TEXAS YOUTH SEQUENTIAL INTERCEPT MODEL

BACKGROUND AND EVIDENCE-BASED PROGRAMS

Contributors

Peter Arellano, MSW
Erin Luby, MSW
Harriet van Loggerenberg, MS
Mahgul Mansoor, MS
Stacey Stevens Manser, Ph. D

The University of Texas at Austin
Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work

TEXAS BEHAVIORAL HEALTH AND JUSTICE TECHNICAL ASSISTANCE CENTER

Table of Contents

Introduction

Youth experiencing mental illness, mental health crisis, or who have adverse childhood experiences (ACEs) more frequently interact with the juvenile justice system. Research consistently finds that justice-involved youth experience one or more mental health issues (estimates range between 50 to 70%) that can include emotional, behavioral, substance use, and intellectual or developmental disorders (Janopaul-Naylor et al., 2019; Skowyra &Cocozza, 2006; Office of Juvenile Justice and Delinquency Prevention, 2017). Providing effective mental health services to prevent or reduce justice involvement has been challenging due to a myriad of reasons, including system capacity, differing philosophies among systems, and differing juvenile-specific practices in both the juvenile justice and behavioral health systems (Skowyra & Cocozza, 2006, Zajac et al. 2015). To address the increasing need for mental health early intervention and diversion from the juvenile justice system, the Texas Youth Sequential Intercept Model (Texas Youth SIM) was developed to provide a community-level framework that capitalizes and expands on existing research and models.

This report will:

- Describe the development and structure of the Texas Youth SIM,
- Describe diversion best practices originating from the four cornerstones of the Critical Intervention Model, and
- Provide examples of best practice programs and interventions for each of the Texas Youth SIM intercepts.

In this report, the population of focus are youth who experience issues including:

- Emotional, behavioral, substance use, intellectual or developmental disorders
- Mental health crises and are at risk for or are involved with the juvenile justice system.

For the purposes of this report, diversion is defined as:

- Diversion from involvement in the juvenile justice system by redirecting youth to community-based services (early intervention, deflection, or pre-arrest diversion) to avoid formal processing, and/or
- Diversion from further involvement in the juvenile justice system by redirecting youth to appropriate treatment or interventions that address behavioral and mental health issues that precipitate justice-system involvement.

Development of the Texas Youth Sequential Intercept Model

Capitalizing on existing Sequential Intercept Model (SIM) workshops for adults that are occurring throughout Texas, a need for a youth-specific planning tool was identified. Thus, the Texas Health and Human Services Commission Office of Forensic Coordination convened a workgroup to develop such a tool. The workgroup aligned the Blueprint for Change Critical Intervention Model (Skowyra & Cocozza, 2006) with the Sequential Intercept Model (Munetz & Griffin, 2006) to create the Texas Youth Sequential Intercept Model (SIM). The Texas Youth SIM aims to help communities reduce juvenile justice and child welfare system involvement for youth that have ongoing behavioral health needs. It does this by mapping existing youth community mental health resources and identifying gaps and opportunities within each system at the community level. Like the adult Sequential Intercept Model, the Texas Youth SIM includes Intercept 0, focusing on community-level services and interventions that proactively avoid youth involvement in the juvenile justice system. What sets youth-oriented systems apart, is the addition of schools as an essential resource and opportunity for intervention. Due to the breadth of programs and resources available in community and school settings, intervention point/intercept point 0 in the Texas Youth SIM includes both school-based and community-based services, including crisis services.

Texas Health and Human Services Commission's Office of Forensic Coordination (OFC) collaborated closely with state agencies working at the intersection of youth behavioral health and juvenile justice systems to adapt the Critical Intervention Model developed by the National Center for Youth Opportunity and Justice (NCYOJ; Skowyra & Cocozza, 2006) and the Adult Sequential Intercept Model (Munetz & Griffin, 2006; Abreu, et al., 2017) to create a Texas Youth SIM model to support youth systems mapping. The series of workgroups discussed key services, gaps, opportunities, and best practices for youth with mental illness (MI), substance use disorders (SUD), and intellectual and developmental disabilities (IDD) who are justice-involved or at risk of justice involvement. The Texas Youth SIM importantly includes both schools and communities in Intercept 0. The final Texas Youth SIM details how youth with MI, SUD, and/or IDD encounter and move through the juvenile justice system and identifies opportunities to utilize community-based or school-based services to further deflect involvement with the juvenile justice system (Office of Forensic Coordination, Texas Youth Sequential Intercept Model Mapping, 2023).

The final Texas Youth SIM includes the following intercepts:
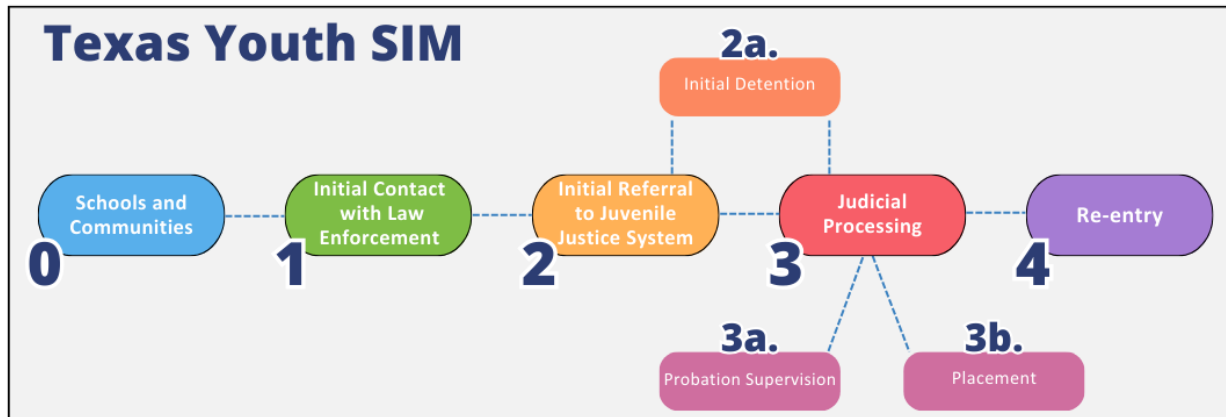
Framework for the Texas Youth SIM Model

Blueprint for Change: Critical Intervention Model

The Blueprint for Change outlines critical intervention points where mental health diversion interventions could be implemented for justice-involved youth (Figure 1, Skowyra & Cocozza, 2006). It also provides a comprehensive model for strengthening mental health services for youth throughout justice system touchpoints such as: initial entry, re-entry, and addressing mental health and substance use disorders, and intellectual and developmental disability issues that can lead to juvenile justice system interaction.

The premise is not complicated: stronger partnerships between the juvenile justice and mental health systems can result in better screening and assessment mechanisms at key points of juvenile justice contact, enhanced diversion opportunities for youth with mental health needs to be treated in the community, and increased access to effective mental health treatment.

Skowyra & Cocozza, 2006, p. 99

Figure 1. The Blueprint for Change Critical Intervention Points
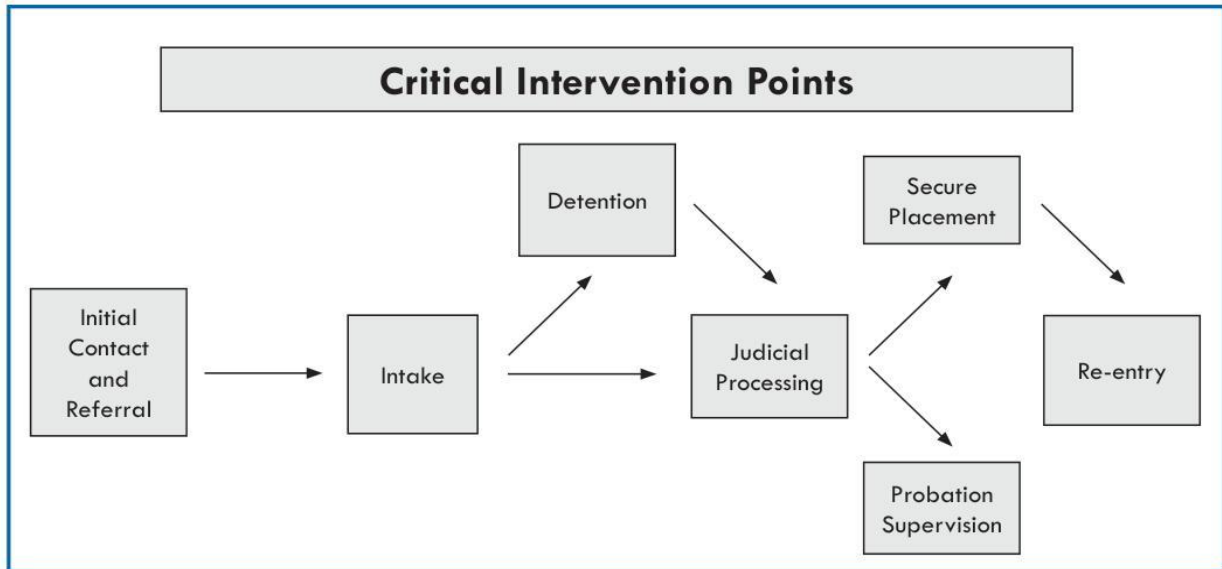
from the Blueprint for Change (Skowyra & Cocozza, 2006)

For each of the critical intervention points, from the initial point of contact with law enforcement to re-entry, guidance is offered for delivering effective services to address mental health needs. These practices utilize the foundations of *collaboration* (a collaboration between the juvenile justice and mental health system), *identification* (strategies for identifying mental health needs), *diversion* (providing effective community-based mental health treatment), and *treatment* (access to treatment resources) to highlight interventions and strategies at each intervention point (Skowyra & Cocozza, 2006). However, the Blueprint for Change does not offer guidance for interventions that could precede overall involvement with the juvenile justice system such as diversion or deflection in community or school-based settings, as well as crisis mental health services.

The Sequential Intercept Model

The Sequential Intercept Model (SIM) has been widely adopted across the United States and is supported by federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA). The SIM (Munetz & Griffin, 2006) provides a methodology and conceptual framework for mental health diversion in the adult criminal justice system. It initially outlined five intercept points for diversion beginning with Intercept 1 - Law Enforcement and ending with Intercept 5 - Community Corrections, with Intercept 0 - Community Services added about a decade later (Abreu et al., 2017).

Figure 2. The Sequential Intercept Model
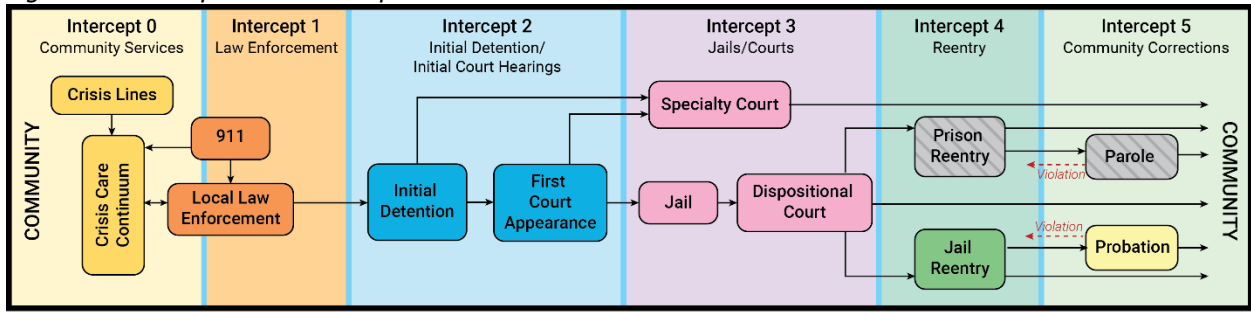
© 2016 Policy Research Associates, Inc.

The addition of Intercept 0 - Community Services or "early intervention points for people with mental and substance use disorders before they are placed under arrest by law enforcement" (Abreu et al., 2017) includes crisis services designed to intercept and treat individuals experiencing mental health distress in the community (i.e., crisis phone lines, 911 (and now 988) call centers, and law enforcement specialized responses). Similar services specific to youth exist in communities and provide an essential intervention point to address mental or behavioral health and diversion from juvenile justice involvement.

Texas Youth SIM Cornerstones and Best Practices

Utilizing existing research and best practices, the Texas Youth SIM incorporates the four cornerstones or best practices identified in the Blueprint for Change Critical Intervention Points across each of the five intercepts. The Texas Youth SIM also adds an overarching cornerstone, cultural responsiveness, to reflect the importance of integrating cultural competence into diversion practices. These best practices include:

Collaboration	To appropriately provide effective services to youth with behavioral health conditions, all systems involved in the intercepts should collaborate.
Identification	The behavioral health needs of youth should be systematically identified at all critical stages of the intercepts
Diversion	Whenever possible, youth with identified behavioral health needs should be diverted into effective community-based treatment.
Treatment	Youth with behavioral health conditions should have access to effective treatment or interventions to meet their needs at all intercepts.
Cultural Responsiveness	An overarching best practice, cultural responsiveness should be the foundation of each cornerstone and all intercepts of the youth SIM model.

Collaboration

Collaboration is a key element for program success across the Texas Youth SIM. At-risk or justice-involved youth often present with complex needs and require services from multiple agencies representing different systems. For example, schools may need to work together with behavioral health providers or behavioral health providers may need to coordinate with juvenile justice specific agencies (i.e., juvenile probation) to effectively serve some cases. Collaboration among providers is tied to program effectiveness and its importance increases for youth presenting with mental health conditions (Underwood & Washington, 2016; McGarvey 2012; Lipsey, 2009).

All diversion programs should collaborate with community organizations, stakeholders, and policymakers to create a seamless and integrated approach to diversion, ensuring that diversion options are accessible and tailored to meet the specific needs of every youth at each intercept.

> Collaboration among providers from different systems has been tied to program effectiveness for at-risk or justice-involved youth with complex needs.

