Provide counseling and advocacy for 20 (over the course of the two years).
2. Provide mentoring for 20 participants (over the course of the two years).
3. Provide treatment referrals for 15 individuals (whether ultimately accepted into the Program or not) (over the course of the two years).
4. Assist 20 participants with developing plans (over the course of the two years).

Outcome Objectives:

1. Improve educational outcomes
  - a. School attendance for project participants pre- and post-project increased by 20%
  - b. Grade point averages for project participants pre- and post-project increased by 10%
2. Improve behavioral and social outcomes
  - a. Maximum re-offense rate for juveniles receiving services 1-year post project 20%
  - b. 10 participants engaged in healthier activities
  - c. Improve parental relationships
  - d. Improve social skills

**Detail methods to collect, track, maintain and report data needed to determine if identified measures of success are met.**

The Collin County Juvenile Probation Services department utilizes Techshare Juvenile Case Management System to collect, report, and manage program data. Techshare is a comprehensive, web-based technology solution developed as a collaborative effort between the Texas Juvenile Justice Department (TJJD), the Texas Conference of Urban Counties and several local juvenile probation departments. Techshare provides enhanced productivity tools and data sharing capabilities; strong security and data integrity; and built-in interfaces with other entities involved in the juvenile justice system. Techshare provides timely and complete information on juvenile offenders to local juvenile probation departments, prosecutors, judges, treatment professionals and TJJD staff to encourage accurate and appropriate disposition and rehabilitative decisions. In addition to data maintained in Techshare, the project coordinator will maintain an Excel spreadsheet with the PID of youth obtaining services, offense level committed, dates of services provided, school attendance, grade point averages, re-offense during project, and 1-year post-project recidivism results.

Other core responsibilities to evaluate program include but not limited to the following:

- Producing and distributing monthly and annual reports
- Providing data in response to inquiries from management personnel, program providers
- Conducting statistical analyses
- Communicating the results, outcomes and implications of statistical analyses
- Ensuring data integrity and quality control
- Assisting in improving current methods of data collection
- Evaluating programs
- Overseeing the evaluations
- Developing formal presentation materials
- Attending and presenting at meetings and conferences (to providers, community leaders, families)

**Describe how the proposed services are consistent with data-driven and research-based practice for the target population.**

One of the most important first steps to respond to the needs of youth in the juvenile justice system is to systematically identify those needs among youth at their earliest point of contact with the juvenile justice system. 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. 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. 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.

In addition to treatment and evidence-based screening methods, the project will also provide juveniles with community-based mentors to promote healthy development and functioning by reducing risk factors and strengthening protective factors. The Mentoring EBP has been rated “Effective” by the National Institute of Justice CrimeSolutions.gov website for improving outcomes for crime and delinquency and “Promising” for improving mental and behavioral health outcomes.

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