The importance of collaboration can be highlighted at various intercepts of the Texas Youth SIM model. For example, Intercept 0 encompasses many community systems, including schools, community organizations, emergency services, and mental health providers. Collaboration among these entities is vital for successful diversion programs (McCarter, 2019).

Within Intercept 1, the success of police-mental health partnerships is attributed to the coordination between law enforcement and mental health agencies (Janopaul-Naylor et al., 2019; Barrett et al., 2022). Such collaborations enable improved access to appropriate support and services for at-risk youth who exhibit mental health symptoms.

Additionally, involving multidisciplinary teams, including representation from law enforcement, behavioral health, and medical emergency services, among other fields, ensures comprehensive assessment and intervention planning.

This collaborative style of delivering interventions leverages the expertise of professionals from different fields to optimize program outcomes for youth. Collaboration examples for the intercepts are provided in this report in each of the intercept sections.

Identification and Assessment

Early identification is a critical component of success for youth and diversion programs across the intercepts. Identification and assessment can be challenging, especially when considering co-occurring factors such as mental health, substance use or abuse, trauma, or other behavioral problems (Underwood & Washington, 2016; McGarvey, 2012).

By implementing behavioral health screening and assessment tools across the intercepts, we can identify needs and guide individualized interventions (McGarvey, 2012) that can improve long-term outcomes for at-risk youth.

For youth who are justice-involved, the Risk-Needs-Responsivity (RNR) framework represents a more holistic, rehabilitative approach toward juvenile justice-involved diversion services. Generally, RNR assessment tools are incorporated in juvenile justice cases to determine whether at-risk youth are eligible to go through diversion programming.

> **Behavioral health screening and assessment in all of the intercepts can improve long-term outcomes for at-risk youth.**

Based on three key principles, the RNR model focuses on identifying risk factors (R=risk) that contribute to criminal behavior, developing targeted interventions to address specific risk factors (N=needs), and delivering interventions in a way that is responsive (R=responsivity) to an individual's learning style and abilities (Pappas & Dent 2023; Wylie et al., 2019; Lockwood et al., 2018; Luong & Wormith, 2011; Vieira et al., 2009; Onifade et al., 2008; Landenberger & Lipsey, 2005). Program effectiveness and success are linked to prioritizing comprehensive assessment practices that lead to appropriate and targeted interventions and services (Pappas & Dent, 2023; Wilson & Hoge, 2013; McGarvey, 2012).

Due to the many needs of diverted, justice-involved youth, providing tailored treatment plans based on comprehensive assessment is crucial for achieving positive outcomes (Wilson & Hoge, 2013). A variety of validated assessment tools for use across the intercepts is provided in Appendix A and a compendium of screening tools for early identification of behavioral health needs can be found in the Texas School Mental Health Toolkit (Texas Education Agency, n.d.).

Diversion

Studies have found that the farther a youth penetrates the justice system, the more likely the youth will recidivate (Wilson & Hoge, 2013; Yampolskaya & Chuang, 2012). Effective diversion programs implemented in the community, in schools, or at pre-charge stages represent the ideal points of contact and can prevent a youth from advancing into later stages of the justice system. The negative impacts that could follow deeper involvement in the justice system include not only increased recidivism rates, but also worsening mental health, and decreased academic performance (McCarter, 2019; Skowyra & Cocozza, 2006).

> **Critical to preventing juvenile recidivism, early diversion programs through schools and community-based initiatives, can curb negative impacts, including worsened mental health and academic decline.**

The addition of intercept 0 to the critical intervention model recognizes the role and importance of community providers in addressing mental health issues that could lead to justice system involvement and provides a proactive framework recognizing the importance of early diversion. The inclusion of Intercept 0 mirrors best practice in the adult criminal justice system (Abreu et al, 2017) and can include important touchpoints for deflection or diversion, including mental health crisis respite centers and a variety of community-based youth social service programs that address mental health crisis episodes.

Unique to youth, schools provide an important touchpoint for inclusion in the Texas Youth SIM Model. Youth with behavioral health conditions are disproportionately excluded from school and over-represented in the child welfare and juvenile justice systems.

A 2011 Texas study found that students with behavioral health issues had a higher likelihood of facing school suspension or expulsion and were more likely to have contact with the juvenile justice system than students without disabilities (Fabelo et al., 2011). The school-to-prison pipeline remains an often-cited factor as a catalyst for children entering the juvenile justice system with zero-tolerance school policies continuing to be a main driver for this phenomenon (Texas Criminal Justice Coalition, 2020). Providing mental health intervention at this intercept can proactively mitigate future juvenile justice system involvement.

As youth encounter the justice system at later touchpoints (intercepts 2, 3, and 4), it remains equally important to provide effective and evidenced based mental health interventions to hopefully disrupt and divert further involvement with the justice system. Frameworks and program examples for appropriate intervention and diversion for each of the Texas Youth SIM intercepts are provided in this report.

Treatment

Both program implementation and quality are important components to achieving improved outcomes of diversion programs, including reduced recidivism. Using evidence-based treatment or interventions ensures that programs are grounded in research and have demonstrated effectiveness (Wilson et al., 2019). It is also important to ensure fidelity when delivering evidence-based interventions and mental health treatment modalities such as Family Functional Therapy and Cognitive Behavioral Therapy (Cuellar et al., 2005; Lipsey, 2009; McGarvey, 2012; Pappas & Dent, 2023). Programs that partner with research-based institutions or program experts to support implementation demonstrate increased effectiveness. These partnerships create a high level of supervision that monitor program and intervention fidelity, leading to increased program effectiveness for youth (Schwalbe et al., 2012).

The literature highlights specific types of treatment or intervention strategies that can improve diversion outcomes for youth and are important to consider when planning or delivering diversion services across the Texas Youth SIM. Numerous examples of strategies can be implemented by collaboratively planning treatment or interventions across the intercepts. The following strategies are highlighted throughout the literature as effective at reducing recidivism in juvenile diversion programs at each of the Texas Youth SIM intercepts:

Education and Employment	Treatment or programs that address education and vocational issues have demonstrated improved outcomes for juvenile diversion programs (Pappas & Dent, 2023; Wilson & Hoge, 2013; McGarvey, 2012; Lipsey, 2009). Interventions that improve school attendance, performance, and provide vocational training have enhanced diversion program outcomes. These programs are associated with reduced recidivism and involvement in the juvenile justice system.
Family Integration	Family involvement in juvenile diversion interventions across each of the Youth SIM intercepts is vital for achieving improved diversion outcomes (Pappas & Dent, 2023; Underwood & Washington, 2016; Schwalbe et al., 2012; Wilson & Hoge, 2013; Greenwood, 2008; Lipsey, 2009). Comprehensive wraparound services and programs should include not only the youth, but their families and communities, including schools, peers, and areas where they live (McCarter, 2019; Innovation Brief, 2013; Models for Change, 2011). Further, including families in the intervention or treatment process ensures a strong support system for youth, promoting better program engagement and long-term positive changes (Wilson & Hoge, 2013). Examples of family integration interventions include improving family functioning through addressing parent-child relationship issues or having the family unit as active participants at all stages of the intervention or treatment process.

Multimodal and Multidisciplinary Interventions	Flexible programming that targets the diverse needs of youth can lead to better outcomes and reduced recidivism in juvenile justice diversion programs. Examples include programs that target multiple risk factors and needs, address individual and family needs (multisystemic treatment, family-based treatment, combining psychosocial interventions with case management), and programs that combine a rehabilitative and deterrence component (Pappas & Dent, 2023; Underwood & Washington, 2016; Schwalbe et al., 2012; Wilson & Hoge, 2013; Lipsey, 2009). Another multimodal example includes combining Cognitive Behavioral Therapy (CBT) with skills training as an evidence-based approach to implementing services and reducing recidivism rates. CBT is a highly flexible, evidenced-based intervention that can address issues such as anti-social thinking, problem-solving, anger management, and relationship building. It can be incorporated at any intercept within the Youth SIM continuum in a variety of ways. Broker-only models, or programs that focus solely on case management without any other combination of psychosocial interventions have not demonstrated effectiveness in reducing recidivism (Schwalbe et al. 2012).
Best Practice Therapeutic Treatments	A variety of therapeutic treatment modalities have also demonstrated effectiveness as stand-alone treatments and can be varied and flexible according to diverse youth needs within the intercepts. Therapeutic modalities with a growing evidence base in reducing recidivism include Multisystemic Therapy (MST), Functional Family Therapy (FFT), Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Restorative Justice (Wong et al., 2016; Wilson & Hoge, 2013), and specialized courts and diversion, among others (Pappas & Dent 2023; Lipsey, 2009). These modalities have undergone systematic evaluation for effectiveness throughout the academic literature which reflects varying success across approaches.
Follow-up after Program Completion	It is important to note that program services should not stop after completing the designated treatment or intervention program. Follow-up services (sometimes called aftercare) are crucial for the long-term success of diverted youth across the intercepts and have demonstrated reduced recidivism (Pappas & Dent, 2023; Wilson & Hoge, 2013). Continued mental health care, continuity of care services, and wraparound systems of care are vital for individuals experiencing mental health issues (Underwood & Washington, 2016).

Cultural Responsiveness

Cultural responsiveness significantly influences all facets of the Texas Youth SIM, with research consistently highlighting racial and other disparities throughout the juvenile justice system. Black youth are disproportionately represented, experiencing higher rates of incarceration and detainment (Robles-Ramamurthy & Watson, 2019). Disparities extend to diversion programs, with people of color less frequently placed in such programs (OJJDP, 2017; Erickson & Eckberg, 2016).

In schools, policies that catalyze the school-to-prison pipeline disproportionately harm minorities and individuals who experience serious emotional disturbance, serious mental illness, substance use disorder, or intellectual or developmental disabilities (Texas Criminal Justice Coalition, 2020). Studies affirm that culturally responsive interventions enhance diversion program outcomes (Wilson & Hoge, 2013; McGarvey, 2012; Lipsey, 2009).

> Culturally responsive practices foster more equitable and just intervention, addressing disparities in the juvenile justice system.

To establish more equitable systems, diversion programs must confront racial disparities and biases affecting youth of color. Success depends on recognizing and addressing systemic disparities, enabling practitioners to comprehend and tackle underlying factors contributing to delinquent behavior in diverse populations.

Given the diverse demographics of juvenile justice-involved youth, practitioners should consider cultural differences in implementing effective diversion interventions within the youth SIM model. Culturally relevant variables, encompassing race, gender, and socioeconomic status, play a crucial role in diversion practices. Considering the unique experiences of youth, practitioners should employ validated assessment tools that are sensitive to diverse backgrounds, regularly reviewing and updating the tools for relevance and impartiality (Schlesinger, 2018).

Involving culturally responsive professionals and diverse stakeholders, including youth and their families, enhances assessment accuracy and allows for interventions to be tailored appropriately. These examples demonstrate that incorporating culturally responsive practices can lead to more equitable and just intervention and diversion approaches, playing a crucial role in achieving the goal of addressing disparities in the juvenile justice system.

Texas Youth SIM Best Practice Examples

The following sections provide program examples incorporating the cornerstone strategies for each Texas Youth SIM intercept. It is important to note that the programs outlined in the intercept-specific sections are not exhaustive of all evidence-based practices and serve examples from the literature.

Intercept 0: Schools and Community-Based Services

Intercept 0 encompasses early interventions that address mental health and substance use disorders and encounters with the criminal justice system before individuals are processed by law enforcement. Much like the adult justice system, the juvenile justice system and incarceration facilities have become the de facto mental health system (Underwood & Washington, 2016; McCarter, 2019). Intercept 0 provides a breadth of options to suit the unique needs of youth while proactively identifying mental health needs in the community prior to juvenile justice involvement. Communities and schools should focus on delivering preventive interventions and treating mental/behavioral health issues to avoid or mitigate future justice involvement. School and community systems should also collaborate for effective interception and diversion (McCarter, 2019).

These early intervention points include components of the behavioral health crisis care continuum and first responders including law enforcement (Abreu, et al., 2017). Intercept 0 includes interventions delivered in the community (e.g., Mobile Crisis Outreach Team, community-based organizations, treatment centers etc.) and schools (e.g., multi-disciplinary teams in schools).

Research demonstrates that identifying youth behavioral and mental health issues and diverting youth away from criminal justice processing at an early stage can benefit both the youth and the community (Underwood & Washington, 2016). Treatment or intervention for youth mental health issues is unique to the individual as some benefit from short-term intervention strategies, while others need longer and more intensive treatment interventions (Underwood & Washington, 2016).

The following section will provide examples across Intercept 0 that are aligned with the **Texas Youth SIM Intercept 0 Highlighted Practices** and include the broad scope of programs and frameworks that encompass best practices within strategic early interventions.

Texas Youth SIM Intercept 0 Highlighted Practices

Early Identification
The use of standardized assessment tools, cross system collaboration and trauma informed approaches to care to increase access to behavioral health support for children.

School-Based Behavioral Health Supports
Access to behavioral health supports at school and regular evaluation of school discipline practices.

Someone to Call
Crisis hotlines, helplines and mentorship programs.

Someone to Respond
Crisis hotlines, helplines and mentorship programs.

A Place to Go
Crisis receiving facilities.

Table 1: Community-Based Programs

Table 1 provides an overview and links to community-based programs that provide diversion interventions using a cross-sector approach to treating mental health crisis situations for youth, including responding to issues in school settings. These programs are delivered through collaborative efforts of community-based behavioral health, school, and law enforcement agencies.

Expanded descriptions of the programs can be found in Appendix B.

Table 1: Community Based Programs		
Program	**Description**	**Resource(s)**
WrapAround Milwaukee Mobile Urgent Treatment Team	This program uses mental health clinicians to respond to students in mental health crises. Wraparound Milwaukee also provides a system of care model that has been used as a model across the U.S.	Wraparound Milwaukee Program Schematic Milwaukee Mobile Crisis
Connecticut: School-Based Diversion Initiative (SBDI)	A program that works to reduce juvenile justice involvement among youth with mental health needs, using Emergency Mobile Psychiatric Services to provide crisis services to students. It also provides youth-specific training in addressing mental health and behavioral issues and accessing local resources.	SBI Toolkit
Summit County, Ohio: Responder Program	This program targets middle school adolescents who have disciplinary issues and suspected mental health concerns using case managers who work out of the juvenile court family resource center. The program provides wraparound services, including the family, to treat mental or behavioral health issues.	Toolkit Program overview

Multidimensional Treatment Foster Care-Adolescents (MTFC)	MTFC is a behavioral treatment alternative to residential placement for youth who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. There are three versions designed to serve specific age groups.	Treatment Foster Care Oregon (Previously MTFC) Website
Program framework/type: Trauma-focused Treatment for Juveniles and Young Adults with Trauma Symptoms and Externalizing Behaviors: Trauma-focused interventions targeted specifically at youth and young adults who have been exposed to traumatic events, such as physical, sexual violence or severe accidents and reduce trauma symptoms.		
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	This therapy program is for children who were victims of traumatic life events (such as sexual abuse) and their parents. It's designed to help 3- to 18-year-olds and their parents and aims to treat serious emotional problems such as posttraumatic stress, fear, anxiety, and depression.	TF-CBT

Table 2: School-Based Interventions and Programs

Table 2 provides an overview and links to examples of school-based diversion programs for youth. School-based interventions are delivered by school-based professionals to change student skills or behavior (Wilson and Lipsey, 2007). The following programs are designed to develop a foundation of cognitive, affective, and behavioral competencies for better adjustment and academic performance in students, decrease the prevalence of school exclusion (e.g., suspension and expulsion) and meet the diverse needs of the youth population.

Expanded descriptions of example programs can be found in Appendix B.

Table 2: School-Based Interventions and Programs		
Program Framework/type: School-based interventions to reduce exclusion: Prevention programs and interventions that reduce the occurrence of suspension and expulsion because of student misbehavior.		
Program	**Description**	**Resource**
School-wide Positive Behavioral Interventions and Supports (SWPBIS)	A universal, school-wide prevention strategy aimed at reducing behavior problems that lead to discipline referrals and suspensions and change perceptions of school safety.	Getting Started
Program Framework/type: School-Based Social and Emotional Learning (SEL) Programs: Programs and interventions that facilitate the development of positive social and emotional behaviors.		
Program	**Description**	**Resource**
Positive Action Life Skills Training	A classroom-based tobacco, alcohol, and substance use prevention program for upper elementary and junior high school students. Designed to address key risk and protective factors associated with these behaviors.	Life Skills Training
Linking the Interests of Families and Teachers (LIFT)	A preventative intervention designed to address factors that put children at risk for subsequent antisocial behavior and delinquency. The goal of LIFT is to prevent the development of aggressive and antisocial behaviors.	LIFT

Program	Description	Resource
Promoting Alternative Thinking Strategies (PATHS)	A program that promotes emotional and social competencies and reduces aggression and behavior problems in elementary school-aged children.	PATHS
Texas Child Health Access Through Telemedicine (TCHATT)	TCHATT provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of students and provide access to mental health services. TCHATT is funded by the Texas Legislature and there is no cost to schools who participate or families who access services.	TCHATT

Program Framework/type:
Trauma-focused Treatment for Juveniles and Young Adults with Trauma Symptoms and Externalizing Behaviors: Trauma-focused interventions targeted specifically at youth and young adults who have been exposed to traumatic events, such as physical or sexual violence or severe accidents and reduce trauma symptoms.

Program	Description	Resource
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	A program developed to reduce symptoms of distress and build skills to improve children's abilities to handle stress and trauma in the future. Designed for use in school for children ages 10 to 15 who have had substantial exposure to violence or other traumatic events and who have symptoms of posttraumatic stress disorder.	CBITS

Program framework/type:
Multi-tier systems of support (MTSS): MTSS is an equity focused framework that uses a three-tier system to ensure that youth with diverse academic, behavioral, and social-emotional needs get the support they require across all risk levels.

School Health Assessment and Performance Evaluation (SHAPE) System	The free national SHAPE system can help schools improve the way they respond to student mental health concerns at a systems level. Schools can assess and map the quality of their existing supports, monitor improvement and roadmaps for action planning. Schools also get access to a repository of screening and assessment measures, trauma-response assessments, and resources.	SHAPE
Advancing Wellness and Resilience in Education (AWARE) Texas	AWARE is a five-year initiative designed to strengthen community and school-based supports for the mental health and resiliency of students. Designed to sustain an integrated, multi-tiered system of supports that promotes mental health.	AWARE

Table 3: Mentoring Programs

Table 3 provides examples of mentoring programs, which are interventions based on the importance of supportive intergenerational relationships to promote positive youth development and prevent risky behaviors such as delinquency. Mentoring reduces risk factors by promoting social skill development and healthy relationships through consistent interactions with adults and other supportive individuals. The developmental model of youth mentoring relationships theorizes an interconnection of social–emotional, cognitive, and identity formation processes through which the mentors promote positive developmental outcomes (Raposa, et al., 2019). Mentoring programs can be delivered in both community-based and school-based settings.

Expanded descriptions of example programs can be found in the Appendix B.

Table 3: Mentoring Programs		
Program Framework/type: School-Based Mentoring: Teachers and other school staff identify students who will benefit from having role-models that influence the student's academic and behavioral trajectory. Role models can be staff or student peers.		
Program	**Description**	**Resource**
Achievement Mentoring Program (AMP)	The goal of AMP is to enhance school-related cognitions and behaviors, designed for urban minority freshmen at risk of dropping out of high school. AMP mentors, who are teachers and school staff volunteers, follow manualized guidelines during one-on-one weekly meetings. The program ideally spans two years, requiring consistent and supportive staff engagement to ensure its effectiveness.	AMP

Program	Description	Resource
The STARS Peer Mentoring Partnership (STARSP)	The STARS Peer Mentoring Program is a cross-age, peer-to-peer initiative matching older high school students (mentors) with a small group of younger peers. It focuses on academic, social, and emotional development. This evidence-informed program enhances mentees' trust, self-awareness, and skills for mental health, relationships, and decision-making.	Building Effective Peer Mentoring Programs Guide

STARS |

Program Framework/type:
Community Mentoring: Grounded in attachment theory, adult community volunteers build supportive and trusting relationships with youth.

Program	Description	Resource
Big Brothers Big Sisters (BBBS) of America Community-Based Mentoring	This program supports the development of healthy youths by addressing their need for positive adult contact. Designed for at-risk youth aged 6 to 18, this program provides one-to-one mentoring, reducing drug/alcohol initiation and antisocial behavior. Mentored youth show improved parent relationships and enhanced academic performance.	BBBS National Website
Better Futures	This program is targeted to youth with mental health conditions living in the foster-care system and delivered over a period of 10 months. A peer coach is assigned based on youth's interest and continues to meet with the youth as well as their caseworkers/foster parents. The goal of the coach is to encourage and prepare the youth mentee to pursue higher education over the course of the program.	Better Futures Research Website

Great Life Mentoring	Youth from low-income families are referred to this program from community mental health agencies and matched with adult volunteers. The mentor-mentee relationship seeks to be a source of support by providing companionship and engaging in positive activities.	Great Life Website

Table 4: Strengthening Caregiver-Child Dynamics Programs

Table 4 provides an overview and links to examples of programs that strengthen caregiver-child dynamics. The family context such as stress, poverty, and exposure to violence can pose risk factors for youth to engage in further violence, substance use and delinquent behavior. Parental/caregiver support can provide protection against these risk factors ultimately improving mental health and academic performance for children (Alvarado&Kumpfer, 1998). Many programs designed for strengthening caregiver-child dynamics utilize a Multisystemic Therapy approach engaging family and community-based treatments.

Expanded descriptions of example programs can be found in Appendix B.

Table 4: Strengthening Caregiver-Child Dynamics Programs		
Program type/framework: Psychosocial Interventions for Antisocial Behavior of Juveniles: Psychosocial preventive and therapeutic interventions to reduce antisocial and risk behavior in children and youth.		
Program	**Description**	**Resource**
Families and Schools Together (FAST)	This is a multifamily group program designed to (1) build protective factors for children and youth, (2) to empower parents to be the primary prevention agents for their children, and (3) to build supportive parent-to-parent groups.	FAST

Multidimensional Treatment Foster Care-Adolescents (MTFC-A)	(MTFC-A) is a behavioral treatment program providing an alternative to residential placement for adolescents facing antisocial behavior, emotional issues, and delinquency. Tailored for ages 12 to 17, MTFC-A employs a comprehensive approach involving behavioral parent training, foster parent support, family therapy, youth skills training, school-based interventions, and potential psychiatric consultation.	Treatment Foster Care Oregon (previously MTFC)

Program type/framework:
Social Skills Training for Preventing Antisocial Behavior of Youth: Interventions that teach children and youth various social competencies, such as effective social information processing and managing interpersonal conflicts.

Promoting Alternative Thinking Strategies (PATHS®)	PATHS® is designed to enhance emotional and social competencies, reduce aggression, and address behavior problems in elementary school-aged children.	PATHS
The Incredible Years–Child Training Program	This program, designed for children aged 4 to 8 with behavior issues (including Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), and Attention Deficit Hyperactive Disorder (ADHD)), and aims to increase social and problem-solving skills.	The Incredible Years

Program type/framework:
Family-Based Treatment for Adolescent Delinquency and Problem Behaviors: Interventions designed to change dysfunctional family patterns that focus on establishing better communication and reducing conflict between parents and adolescents, improving parenting skills, and helping adolescents better engage with their families and in their school environment.

Functional Family Therapy (FFT)	FFT is a family-based program targeting high-risk youth aged 11 to 18 involved in the justice system or at risk of delinquency and other behavioral issues. It has shown to successfully decrease substance use, risky sexual behavior, and other conduct problems.	FFT
Strong African American Families (SAAF)	SAAF is a parental training and family therapy program designed for rural African American families with children 10 to 14 years of age, aiming to reduce substance use and risky sexual activity. The program aims to strengthen the attachment between parent and child to reduce likelihood of youth involvement in problem behaviors.	SAAF
Program type/framework: Early Family/Parent Training Programs: Provides families and parents with training and skills to promote holistic child development.		
Triple P: Positive Parenting Program	This program supports parents of children 0 to 16 years old and aims to prevent or alter dysfunctional parental practices as well as child behavioral problems. Through this program parents can learn to promote a safe and positive environment as well as overcome stigma associated with seeking parenting strategies.	Triple P
Parent-Child Interaction Therapy (PCIT)	(PCIT) uses coaching sessions to improve parent-child relationships by equipping parents with new interaction and discipline skills, including adaptations for physically abusive parents. It has shown to reduce children's problem behaviors and prevent physical child abuse.	PCIT

Nurse-Family Partnership	Nurses work intensively with low-income, first-time mothers in this home-visiting program to improve family functioning and early child well-being. The visits start at the pre-natal stage and continue through the child's second year. This program targets parental outcomes such as substance use, nonviolent parenting strategies and finding employment.	Program Website
Expanded Early Pathways for Young Traumatized Children	This is an at-home parent and child therapy program designed for children ages 1 to 5 with behavioral and emotional issues resulting from trauma and poverty. The program aims to reduce challenging behaviors, anxious/withdrawn symptoms, and fearful symptoms of trauma in young children while enhancing the quality of caregiver-child relationships.	Early Pathways

Intercept 1: Initial Interaction with Law Enforcement

Intercept 1 services encompass activities implemented after first encounters with law enforcement and emergency services. Programs are intended to discern diversion options before a formal arrest is made. Services and programs are delivered through law enforcement, school resource officers, and children's emergency services. (Abreu et al., 2017; Skowyra and Cocozza, 2007).

> Intercept 1 diversion initiatives aim to prevent delinquent behavior, improve service utilization, and enhance overall outcomes for vulnerable youth before formal arrests.

Youth interacting with law enforcement, School Resource Officers (SROs), and children's emergency services can experience significant future challenges should they enter the juvenile justice system. Espinosa and Skowyra (2015) found that close to 70% of youth in the juvenile justice system have a diagnosable mental disorder, over 60% of those with a mental disorder have a co-occurring substance use disorder, and almost 30% have a serious mental disorder. Similar to intercept 0, mental health diversion interventions can mitigate the use of the criminal justice system for mental health treatment.

Diverting youth from the juvenile justice system at Intercept 1 can serve as another pivotal point in preventing future involvement in the system and improving their overall outcomes. It disrupts the school-to-prison pipeline by providing an alternate path to accountability that does not involve being forced out of school. Zero tolerance policies that ignore student's context are ineffective disciplinary practices and should be discouraged (Castillo et al., 2020). Instead, we should look to police-initiated diversion and intervention programs that have shown promise in contributing to successfully reducing recidivism rates and ensuring youth receive necessary mental health care (Underwood and Washington, 2016).

Law enforcement officers (LEOs) often lack adequate training needed to identify signs and symptoms of mental illness among youth. When youth interact with law enforcement, LEOs and SROs often have discretion on how to address the situation. Without adequate training to identify signs of youth mental health issues or disabilities, mental health symptoms could be interpreted as delinquent behavior. Identifying a behavior as symptomatic of mental illness versus delinquency would lead to different interventions for the child and a potential to connect the child to the appropriate resources. The Substance Abuse and Mental Health Services Administration (SAHMSA, 2019) emphasizes the importance of using de-escalation techniques suitable for individuals experiencing mental health crisis and designating hospitals or mental health facilities as disposition centers for individuals with mental illness.

Intercept 1 diversion practices are imperative for short-term and long-term success with a child. Overall, successful diversion programs for youth in contact with law enforcement embrace early intervention,

individualized services, family involvement, collaboration, evidence-based practices, and continuous evaluation and monitoring. By implementing these best practices, diversion initiatives can effectively prevent future delinquent behavior, improve service utilization, and enhance overall outcomes for vulnerable youth.

The following section will provide examples across Intercept 1 that are aligned with the **Texas Youth SIM Intercept 1 Highlighted Practices** and include programs and frameworks that encompass best practices that aim to divert youth from involvement in the juvenile justice system at first contact.

Texas Youth SIM Intercept 1 Highlighted Practices

Law Enforcement and Mental Health Provider Collaboration
The use of standardized assessment tools, cross system collaboration and trauma informed approaches to care to increase access to behavioral health support for children.

Police Diversion Programs
Access to behavioral health supports at school and regular evaluation of school discipline practices.

Law Enforcement Mental Health Training
Crisis hotlines, helplines and mentorship programs.

Table 5: Early Intervention Programs

Early intervention is a critical component of effective youth diversion programs. Studies reveal that successful programs focus on diverting youth away from formal processing at the earliest stages of contact with law enforcement (Wilson et al., 2019). By intervening early, diversion programs can prevent escalation into more serious offenses and improve long-term outcomes for at-risk youth. The Adolescent Diversion Project (ADP) further emphasizes the importance of early intervention by identifying individual risk factors and addressing multiple ecological systems to reduce delinquency effectively (Smith et al., 2004).

Expanded descriptions of example programs can be found in Appendix B.

Table 5: Early Intervention Programs		
Program	**Description**	**Resource**
Adolescent Diversion Project (ADP)	The ADP is a strength-based university-led program designed to divert arrested youth from the formal processing within the juvenile justice system through providing community-based services.	ADP
Florida Civil Citation Pre-Arrest Diversion Program	Managed by the Florida Department of Juvenile Justice (DJJ) this initiative was designed to address a youth's first encounter with the system. It offers an alternative to arrest for misdemeanor offenders, redirecting them towards intervention services at the onset of delinquency	Civil Citation Pre-Arrest Best Practices Guide

Table 6: Collaboration Programs

Collaboration among various stakeholders is another crucial component of effective diversion programs. The success of police-mental health partnerships is attributed to the coordination between law enforcement and mental health agencies (Janopaul-Naylor et al., 2019; Barrett et al., 2022). Such collaborations enable improved access to appropriate support and services for at-risk youth who exhibit mental health symptoms. Additionally, involving multidisciplinary teams – as demonstrated by ADP and Philadelphia Police School Diversion Program research (Goldstein et al., 2021) – ensures comprehensive assessment and intervention planning, leveraging the expertise of professionals from different fields to optimize program outcomes.

Expanded descriptions of example programs can be found in Appendix B.

Table 6: Collaboration Programs		
Program	**Description**	**Resource**
Philadelphia Police School Diversion Program	This is a pre-arrest, school-based diversion program designed to divert all first-time offending youth who commit qualifying, low-level offenses on school property from arrest into community prevention services.	School Diversion Program
Round Rock ISD Police-Mental Health Collaboration (Texas)	A collaborative program developed between mental health service providers and district police to support student success and create a more holistic approach to juvenile justice. Unique to this model is that police officers and social workers are in the same department, working side-by-side.	Model for Collaboration

Intercept 2: Pre-Adjudication

Intercept 2 services and programs occur at post-arrest and are intended to intervene before an initial hearing. Therefore, these interventions are delivered at the pre-adjudication level, including intake and detention (Abreu et al., 2017; Skowyra and Cocozza, 2007).

Skowyra and Powell (2006) cited that over 2.3 million youth are arrested each year – approximately 600,000 of these children are processed through juvenile detention centers, and more than 100,000 of them are placed in secure juvenile correctional facilities. Notably, about 70% of these youth suffer from mental health disorders, with 25% "experiencing disorders so severe that their ability to function is significantly impaired" (p. 1).

According to the Office of Juvenile Justice and Delinquency Prevention annual statistics, law enforcement agencies in the U.S. made an estimated 424,300 youth arrests in 2020, showing a 71% decrease from numbers reported in 2011. While these recent numbers reflect an overall decline in youth arrests, engaging in targeted diversion services is essential to maintain this trend. It is especially important to employ methods to assess proper avenues for diversion among youth affected by mental health and substance use issues. Many youth facilities fail to appropriately respond to mental health needs and often worsen the mental health conditions of youth (US Department of Justice, 2005).

> About 70% of justice-involved youth have mental health disorders, with 25% experiencing severe impairments; intervening at the pre-adjudication stage can redirect many towards more appropriate treatment.

Over the last few decades, there has been an effort to intervene more effectively. For example, juvenile assessment centers have been established nationwide acting as a centralized agency to assess youth entering the juvenile justice system (Cocozza et al., 2005). To better identify and address serious mental health concerns among youth, these centers have worked to improve their screening and assessment processes, including utilizing validated instruments. Intervening and offering diversion programs at this intercept could redirect countless youth struggling with mental health and substance use to more appropriate treatment.

The following section will provide examples across Intercept 2 that are aligned with the **Texas Youth SIM Intercept 2 Highlighted Practices** and include programs and frameworks that encompass best practices to intervene on behalf of youth living with mental health and substance use issues.

Texas Youth SIM Intercept 2 Highlighted Practices

Juvenile Probation Behavioral Assessment, Treatment and Intervention
The use of validated risk assessments, detention-based behavioral health providers and trauma-informed discipline practices.

Juvenile Justice Stakeholder Collaboration
Regular juvenile justice and setting behavioral health stakeholder meetings.

Early Diversion and Prevention Programs
Opportunities to divert and connect youth to treatment or prosocial activities.

Table 7: Pre-Adjudication programs
Connecting youth to proper care can also reduce recidivism rates (Cocozza et al., 2005) by addressing the root causes of delinquent behavior, including mental health conditions. Collaboration among service providers and early identification of mental health needs play a vital role in fostering a juvenile justice system that focuses on rehabilitation and support. Providing diversion services at this intercept can more effectively reduce the likelihood of repeat offenders than the traditional model of punishment and detention. Effective diversion programs at Intercept 2 should adopt a comprehensive and culturally responsive approach, addressing the unique needs and experiences of youth.

Expanded descriptions of example programs can be found in Appendix B.

Table 7: Pre-Adjudication programs		
Program type/framework: Coordinated Case Planning: Individuals involved in both the child welfare and juvenile justice system have unique needs. To better serve these youth, professionals from both these systems can collaborate, communicate respective case plans, identify gaps, and coordinate a comprehensive, integrated approach.		
Program	**Description**	**Resource**
Dual Status Youth Initiative (DSYI)	This North Dakota based initiative addresses the challenges faced by youth simultaneously involved in child welfare and juvenile justice systems, termed dual status youth. The DSYI includes agency-coordinated care, trauma-informed care, developmentally appropriate interventions, and therapeutic interventions.	Protocol And Practice Guide
New York State Crossover Youth Practice Model (CYPM)	CYPM is a multi-agency approach addressing the unique needs of youth involved in both child welfare and juvenile justice systems, aiming to reduce further involvement in the justice system. The Administration for Children's Services identifies and monitors these youth, provides support to families and facilitates communication between child welfare and justice professionals.	CYPM

Program type/framework:

Court Diversion and Prevention Programs: Youth experiencing mental health or behavioral challenges are provided with an alternative to incarceration through diversion programs. This requires screening and assessment, case management, coordination with families and service referrals.

Program	Description	Resource
Front-End Diversion Initiative (FEDI)	FEDI is a pre-adjudication diversion program with the primary aim of diverting youth with mental health needs away from formal adjudication within the juvenile justice system.	FEDI
Miami-Dade Juvenile Assessment Center Post-Arrest Diversion Program (PAD)	The PAD Program is a crucial component of the National Demonstration Project, offering an alternative process for arrested youth that is distinct from the conventional entry into the juvenile justice system.	PAD
Ohio's Behavioral Health/Juvenile Justice (BHJJ)	The BHJJ Initiative addresses the pressing issue of juvenile justice-involved youth who commonly grapple with behavioral health problems and traumatic experiences.	BHJJ

Intercept 3: Judicial Processing

Intercept 3 services and programs are delivered during judicial processing and at dispositional stages, including secure placement and probation supervision (Abreu et al., 2017; Skowyra and Cocozza, 2007).

With judicial processing, the need for specialized diversion programs that focus on mental health interventions – rather than traditional punitive measures – is clear. There is a notable yet complex interaction between victimization and trauma, mental health, and subsequent criminal behavior in youth. By addressing underlying trauma and mental health concerns, tailored interventions can be implemented to reduce the likelihood of recidivism and support positive outcomes for youth. Mental health assessments, individualized treatment plans, and community-based services are some tools that programs use to effectively evaluate and treat mental health in youth offenders (Colwell et al., 2012).

> Traditional punishments often miss the underlying causes of behavior. Embracing alternative juvenile justice methods like rehabilitation, peer driven interventions, and restorative justice can have meaningful impact for at-risk youths.

Traditional punitive measures often fail to address the underlying causes of behavior, pointing to the need for diversion initiatives that focus on mental health interventions. A Texas pre-adjudication study demonstrated that using specialized supervision was effective not only in diverting youth with mental health needs from adjudication but increasing participation and access to services. The youth who received specialized supervision were significantly less likely to be adjudicated for the initial offense than those in a comparison group who received traditional supervision (Colwell at al., 2012). Alternative approaches to juvenile justice that focus on rehabilitation, peer involvement, and reducing reoffending behavior can yield significant change in the lives of vulnerable young people.

One potential avenue for diversion is providing restorative justice and nonviolent communication in a community-based diversion program for youth offenders (McMahon & Pederson, 2020). These programs can be transformative for youth. Participants in one study expressed how principles of restorative justice programs, including love and compassion, were absent in their lives outside the program, but they were crucial for their personal growth and transformation within it (McMahon & Pederson, 2020).

Restorative justice practices and nonviolent communication promote healing, build trust, and foster empathy among participants while facilitating accountability, encouraging dialogue, and creating a supportive community environment that empowers youth. Integrating restorative justice and nonviolent communication into diversion programs can be instrumental in reducing recidivism rates and promoting positive outcomes for youth offenders.

Another potential initiative is Teen Court programs. Teen court programs, which involve peer-driven interventions where young offenders face a jury of their peers, have shown promise in reducing criminal recidivism (Bouchard & Wong, 2017). One study found that participating in teen court correlates with a lower likelihood of reoffending compared to traditional juvenile justice processes (Bouchard & Wong, 2017). There are several factors that could contribute to these positive outcomes, including but not limited to: an emphasis on accountability, involvement of peers in the decision-making process, and the opportunity for personal growth and learning.

However, the impact of teen court interventions may vary depending on certain characteristics, such as the program design and or participant demographics. One study found that, in a diverse sample of youths involved in a teen court program in Arizona, youths who identified as Latinx or American Indian were more likely to receive a "severe consequence" from their peer jury compared with their non-Latinx, white counterparts (Stalker, K.C., 2019).

The following section will provide examples across Intercept 3 that are aligned with the **Texas Youth SIM Intercept 3 Highlighted Practices** and include evidenced-based programs and frameworks that focus on rehabilitation, peer involvement, and reducing reoffending rates. There are three different sectors in Intercept 3: judicial processing, juvenile probation, and correctional placements. The following section will provide examples across each of those areas.

Texas Youth SIM Intercept 3 Highlighted Practices

Specialized Court Interventions
Use of specialty mental health courts, juvenile court liaisons and training for the judiciary on creating a trauma-informed court room.

Pre-Trial Intervention
Prioritize connecting youth to treatment in the least restrictive setting.

Streamline Fitness to Proceed Process
Establish policies to coordinate care for youth receiving inpatient fitness restoration services.

Judicial Processing
At the judicial processing stage for youth, effective diversion programs are instrumental in shaping positive outcomes and reducing recidivism. The following section expands on various specialty courts relevant to alternative youth judicial processing.

Table 8: Teen Courts Programs
One of the central strategies highlighted by Bouchard and Wong (2017) is the implementation of *Teen Court programs* that incorporate peer-led hearings and community-based sanctions. This approach empowers youth to take responsibility for their actions and aligns with restorative justice principles. To ensure the efficacy of such programs, fidelity to the core components, including the involvement of peers in hearings and a focus on restorative justice, is essential.

Addressing disproportionality in juvenile justice involvement is another significant consideration. Stalker (2019) emphasizes the need to investigate the effects of Teen Court peer-derived consequences on reducing disparities in diversion outcomes. It is crucial to prioritize research efforts that delve into how Teen Court programs effectively counteract disproportionality, particularly among minority youth. Collaborative partnerships between Teen Court programs and schools emerge as a potential avenue to mitigate not only disparities in diversion but also inequity in school discipline (Stalker, K.C., 2019).

Expanded descriptions of example programs can be found in Appendix B.

Table 8: Teen Courts Programs		
Program	**Description**	**Resource**
Independence Youth Court (Jackson County, Missouri)	The Independence Youth Court (IYC) is a diversion program designed to reduce youth crime by offering an alternative to formal processing within the traditional juvenile justice system.	IYC
Gang Reduction Program (Los Angeles, California)	The GRP is a multiyear initiative aimed at reducing youth gang-related crime and violence. Funded by the U.S. Department of Justice, this program employs a comprehensive approach by integrating various strategies, including prevention, intervention, and suppression, to address the complex issue of youth gang involvement in select cities.	GRP

Table 9: Specialty Courts Programs
Mental Health/Specialty Courts
Mental health consideration within diversion initiatives is another recurrent theme. Fox et al. (2020) advocate for comprehensive assessments of mental health courts' impact on both adult and youth recidivism rates. The effectiveness of mental health courts in addressing the unique needs of youth with mental health challenges is a significant consideration in crafting tailored diversion strategies (Fox et al., 2020). In this vein, Colwell et al. (2012) underline the importance of pre-adjudication diversion initiatives specifically designed for youth with mental health needs. Collaborating with mental health professionals ensures the delivery of appropriate services to this vulnerable population.

Understanding the impact of victimization and mental health symptoms is another crucial aspect. Wylie and Rufino (2018) stress the exploration of the intricate relationship between victimization, mental health symptoms, and recidivism among early system-involved youth offenders. This understanding can shape interventions that effectively address both victimization experiences and mental health symptoms to reduce recidivism rates (Wylie & Rufino, 2018).

Expanded descriptions of example programs can be found in Appendix B.

Table 9: Specialty Courts Programs		
Program	**Description**	**Resource**
Special Needs Diversionary Program (SNDP) (North Texas)	The SNDP is a diversion program aimed at reducing the recidivism of youth on probation who suffer from mental illness. This program provides intensive supervision and treatment, offering mental health services, probation support, and parental education.	SNDP
Jefferson County Community Partnership (Birmingham, Ala.)	This program offers a comprehensive range of services for youth with serious emotional disturbances. The program focuses on reducing these youths' contact with the juvenile justice system by providing accessible, community-based, and culturally competent services.	Jefferson County Community Partnership

Front-End Diversion Initiative (FEDI)*	FEDI is a pre-adjudication diversion program established in four Texas probation departments: Bexar, Dallas, Lubbock, and Travis Counties. FEDI's primary goal is to divert youth with mental health needs away from the juvenile justice system through specialized supervision and case management.	FEDI
Connections	A promising juvenile court-based program in Washington designed to address the needs of youth on probation who have emotional and behavioral disorders and their families. The program's goal is to reduce the risk of recidivism among participating youths by connecting them with local resources.	Connections
Multisystemic Therapy (MST)-Substance Abuse	MST aims to enhance family capacity to manage adolescent behavior, reduce delinquent and substance-using behaviors, and replace negative peer influences with prosocial ones.	MST- Substance Abuse

*This program appears in multiple intercepts.

Juvenile probation
In the realm of juvenile probation, a holistic perspective is key. Comprehensive services that address both mental health and substance use issues are vital. Recognizing the interconnected nature of these challenges, an integrated intervention model provides holistic support to justice-involved youth. Equally important is the swift access to evidence-based treatments. By relying on proven strategies, jurisdictions can better tailor probation conditions to promote positive outcomes and reduce recidivism. The emphasis on rehabilitation over punishment aligns with the broader trend in the criminal justice field. Excessive condition violations can be detrimental, contributing to higher re-entry rates. Prioritizing meaningful interventions over punitive measures is essential.

Recent research suggests that a shift in probation policies is warranted. The one-size-fits-all approach to probation conditions can have unintended consequences. Imposing overly restrictive conditions without considering the unique circumstances and needs of youth offenders may lead to counterproductive outcomes.

Table 10: Family-Centered Interventions Programs
Family-based, wrap-around interventions have shown promise in yielding successful outcomes with youth at this Intercept.

Table 10: Family-Centered Interventions Programs		
Program	**Description**	**Resource**
Functional Family Therapy (FFT)	FFT is an effective family-based program targeting high-risk youth aged 11 to 18 involved in the justice system or at risk of delinquency and other behavioral issues. Multiple studies support its effectiveness, showing that FFT participants experience a statistically significant reduction in general recidivism and risky behaviors compared to control groups.	FFT

Table 11: Technology Programs
Technology can play a role in improving probation practices. Electronic monitoring and remote check-ins can enhance compliance monitoring without resorting to incarceration for minor violations. This technological approach aligns with the evolving landscape of criminal justice and underscores the importance of innovative solutions.

Table 11: Technology Programs		
Program	**Description**	**Resource**
Arkansas Community Corrections Texting Protocol	The Arkansas Community Corrections Texting Protocol is a program designed to reduce missed probation and parole appointments by sending text-message reminders to clients under community supervision.	Community Texting Protocol

Electronic Monitoring (Florida)	The Electronic Monitoring (EM) program in Florida involves using radio frequency or GPS technology to monitor the locations and movements of convicted individuals in community-based settings. The program aims to increase compliance with the terms of release and reduce recidivism.	EM

Table 12: Restorative Justice Programs

Restorative justice principles and nonviolent communication techniques can be useful in diversion programming. McMahon and Pederson (2020) advocate for community-based juvenile justice diversion programs that emphasize these strategies. The application of innovative research methods, such as photovoice, adds depth to the exploration of the impact of these principles on program participants (McMahon & Pederson, 2020).

Table 12: Restorative Justice Programs		
Program	**Description**	**Resource**
Juvenile Restorative Justice Program	This program offers an alternative to juvenile court processing for young individuals with justice system involvement. The program aims to foster accountability and repair the harm caused by criminal incidents by bringing together affected parties, including both the youth offenders and victims, in a non-adversarial process.	Juvenile Restorative Justice
The Indianapolis (Ind.) Family Group Conferencing Experiment	This restorative justice diversion program was designed to intervene with young individuals who have committed their first offense, aiming to prevent repeat offenses.	Group Conferencing Experiment

Secure Placement

Youth in custody at juvenile correctional facilities face a number of obstacles towards addressing mental health issues. Correctional settings often exacerbate existing mental health issues, and many youth enter these facilities with pressing mental health needs, including histories of trauma, suicidality, and substance use (Gagnon et al., 2022). In line with previous intercept best practices, providing comprehensive and follow-up assessment opportunities is vital. Additionally, correctional treatment options are imperative to ensure long-term success and reducing recidivism for these individuals.

Table 13. Correctional placement treatment programs
These programs are treatment options delivered in youth correctional settings.

Table 13: Programs for incarcerated youth		
Program	**Description**	**Resource**
Power Source	This group-based, CBT and mindfulness intervention is designed to teach skills related to behavior modulation and reducing physiological responses, encouraging prosocial behavioral responses.	TJJD
Equipping Youth to Help One Another (EQUIP)	This skills-based program is delivered in juvenile correctional facilities and assists with building youth problem-solving, anger management, and social skills training.	EQUIP
Juvenile Justice Anger Management (JJAM) Treatment for Girls	This program delivered in residential juvenile justice facilities incorporates relational aggression theory to teach emotional regulation, coping, communication skills, cognitive restructuring, and problem solving.	JJMR
Mendota Juvenile Treatment Center	A mental health residential treatment center combines private psychiatric treatment modalities to youth who present challenges in traditional correctional centers due to mental health issues.	MJTC

Intercept 4: Re-Entry

Intercept 4 services involve supported reentry back into the community after jail or prison sentencing is complete (Abreu et al., 2017; Skowyra and Cocozza, 2007). Juvenile re-entry, also known as aftercare, refers to the reintegrative services that prepare youths for their return to the community after incarceration in juvenile detention centers.

State studies indicate that rearrest rates for youth within one year of release average 55 percent, while reincarceration and re-confinement rates average 24 percent (OJJDP, 2017). These statistics emphasize the importance of reducing reoffending by providing systematic services to support reintegration and address the challenges faced by these youths.

> The high rates of juvenile re-arrest and reincarceration underscore the significance of comprehensive aftercare services and re-entry programs. These programs should address factors such as mental health, education, vocational training, and family involvement.

Aftercare programs can have a significant impact on recidivism rates among youth and young adult offenders (James et al., 2014). Comprehensive aftercare programs address individual needs, including mental health services, educational support, vocational training, and family involvement (James et al., 2014). The individualized characteristics and needs of youth returning to the community – such as their demographic profile, offenses committed, and length of stay in residential facilities – must also be considered. Intensive supervision and aftercare interventions have been shown to have a positive impact on reducing reoffending among at-risk youth. Combining intensive supervision during the initial release stages with appropriate aftercare services yields even more success (Bouchard & Wong, 2018).

Reentry services also address the underlying factors contributing to delinquent behavior (Weaver & Campbell, 2015) and play a vital role in breaking the cycle of delinquent behavior among youth and young adult offenders.

The reentry process involves multiple stakeholders, including residential facility staff, juvenile probation or parole officers, mental and behavioral health service providers, community-based treatment providers, schools, and supportive family members and adults (OJJDP, 2017). Seamless transitions from institutional settings to community settings are essential to the reentry process, and effective collaboration among these various agencies and individuals involved is crucial.

The following section will provide examples across Intercept 4 that are aligned with the **Texas Youth SIM Intercept 4 Highlighted Practices** and include programs and frameworks that encompass best practices that address the various factors that leads to successful reentry among youth offenders.

Texas Youth SIM Intercept 4 Highlighted Practices

Transition Planning
The use of care coordinators, consistent family engagement, regular behavioral health, education and justice stakeholder case staffing and pre-release LMHA/LBHA intakes.

Coordinated Aftercare
Includes wraparound services such as school re-enrollment, mentoring programs, transition coordinators and parental skill development.

Trauma-Informed Supervision Practices
Using a continuum of tailored interventions to address both a youth's risk and needs.

Table 14: Mental Health & Substance Use Treatment Programs
One of the primary needs of youth exiting detention is mental health and substance use treatment. Many struggle with mental health disorders and substance use issues, which can be significant barriers to successful reintegration. In a comprehensive meta-analysis of aftercare programs, substance use was found to be associated with smaller effect sizes, suggesting that addressing substance use-related issues may need to be a priority within these programs (James et al., 2014). Addressing these issues through appropriate treatment and support is essential.

Expanded descriptions of example programs can be found in Appendix B.

Table 14: Mental Health & Substance Use Treatment Programs		
Program type/framework: Treatment in Secure Corrections for Serious Juveniles Who Have Committed Serious or Multiple Offenses: Interventions for serious youth and young adult offenders (ages 12-21) living in secure corrections, to reduce recidivism upon their release through strategies that foster prosocial attitudes and behaviors.		
Program	**Description**	**Resource**
Operation New Hope	Operation New Hope is a curriculum-based aftercare program aimed at assisting chronic, high-risk youth with their reintegration into the community after release from secure confinement.	Operation New Hope
The Violent Offender Treatment Program (VOTP)	VOTP is a specialized intervention designed to reduce recidivism among youth convicted of violent offenses, including capital crimes like murder, in a southern state. This intensive program provides six months of therapeutic treatment within a residential facility before youth are released.	VOTP
The Wayne County Second Chance Reentry (WC-SCR)	The WC-SCR program is a reentry initiative aimed at reducing recidivism and enhancing reentry services for males aged 13 to 18 who have committed various offenses.	WC-SCR

Adolescent Community Reinforcement Approach (A-CRA)	A-CRA is a behavioral intervention aimed at reducing drug and alcohol use and promoting an abstinent lifestyle among youth aged 12 and older. The program targets adolescents and young adults dealing with substance abuse or addiction issues, with the goal of improving social stability, physical and mental health, and overall life satisfaction.	A-CRA

Table 15: Family Engagement Program Examples

Family engagement is another critical aspect of re-entry. Reconnecting these youth with their families, both during their time in detention and after their release, is crucial. Family plays a pivotal role in providing supervision, guidance, and support during the reintegration process. Building and maintaining strong family relationships can help youth maintain positive behavioral changes and access necessary services in the community.

Family-based treatments are interventions designed to change dysfunctional family patterns that focus on establishing better communication and reducing conflict between parents and adolescents, among improving other life skills.

Expanded descriptions of example programs can be found in the Appendix B.

Table 15: Family Engagement Program Examples		
Program	**Description**	**Resource**
Functional Family Parole (FFP)	FFP is a supervision program that incorporates family-focused, strengths-based principles based on Functional Family Therapy (FFT). The primary goal of the FFP program is to reduce re-arrest rates and increase employment opportunities for its participants.	FFP

Table 16: Education & Employment Programs

Targeted education and employment programs are essential to successful reintegration. Many of these youth face challenges when returning to traditional school environments, increasing their risk of dropping out. Providing educational support that addresses their specific needs and encourages school attendance is vital. Successful reintegration is crucial for public safety, leading to increased interest in aftercare programs. Research has shown that aftercare programs can be effective in reducing recidivism among youth and young adult offenders (James et al., 2014). These programs are most successful when they are well-implemented, intensive, and targeted at older youths who are at a high risk of re-offending.

Coordinated after-care services include intensive services and supervision for youth transitioning from residential placements back into their communities, emphasizing support throughout the reentry process (Weaver and Campbell, 2015).

Expanded descriptions of example programs can be found in Appendix B.

Table 16: Education & Employment Programs		
Program	**Description**	**Resource**
YouthBuild Offender Program	This program is designed to provide education, vocational training, and youth development services to low-income youths ages 16 to 24 who have been convicted of a crime. Participants in the program live, learn, and work in an environment that offers various educational and vocational opportunities.	YouthBuild
Project BUILD	This program contains a violence prevention curriculum designed to assist youth in detention, addressing issues such as gangs, violence, crime, and substance abuse. This program, part of the larger BUILD initiative, aims to reduce recidivism and prevent youth from becoming adult offenders.	BUILD

Table 17: Housing Program Examples

Securing appropriate housing upon release is crucial. A significant proportion of youth with a history of juvenile justice system involvement experience homelessness. Ensuring stable and safe housing options can reduce the chances of recidivism and support their successful reintegration. However, finding suitable housing can be complicated due to various challenges, including the stigma associated with a criminal history.

Expanded descriptions of example programs can be found in Appendix B.

Table 17: Housing Programs		
Program	**Description**	**Resource**
Denver Supportive Housing Social Impact Bond Initiative (Denver SIB)	The Denver SIB is a program designed to address chronic homelessness among individuals who frequently interact with the criminal justice system. Although not targeted towards youth it has shown success in adult reentry populations.	SIB

Summary

Through close collaboration with other state agencies working at the intersection of youth behavioral health and juvenile justice systems, the Texas Health and Human Services Commission developed the Texas Youth Sequential Intercept Model (Texas Youth SIM). The Texas Youth SIM details how youth with MI, SUD, and/or IDD encounter and move through systems and identifies opportunities at each of the five intercepts to deflect or divert further involvement with the juvenile justice system (Office of Forensic Coordination, Texas Youth Sequential Intercept Model Mapping, 2023). The Texas Youth SIM represents a step forward in addressing the complex needs of justice-involved youth.

This report provided an overview of the development and structure of the Texas Youth SIM, described diversion best practices included in the Texas Youth SIM that originated from the four cornerstones of the Critical Intervention Model, and provided best practice examples of programs and interventions occurring in each of the Texas Youth SIM intercepts. By aligning the Blueprint for Change Model with the Sequential Intercept Model, the Texas Youth SIM offers a tailored and holistic framework to guide communities in reducing juvenile justice involvement.

Incorporating Intercept 0 highlights the proactive approach of the Texas Youth SIM. This intercept underscores the importance of preventive measures, crisis care, and collaboration among various stakeholders, including schools, law enforcement, and community-based organizations. Recognizing schools as essential resources for youth mental health intervention further distinguishes the Texas Youth SIM.

As more Texas communities engage in Youth SIM mapping, we hope this report provides helpful guidance on and links to information about programs and interventions that will benefit at-risk or justice-involved youth in their communities.

> The Texas Youth SIM offers a tailored and holistic framework to guide communities in reducing juvenile justice involvement and this document provides best practice program and intervention examples for each of the Texas Youth SIM intercepts.

References

Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5–6), 380–395. https://doi-org.ezproxy.lib.utexas.edu/10.1002/bsl.2300

Alvarado, R., & Kumpfer, K. L. (1998). Effective Family Strengthening Interventions. Juvenile Justice Bulletin. Family Strengthening Series.

Barrett, J. G., Flores, M., Lee, E., Mullin, B., Greenbaum, C., Pruett, E. A., & Cook, B. L. (2022). Diversion as a pathway to improving service utilization among at-risk youth. Psychology*, Public Policy, and Law*, 28(2), 179–187. https://doi.org/10.1037/law0000325

Barrett, J. G., & Janopaul-Naylor, E. (2016). Description of a collaborative community approach to impacting juvenile arrests. *Psychological Services*, 13(2), 133–139. https://doi.org/10.1037/ser0000066

Becker, H. (1963). Outsiders: Studies in the sociology of deviance. New York: Free Press.

Bouchard, J., & Wong, J. (2017). A Jury of Their Peers: A Meta-Analysis of the Effects of Teen Court on Criminal Recidivism. *Journal of Youth & Adolescence*, 46(7), 1472–1487. https://doi-org.ezproxy.lib.utexas.edu/10.1007/s10964-017-0667-7

Bouchard, J., & Wong, J. S. (2018). Examining the effects of intensive supervision and aftercare programs for at-risk youth: A systematic review and meta-analysis. *International journal of offender therapy and comparative criminology*, *62*(6), 1509-1534.

Castillo, A, Abalogu, J, Linder, L (2020). Reversing the Pipeline to Prison in Texas: How to Ensure Safe Schools AND Safe Students. https://read-me.org/more-punishment/2022/10/31/reversing-the-pipeline-to-prison-in-texas-how-to-ensure-safe-schools-and-safe-students

Cocozza, J. J., Veysey, B. M., Chapin, D. A., Dembo, R., Walters, W., & Farina, S. (2005). Diversion from the juvenile justice system: The Miami-Dade juvenile assessment center post-arrest diversion program. *Substance Use & Misuse*, *40*(7), 935-951.

Colwell, B., Villarreal, S. F., & Espinosa, E. M. (2012). Preliminary Outcomes of a Pre-Adjudication Diversion Initiative for Juvenile Justice Involved Youth with Mental Health Needs In Texas. Criminal Justice and Behavior, 39(4), 447-460. https://doi.org/10.1177/0093854811433571

Cressey, D. (1952). Application and verification of the differential association theory. *Journal of Criminal Law, Criminology,and Police Science*, 43, 43-52.
Cuellar, A.C., Mcreynolds, L.S., Wasserman, G.A. (2005). A cure for crime: can mental health treatment diversion reduce crim among youth?. *Journal of Policy Analysis and Management*. 25(1) 197-214. https://doi-org.ezproxy.lib.utexas.edu/10.1002/pam.20162.

Development Services Group, Inc. 2017. "Diversion from Formal Juvenile Court Processing." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/mpg/litreviews/Diversion_Programs.pdf

Ericson, R. D., & Eckberg, D. A. (2016). Racial Disparity in Juvenile Diversion: The Impact of Focal Concerns and Organizational Coupling. *Race and Justice*, 6(1), 35–56. https://doi-org.ezproxy.lib.utexas.edu/10.1177/2153368715594848

Fabelo, T., Thompson, M. D., Plotkin, M., Carmichael, D., Marchbanks, M. P., & Booth, E. A. (2011). Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. *New York: Council of State Governments Justice Center*.

Gagnon, J. C., Benedick, A. R., & Mason-Williams, L. (2022). Mental health interventions for youth who are incarcerated: A systematic review of literature. American Journal of Orthopsychiatry, 92(4), 391–404. https://doi-org.ezproxy.lib.utexas.edu/10.1037/ort0000587

Goldstein, N. E. S., NeMoyer, A., Le, T., Guo, S., Cole, L. M., Pollard, A., Kreimer, R., & Zhang, F. (2021). Keeping kids in school through prearrest diversion: School disciplinary outcomes of the Philadelphia Police School Diversion Program. *Law and Human Behavior*, 45(6), 497–511. https://doi.org/10.1037/lhb0000453

Greenwood, P. (2008). Prevention and intervention programs for juvenile offenders. *The Future of Children*, 18(2), 185–210. https://doi-org.ezproxy.lib.utexas.edu/10.1353/foc.0.0018

Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. Child and adolescent psychiatric clinics of North America, 19(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005

Heilbrun, K., Goldstein, N. E. S., DeMatteo, D., Newsham, R., Gale, B. E., Cole, L., & Arnold, S. (2017). The sequential intercept model and juvenile justice: Review and prospectus. *Behavioral Sciences & the Law*, 35(4), 319–336. https://doi-org.ezproxy.lib.utexas.edu/10.1002/bsl.2291

James, N. (2014). *Offender reentry: Correctional statistics, reintegration into the community, and recidivism* (Vol. 37). Washington, DC: Congressional Research Service.

Janopaul-Naylor, E., Morin, S. L., Mullin, B., Lee, E., & Barrett, J. G. (2019). Promising approaches to police–mental health partnerships to improve service utilization for at-risk youth. *Translational Issues in Psychological Science*, 5(2), 206–215. https://doi.org/10.1037/tps0000196

Krohn, & Lane, J. (2015). The handbook of juvenile delinquency and juvenile justice / edited by Marvin D. Krohn and Jodi Lane. (Krohn & J. Lane, Eds.). Wiley Blackwell.

Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, *1*, 451–476.

Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, 4(2), 124–147. https://doi-org.ezproxy.lib.utexas.edu/10.1080/15564880802612573

Lockwood, I., Peterson-Badali, M., & Schmidt, F. (2018). The relationship between risk, criminogenic need, and recidivism for indigenous justice-involved youth. *Criminal Justice and Behavior*, *45*, 1688-1708.

Luong, D., & Wormith, J. S. (2011). Applying risk/need assessment to probation practice and its impact on the recidivism of young offenders. *Criminal Justice and Behavior*, *38*, 1177-1199.

McCarter, S. (2019). Intersection of Mental Health, Education, and Juvenile Justice: The Role of Mental Health Providers in Reducing the School-to-Prison Pipeline. *Ethical Human Psychology & Psychiatry*, 21(1), 7–18. https://doi.org/10.1891/1559-4343.21.1.7

McMahon, S. M., & Pederson, S. (2020). "Love and compassion not found elsewhere": A photovoice exploration of restorative justice and nonviolent communication in a community-based juvenile justice diversion program. *Children and Youth Services Review*, 117. https://doi.org/10.1016/j.childyouth.2020.105306

McGarvey, S. C. (2012). Juvenile justice and mental health:innovation in the laboratory of human behavior. *Jurimetrics*, *53*(1), 97–120. http://www.jstor.org/stable/24395610

Models for Change. (2011). *Juvenile Diversion Guidebook.* Baltimore, MD: MacArthur Foundation. U.S. Department of Justice, Office of Justice Programs, https://www.ojp.gov/ncjrs/virtual-library/abstracts/juvenile-diversion-guidebook

Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57(4),* 544–549. doi: 10.1176/ps.2006.57.4.544

https://ojjdp.ojp.gov/library/publications/list?series_filter=OJJDP%20Annual%20Reports%20to%20Congress. (2017). (rep.). *Office of Juvenile Justice and Delinquency Prevention: 2017 Annual Report* . Retrieved December 22, 2023, from https://ojjdp.ojp.gov/library/publications/list?series_filter=OJJDP%20Annual%20Reports%20to%20Congress.

Onifade, E., Davidson, W., Campbell, C., Turke, G., Malinowski, J., & Turner, K. (2008). Predicting recidivism in probationers with the Youth Level of Service Case Management Inventory (YLS/CMI). *Criminal Justice and Behavior*, *35*,474-483.

Orbis Partners. (2000). Youth Assessment and Screening Instrument.
https://www.orbispartners.com/juvenile-risk-assessment

Pappas, L. N., & Dent, A. L. (2023). The 40-year debate: a meta-review on what works for juvenile offenders. *Journal of Experimental Criminology*, *19*(1), 1-30. https://doi.org/10.1007/s11292-021-09472-z.

Raposa, E.B., Rhodes, J., Stams, G., Card, N., Burton, S., Schwartz, S., Sykes, L.A., Kanchewa, S., Kupersmidt, J., Hussain, S. (2019). The effects of youth mentoring programs: A meta-analysis of outcome studies. *Journal of Youth Adolescence, 48(3),* 423-443. doi: 10.1007/s10964-019-00982-8.

Robles-Ramamurthy, B., & Watson, C. (2019). Examining racial disparities in juvenile justice. *Journal of the American Academy of Psychiatry and the Law*, 47(1), 48–52. doi: 10.29158/JAAPL.003828-19.

Schlesinger, T. (2018). Decriminalizing Racialized Youth through Juvenile Diversion. *Future of Children*, 28(1), 59–81.
https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/media/foc_vol_28.1_reducing_justice_compiled_5-1_0.pdf

Schwalbe, C. S., Gearing, R. E., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review*, 32(1), 26–33. https://doi-org.ezproxy.lib.utexas.edu/10.1016/j.cpr.2011.10.002

Skowyra, K. R., & Cocozza, J. J. (2007). Blueprint for change: A comprehensive model for identifying and treating youth with mental health needs in contact with the Juvenile Justice System.

Skowyra, K. & Powell, S.D., MA (2006), Juvenile Diversion: Programs for Justice-Involved Youth with Mental Health Disorders.

Smith, E. P., Wolf, A. M., Cantillon, D. M., Thomas, O., & Davidson, W. S. (2004). The Adolescent Diversion Project: 25 Years of Research on an Ecological Model of Intervention. *Journal of Prevention & Intervention in the Community, 27*(2), 29–47. https://doi.org/10.1300/J005v27n02_03

Stalker KC. Disproportionality in Juvenile Justice Diversion: An Examination of Teen Court Peer-Derived Consequences. *Social Work Research*. 2019;43(4):221-233.

Substance Abuse and Mental Health Services Administration. 2019a. *Principles of community-based behavioral health services for justice-involved individuals: A research-based guide*. Rockville, MD: Office of Policy, Planning, and Innovation: Substance Abuse and Mental Health Services Administration.

Sutherland, E. (1974). Criminology (9th ed.) New York, NY: Lipincott.

Sullivan, C. J., Dollard, N., Sellers, B., & Mayo, J. (2010). Rebalancing Response to School-Based Offenses: A Civil Citation Program. *Youth Violence & Juvenile Justice*, 8(4), 279–294. https://doi-org.ezproxy.lib.utexas.edu/10.1177/1541204009358656

Schwalbe, C. S., Gearing, R. E., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical psychology review*, *32*(1), 26-33.

Texas Education Agency (TEA). Texas School Mental Health Toolkit: Compendium of Screening Tools for Early Identification of Needs. https://schoolmentalhealthtx.org/school-mental-health-toolkit/

Underwood, L. A., Warren, K. M., Talbott, L., Jackson, L., & Dailey, F. L. L. (2014). Mental health treatment in juvenile justice secure care facilities: Practice and policy recommendations. *Journal of Forensic Psychology Practice*, 14(1), 55–85. https://doi.org/10.1080/15228932.2014.865398

Underwood, L. A., & Washington, A. (2016). Mental illness and juvenile offenders. *International journal of environmental research and public health*, *13*(2), 228.

Vieira, T. A., Skilling, T. A., & Peterson-Badali, M. (2009). Matching court-ordered services with treatment needs:Predicting treatment success with young offenders. *Criminal Justice and Behavior*, *36*, 385-401.

Wilson, H. A., & Hoge, R. D. (2013). The effect of youth diversion programs on recidivism: meta-analytic review. *Criminal Justice and Behavior*, 40(5), 497-518.

Wilson, A. C., Mackintosh, K., Power, K., & Chan, S. W. (2019). Effectiveness of self-compassion related therapies: A systematic review and meta-analysis. *Mindfulness*, *10*, 979-995.

Wong, J. S., Bouchard, J., Gravel, J., Bouchard, M., & Morselli, C. (2016). Can at-risk youth be diverted from crime? A meta-analysis of restorative diversion programs. *Criminal Justice and Behavior*, 43(10), 1310–1329. https://doi-org.ezproxy.lib.utexas.edu/10.1177/0093854816640835

Weaver, R. D., & Campbell, D. (2015). Fresh start: A meta-analysis of aftercare programs for juvenile offenders. *Research on Social Work Practice*, *25*(2), 201-212.

Wilson, S. J., & Lipsey, M. W. (2007). School-based interventions for aggressive and disruptive behavior: Update of a meta-analysis. *American journal of preventive medicine*, *33*(2), S130-S143.

Wylie, L. E., Clinkinbeard, S. S., & Hobbs, A. (2019). The application of risk–needs programming in a juvenile diversion program. *Criminal Justice and Behavior*, *46*(8), 1128-1147.

Wylie, L. E., & Rufino, K. A. (2018). The impact of victimization and mental health symptoms on recidivism for early system-involved juvenile offenders. *Law and Human Behavior*, *42*(6), 558.

Yampolskaya, S., & Chuang, E. (2012). Effects of mental health disorders on the risk of juvenile justice system involvement and recidivism among children placed in out-of-home care. American Journal of Orthopsychiatry, 82(4), 585–593. https://doi.org/10.1111/j.1939-0025.2012.01184.x

Zajac, K., Sheidow, A. J., & Davis, M. (2015). Juvenile justice, mental health, and the transition to adulthood: A review of service system involvement and unmet needs in the US. *Children and Youth Services Review*, 56, 139–148.

Appendices

Appendix A. Risk – Need Assessment Tools

A. Table 1: Risk/Need Assessment Tools

Program	Description	Resource/Link
Youth Level of Services/Case Management Inventory (YLS/CMI)	A juvenile risk/needs assessment and a case management tool combined into one convenient measure. A valid and reliable risk instrument that assesses the risk for recidivism by measuring 42 risk/need factors over 8 domains.	YLS/CMI
Youth Assessment and Screening Instrument (YASI)	A juvenile risk assessment tool that measures risk, needs, and protective factors in at-risk and juvenile-justice-involved youth. This tool includes a pre-screen (31 items) to determine level of risk (e.g., moderate to high-risk) that then determines whether the youth should proceed to the full assessment (91 items).	YASI
Structure Assessment of Violence Risk in Youth (SAVRY)	A 24-item tool designed to measure specific offending behaviors in at risk youths in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth.	SAVRY
Additional Resources		
Risk Assessment in Juvenile Justice	A guidebook for implementation that provides a structure for jurisdiction, juvenile probation, or centralized statewide agencies to implement risk assessment or improve their current risk assessment practices.	Risk Assessment Guide

Appendix B. Descriptions of Intercept Program Examples

Intercept 0: Program Example Descriptions

COMMUNITY-BASED PROGRAM DESCRIPTIONS

- **WrapAround Milwaukee Mobile Urgent Team**: This program utilizes mental health clinicians to respond to children in mental health crisis and has been used as a model for other programs specializing in children's crisis services. The team operates a non-police mobile response service, available 24/7, to provide mental health crisis intervention to individuals of all ages in the Milwaukee County community. Comprised of counselors, therapists, psychologists, and nurses, the team can be reached through the Milwaukee County crisis line. Services include mental health assessments, assistance with stabilization, and connections to ongoing resources. This initiative is a merger of the Milwaukee County Behavioral Health Services' Adult Crisis Mobile Team and the Children's Mobile Crisis Team into one comprehensive program, facilitating easier access to mental health support for adults, youth, and families. Community members now have a single crisis number to call, regardless of age, streamlining the process of seeking mental health care.

- **Connecticut School-Based Diversion Initiative (SBDI):** Connecticut's SBDI focuses on reducing juvenile justice involvement among young individuals with mental health needs. They collaborate with local middle and high schools, offering training and a comprehensive SBDI toolkit to help school staff identify students with behavioral health needs. The principles outlined in the toolkit can be applied by the schools at little to no cost. The initiative also establishes connections between schools and community-based mental health services, providing an alternative to arrest, suspension, or expulsion. Moreover, SBDI assists schools in revising their policies and practices to better address the mental health needs of all students. Currently, SBDI has served 73 schools across 26 districts and continues to expand, resulting in a 29% reduction in court referrals and a 55% increase in students accessing behavioral health services through 2-1-1 Mobile Crisis Intervention Services.

- **Summit County, Ohio Responder Program:** Focused initially on middle-school students in Summit County, this program collaborates with schools, police, juvenile court, and community-based treatment providers. It employs case managers, stationed at individual school buildings, to identify potential mental health needs in students. These responders, operating from the Family Resource Center at the juvenile court, offer in-school intervention services and case management, conducting mental health screenings and arranging comprehensive assessments when necessary. They work closely with families and relevant school staff to develop service plans linked to community-based resources, including mental health care, substance abuse treatment, mentoring, and tutoring. The program has garnered overwhelmingly positive feedback from schools, parents, and the juvenile court, with more than 75 percent of referred cases successfully closed.

- **Multidimensional Treatment Foster Care-Adolescents (MTFC-A):** MTFC-A is a behavioral treatment program, serving as an alternative to residential placement, for adolescents struggling with antisocial behavior, emotional disturbance, and delinquency. MTFC-A focuses on youths aged 12 to 17 and operates within a multifaceted, multisystemic approach. The intervention includes behavioral parent training and support for foster parents, family therapy for biological parents, skills training for youth, school-based interventions, and psychiatric consultation if necessary. The program comprises three core components: MTFC Parents, the Family, and the Treatment Team. MTFC parents are specially trained foster parents providing structured, individualized care for 6 to 9 months. The Family component involves family therapy and parent training, focusing on consistent discipline and positive relationships. The Treatment Team, led by a program supervisor, consists of various professionals collaborating closely to support both the foster and birth families. For boys, MTFC-A led to a significant reduction in criminal referral rates, self-reported general delinquency, index offenses, and felony assaults. Boys in the program were also less likely to run away from their placements and more likely to complete the treatment, spending significantly fewer days in detention compared to the control group. Girls in MTFC-A exhibited lower levels of general delinquency, spent fewer days in locked settings, and showed a decrease in self-reported delinquency. Moreover, the program proved impactful in reducing delinquency and improving outcomes for both boys and girls, affirming its effectiveness in addressing antisocial behavior and delinquency in adolescents.

- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** TF-CBT is a proven therapy program designed for children (ages 3-18) who have experienced traumatic events such as sexual abuse; it aims to alleviate PTSD, fear, anxiety, and depression. The program includes parental involvement and integrates cognitive and behavioral interventions. It operates through 12-18 weekly sessions, focusing on improving parent-child communication, processing traumatic experiences, and enhancing coping skills. Evaluation studies show significant reductions in PTSD and depressive symptoms in children, along with improved behavior and parenting skills. Parents in the treatment group also exhibited fewer depressive symptoms. The program's success lies in its combination of cognitive behavioral and family theories, enabling children and parents to process traumatic events effectively and minimize resulting emotional disorders.

SCHOOL-BASED INTERVENTIONS PROGRAM DESCRIPTIONS

- **School-wide Positive Behavioral Interventions and Supports (SWPBIS)**: The SWPBIS program is a universal prevention strategy implemented in elementary schools (K–5) to reduce behavior problems leading to discipline referrals and suspensions while enhancing perceptions of school safety. The program uses behavioral, social learning, and organizational behavioral principles, focusing on creating a positive school environment where students support appropriate behavior. SWPBIS involves forming a team of 6–10 staff members and an administrator, attending annual training events, defining positive behavior expectations, teaching these expectations to students, implementing consistent rewards for positive behavior, handling behavioral violations uniformly, and collecting discipline data consistently. The program has significantly reduced school suspensions and improved perceptions of school safety in participating schools since implementation, as demonstrated in studies. Overall, SWPBIS has shown to be an effective initiative for promoting positive behavior and school safety among elementary school students.

- **LifeSkills® Training**: LifeSkills® Training (LST) is an effective, classroom-based drug use prevention program. It is designed for upper elementary and junior high school students. Aimed at preventing tobacco, alcohol, and illicit drug abuse, LST focuses on key risk and protective factors associated with these behaviors. The program uses five core components, including cognitive, self-improvement, decision-making, coping with anxiety, and social skills training. LST aims to enhance students' self-esteem, self-mastery, and self-confidence while equipping them with skills to resist social pressures related to substance use. The curriculum covers drug resistance skills, personal self-management skills, and social skills, and is delivered over three years in middle school and during specific grades in elementary school. Evaluations have shown statistically significant decreases in the prevalence of cigarette, alcohol, and polydrug use among participants. LST effectively slowed the initiation of substance use and improved refusal intentions, making it a successful prevention program for young students.

- **Linking the Interests of Families and Teachers (LIFT):** LIFT is an effective preventive intervention program designed to curb aggressive and antisocial behaviors in elementary school children. The program, specifically aimed at first and fifth graders in at-risk neighborhoods, combines three main components: classroom-based child social skills training, the playground Good Behavior Game (GBG), and parent management training. LIFT's approach focuses on decreasing oppositional and antisocial behaviors in children while increasing prosocial behaviors and support. Evaluations have demonstrated significant positive outcomes. LIFT participants exhibited reductions in physical aggression, initiation of alcohol and tobacco use, and sustained lower levels of alcohol, tobacco, and illicit drug use over time compared to control groups. Additionally, LIFT children demonstrated less affiliation with misbehaving peers and a reduced likelihood of arrests during middle school, showing program effectiveness in preventing the development of aggressive and antisocial behaviors among elementary school children.

- **Promoting Alternative Thinking Strategies (PATHS®):** PATHS® is an effective prevention program designed to enhance emotional and social competencies, reduce aggression, and address behavior problems in elementary school-aged children. Based on the Affective–Behavioral–Cognitive–Dynamic (ABCD) model of development, PATHS focuses on integrating affect, behavior, and cognitive understanding to foster social and emotional competence. The program comprises comprehensive lessons focusing on self-control, feelings and relationships, and social problem-solving. Studies evaluating PATHS have shown significant positive outcomes. Intervention children were rated lower by their peers in aggressive, hyperactive, and disruptive behavior, compared with control children. Additionally, intervention classrooms demonstrated a higher quality climate, increased interest and enthusiasm, and improved focus compared to control classrooms. Further evaluation indicated that PATHS intervention children exhibited better problem-solving skills, used nonconfrontational solutions, had an expanded vocabulary to describe negative feelings, and demonstrated decreased externalizing and internalizing behaviors, along with reduced self-ratings of depression. The program's success emphasizes its effectiveness in promoting emotional intelligence, social skills, and reducing behavioral issues among participants.

- **Texas Child Health Access Through Telemedicine (TCHATT):** TCHATT provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of students and provide access to mental health services. TCHATT is funded by the Texas Legislature and there is no cost to schools who participate or families who access services. TCHATT is used to report any mental health concerns about a student by a school liaison (often school counselors) who then consults with parents/guardians to obtain consent to inform a TCHATT liaison. The TCHATT liaison will contact parents/guardians to review the information and situation to determine next steps for treatment and services. TCHATT is available to any school district in Texas that wants it.

- **Cognitive Behavioral Intervention for Trauma in Schools (CBITS):** CBITS is a group therapy program designed to reduce PTSD and depression symptoms in children (ages 10-15) exposed to violence. It employs cognitive-behavioral techniques to address trauma-related issues, aiming to reduce anxiety and build resilience. The program consists of ten sessions – each lasting one full class period during the school day – integrating relaxation training, cognitive therapy, exposure to anxiety-provoking stimuli, and trauma-focused work through imagination, drawing, and writing exercises. Results from studies indicate significant reductions in PTSD and depressive symptoms, along with decreased psychosocial dysfunction, for participants compared to control groups. The program's effectiveness lies in its structured approach, targeting trauma-related symptoms and enhancing coping skills among affected children.

- **School Health Assessment and Performance Evaluation (SHAPE) System:** The free national SHAPE system can help schools improve the way they respond to student mental health concerns at a systems level. This is a public-access, web-based platform that offers schools, districts, and states a workspace and targeted resources to support school mental health quality improvement. Schools can assess and map the quality of their existing supports, monitor improvement and roadmaps for action planning. Schools also get access to a repository of screening and assessment measures, trauma-response assessments and resources.

- **Advancing Wellness and Resilience in Education (AWARE) Texas:** AWARE is a five-year initiative designed to strengthen community and school-based supports for the mental health and resiliency of students. Designed to sustain an integrated, multi-tiered system of supports that promotes mental health.

MENTORING PROGRAM DESCRIPTIONS

- **Achievement Mentoring Program (AMP):** The goal of AMP is to enhance school-related cognitions and behaviors, designed for urban minority freshmen at risk of dropping out of high school. The program is based on social learning theory that posits intervening in a student's educational environment can influence academic trajectory through strengthening interrelationships across the environmental, personal, and behavioral domains. AMP mentors, who are teachers and school staff volunteers, follow manualized guidelines during one-on-one weekly meetings. The program ideally spans two years, requiring consistent and supportive staff engagement to ensure its effectiveness.

- **The STARS Peer Mentoring Partnership (STARSP):** The STARS Peer Mentoring Program is a cross-age, peer-to-peer initiative matching older high school students (mentors) with a small group of younger peers. It focuses on academic, social, and emotional development. The objectives of this program include providing best-practice peer mentoring services to underserved youth as mentees, workshops specific to the topic of cyberbullying/bullying prevention and awareness, and promote family and community engagement in the workshop topics to bolster lasting impact. This evidence-informed program enhances mentees' trust, self-awareness, and skills for mental health, relationships, and decision-making.

- **Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program:** This program offers one-to-one mentoring in a community setting for at-risk youth ages 6 to 18, aiming to provide positive adult contact to mitigate negative behavior and enhance protective factors. The program has significantly reduced the initiation of drug and alcohol use and antisocial behavior among mentored youth compared to non-mentored peers. Moreover, mentored youth show improved relationships with parents and improved academic performance, including better grades, fewer absences, and increased confidence in completing schoolwork. The program is rooted in the theory of social control, emphasizing the importance of supportive adult attachments and mutually trusting mentor-mentee relationships. Mentors, primarily aged 22 to 49, engage with mentees for 3 to 5 hours weekly over at least a year, focusing on developing a satisfying, mutually beneficial relationship. Activities include social outings, fostering communication skills, and encouraging positive decision-making. The BBBS CBM program, overseen by local affiliates under national guidelines, plays a vital role in supporting the healthy development of at-risk youth, demonstrating substantial positive outcomes in substance use prevention, behavior, and academics, contributing significantly to their overall well-being.

- **Better Futures:** This program is targeted to youth with mental health conditions living in the foster-care system and delivered over a period of 10 months. Grounded in self-determination theory, which posits that an individual's motivation, behavioral self-regulation, personality development, and well-being are influenced by an inherent predisposition for growth and integration as - the program is expected to enhance participants self-determination related to higher education goals. The program is designed to encourage higher education participation through three components: 1) a 4-day, 3-night Summer Institute on a university campus, 2) individuals, bimonthly peer-coaching sessions in identifying and pursuing self-defined postsecondary and related goals, and 3) fiver mentoring workshops with peer coaches and professionals with expertise in foster care, mental health, and postsecondary education. A peer coach is assigned based on youth's interest and continues to meet with the youth as well as their caseworkers/ foster parents.

- **Great Life Mentoring:** This program is a mentoring intervention in which volunteer adults from the community are matched with youth receiving outpatient mental health care for a period of 1 year or more. Youth from low-income families are referred to this program from community mental health agencies to be matched with adult volunteers. The mentor-mentee relationship seeks to be a source of support by providing companionship and engaging in positive activities. The program serves youth ages 7 to 18, employing foundations of attachment theory encouraging mentors to build unconditionally supportive relationships with their mentees.

STRENGTHENING CAREGIVER-CHILD DYNAMICS PROGRAM DESCRIPTIONS

- **Families And Schools Together (FAST):** The FAST program is a multifamily group intervention aimed at empowering parents to act as primary agents in their children's lives and fostering supportive parent-to-parent groups in collaboration with schools. The program targets at-risk children aged 4 to 12 and their families. It uses a diverse range of research-based theories, including social ecology of child development and family therapy, to build protective factors for children and youth. The program includes 8 weekly meetings held in schools, featuring structured family activities, parent mutual-support time, and parent-child play therapy. Trained teams facilitate these meetings, addressing concerns such as aggression and academic performance. Evaluations revealed statistically significant reductions in aggression and externalizing behaviors, improvements in academic competence and social skills, and enhanced family adaptability, indicating the program's positive impact.

- **Multidimensional Treatment Foster Care-Adolescents (MTFC-A):** (MTFC-A) is a behavioral treatment program providing an alternative to residential placement for adolescents facing antisocial behavior, emotional issues, and delinquency. Tailored for ages 12 to 17, MTFC-A employs a comprehensive approach involving behavioral parent training, foster parent support, family therapy, youth skills training, school-based interventions, and potential psychiatric consultation.

- **Promoting Alternative Thinking Strategies (PATHS):** PATHS® is designed to enhance emotional and social competencies, reduce aggression, and address behavior problems in elementary school-aged children. The curriculum contains comprehensive lessons that seek to provide children lessons that seek to provide children with knowledge and skills in three major conceptual domains: 1) self-control, 2) feelings and relationships, and 3) social problem solving. Designed to be used by educators and counselors, the PATHS curriculum is a multiyear, universal prevention model that concentrates primarily on school and classroom settings, but includes information and activities for use with parents.

- **The Incredible Years–Child Training Program:** This program, designed for children aged 4 to 8 with behavior issues, effectively enhances social skills and reduces conduct problems. Grounded in cognitive-social learning theory, the program addresses behaviors linked to ODD, CD, and ADHD. Using imaginative play and videos, children learn emotional literacy, empathy, and conflict resolution. Evaluation outcomes demonstrated improved conflict management skills, reduced behavior problems, lower behavior intensity, and decreased parenting stress according to parental reports. Teachers observed fewer conduct issues at school, increased social competence with peers, and fewer behavioral problems. These findings highlight the program's efficacy in enhancing children's behavior, social skills, and problem-solving abilities.

- **Functional Family Therapy (FFT):** FFT is a family-based program targeting high-risk youth aged 11 to 18 involved in the justice system or at risk of delinquency and other behavioral issues. It has shown to successfully decrease drug use, risky sexual behavior, and other conduct problems. The program addresses complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive. The comprehensive FFT model contains five specific phases concentrating on decreasing risk factors and increasing protective factors that directly affect adolescents with a focus on familial factors including: engagement, motivation, relational assessment, behavior change, and generalization.

- **Strong African American Families (SAAF):** SAAF is a parental training and family therapy program designed for rural African American families, aiming to reduce youths' substance use and risky sexual activity. Grounded in social bonding and control theories, SAAF strengthens parent-child attachments to deter youth involvement in "problem behaviors." Designed for African American families with children aged 10 to 14 in rural communities, the program conducts 7 consecutive weekly sessions at local venues. Facilitators, trained extensively, lead separate youth and caregiver sessions for 1 hour each, followed by a joint session. Caregiver sessions focus on topics like communication, limit setting, parental school involvement, and clear expectations about alcohol use, while youth sessions cover goal setting, risk behavior resistance skills, and acceptance of parental influences. SAAF emphasizes strengthening family relationships and cultural pride. Evaluation results revealed statistically significant reductions in child alcohol use growth and initiation, as well as notable positive changes in parenting behaviors for families in the SAAF group, highlighting the program's effectiveness in curbing risky behaviors among participants.

- **Triple P: Positive Parenting Program:** This program supports parents of children 0-16 years old and aims to prevent or alter dysfunctional parental practices as well as child behavioral problems. Through this program parents can learn to promote a safe and positive environment as well as overcome stigma associated with seeking parenting strategies. This comprehensive parent-training program aims at reducing child maltreatment and children's emotional problems.

- **Parent-Child Interaction Therapy (PCIT):** Developed to help parents reduce children's disruptive behaviors (e.g., oppositional and defiant behaviors) the PCIT has been adapted for families in which there is known physical violence and targets changing parenting practices and parent-child interactions to help prevent the recurrence of physical abuse in abusive families. (PCIT) uses coaching sessions to improve parent-child relationships by equipping parents with new interaction and discipline skills, including adaptations for physically abusive parents. It has shown to reduce children's problem behaviors and prevent physical child abuse.

- **Nurse-Family Partnership:** This program address substance abuse and other behaviors that contribute to family poverty, subsequent pregnancies, poor maternal and infant outcomes, suboptimal childcare, and limited opportunities for the children. Nurses work intensively with low-income, first-time mothers in this home-visiting program to improve family functioning and early child well-being. The visits start at the pre-natal stage and continue through the child's second year. This program targets parental outcomes such as substance use, nonviolent parenting strategies and finding employment.

- **Expanded Early Pathways for Young Traumatized Children:** This is an at-home parent and child therapy program designed for children (ages 1-5) with behavioral and emotional issues resulting from trauma and poverty. The program aims to reduce challenging behaviors, anxious/withdrawn symptoms, and fearful symptoms of trauma in young children while enhancing the quality of caregiver-child relationships. The primary goal of the program is to treat and prevent disruptive behaviors in very young, traumatized children. It integrates the original Early Pathways program with trauma-informed strategies, offering in-home sessions over approximately 16 weeks. Trained clinicians use evidence-based techniques rooted in developmental, cognitive-behavioral, and social learning theories, focusing on strengthening parent-child relationships, addressing trauma symptoms, and instilling positive parenting strategies. Evaluation results demonstrate significant reductions in challenging behaviors, anxious/withdrawn symptoms, and fearful symptoms of trauma, along with improvements in caregiver-child relationships and parental use of therapy strategies.

Intercept 1: Program Example Descriptions

EARLY INTERVENTION PROGRAM DESCRIPTIONS

- **Adolescent Diversion Project (ADP)**: ADP is an effective university-led program designed to divert arrested youth away from the formal processing within the juvenile justice system, instead providing them with community-based services. Launched in 1976 as a collaborative effort between Michigan State University, the Ingham County Juvenile Court, and the community, the program aims to prevent future delinquency by strengthening the youth's attachment to family and prosocial individuals, increasing their access to community resources, and avoiding potentially stigmatizing social contexts like the juvenile justice system. The ADP operates within a theoretical framework encompassing social control and bonding, social learning, and social-interactionist theories. The program's core components involve undergraduate psychology students participating in a two-semester course, receiving training in diversion work, and engaging in eight hours per week of community-based structured mentoring. These student volunteers undergo intensive supervision while working with juveniles referred by the Ingham County Juvenile Court. The ADP's strengths-based, advocacy framework focuses on creating an alternative to juvenile court processing, with caseworkers providing individualized services over an 18-week intervention period. Caseworkers work with juveniles in various settings, including their homes, schools, and communities, addressing specific needs related to family relationships, school issues, employment, and free-time activities. Evaluation

outcomes indicate the program's effectiveness. Participants in the ADP had statistically significant lower rates of officially recorded delinquency recidivism compared to a control group. Although there were no significant differences in self-reported delinquency, participants in the program had fewer court petitions, further highlighting the program's success in reducing formal legal involvement for arrested youth.

- **Florida Civil Citation Pre-Arrest Diversion Program:** This program, managed by the Florida Department of Juvenile Justice (DJJ), is a crucial initiative designed to address a youth's first encounter with the juvenile justice system. It offers an alternative to arrest for misdemeanor offenders, redirecting them towards intervention services at the onset of delinquency. By diverting individuals through this program, the DJJ aims to reform the juvenile justice system, ensuring better outcomes for youth while also saving substantial funds that would otherwise be spent on formal delinquency processing. DJJ actively encourages collaboration with community stakeholders and service providers to expand the program, emphasizing the importance of early intervention in shaping the future of young individuals involved in delinquent behavior.

COLLABORATION PROGRAM DESCRIPTIONS

- **Philadelphia Police School Diversion Program**: This program represents a crucial effort to disrupt the school-to-prison pipeline that has been exacerbated by zero-tolerance policies and harsh disciplinary practices in schools. In partnership with the School District of Philadelphia, the Philadelphia Department of Human Services, and other juvenile justice agencies, the Philadelphia Police Department launched this school-based diversion program in 2014. The program's primary objective is to divert first-time offending youth who commit qualifying, low-level offenses on school property from arrest and instead provide them with community prevention services. The program's overarching goal is to keep youth in school while reducing their involvement with the criminal justice system. It is a collaborative effort among system partners to substantially decrease the number of youth arrested in Philadelphia schools, enhance academic attendance and success by reducing exclusionary discipline practices, eliminate racial and ethnic disparities in school-based arrests and disciplinary actions, and connect students with services to address underlying needs and promote their long-term well-being. An evaluation of this program revealed several significant outcomes. Over the program's first five years, 2,036 students were spared the traumatic experience of arrest and its associated negative consequences. Youth who were arrested were 1.4 times more likely than those diverted to have subsequent arrests in the five years following their school-based incident and 1.6 times more likely to face school suspensions in the year after the incident. Social workers offered voluntary services to diverted youth and families, with an impressive 89% acceptance rate, resulting in referrals to local service providers. Additionally, the program received strong support from school police officers, with 86% reporting agreement and recognizing its benefits for school safety. Lastly, program implementation yielded substantial cost savings of between $1.6 million and $1.9 million annually compared to previous school-based arrest practices, making it an effective and fiscally responsible intervention.

- **Round Rock ISD Police-Mental Health Collaboration (Texas):** A collaborative program developed between mental health service providers and district police to support student success and create a more holistic approach to juvenile justice. Unique to this model is that police officers and social workers in the same department, working side-by-side.

Intercept 2: Program Example Descriptions

PRE-ADJUDICATION PROGRAM DESCRIPTIONS

- **Dual Status Youth Initiative (DSYI):** This North Dakota based initiative addresses the challenges faced by youth simultaneously involved in child welfare and juvenile justice systems, termed dual status youth. The DSYI includes agency-coordinated care, trauma-informed care, developmentally appropriate interventions, and therapeutic interventions. This program aims to address 1) how to prevent youth in the child welfare system from formally penetrating the juvenile justice system, 2) more effective ways to serve youth that touch both systems, and 3) use research and best practice to inform change to better serve youth and families.

- **New York State Crossover Youth Practice Model (CYPM):** CYPM is a multi-agency approach addressing the unique needs of youth involved in both child welfare and juvenile justice systems, aiming to reduce further involvement in the justice system. The Administration for Children's Services identifies and monitors these youth, provides support to families and facilitates communication between child welfare and justice professionals.

- **Front-End Diversion Initiative (FEDI)**: FEDI is a pre-adjudication diversion program with the primary aim of diverting juveniles with mental health needs away from formal adjudication within the juvenile justice system. Grounded in diversion strategies, FEDI operates based on the labeling theory, which underscores the potential harm of processing certain youths through the juvenile justice system due to stigmatization. Notably, a significant portion of adolescents within the juvenile justice system grapple with mental health disorders, making them particularly vulnerable to negative consequences within the system. The program incorporates best practices, including small caseloads, specialized trained officers, internal and external service coordination, and active problem-solving. Specialized probation officers, with caseloads not exceeding 15 juveniles, are trained in motivational interviewing, family engagement, crisis intervention, and behavioral health management. Evaluation results indicate the program's promise, as participants in the FEDI program were significantly less likely to face adjudication compared to those receiving traditional supervision while on probation. Specifically, only 7.7 percent of the FEDI treatment group faced adjudication, in contrast to 22.0 percent of the comparison group, signifying a statistically significant difference in outcomes. This initiative demonstrates a proactive approach to address the unique needs of juveniles with mental health concerns, diverting them from the juvenile justice system and offering an alternative path toward rehabilitation and support.

- **Miami-Dade Juvenile Assessment Center Post-Arrest Diversion Program (PAD)**: The PAD Program is a crucial component of the National Demonstration Project, offering an alternative process for arrested juveniles that is distinct from the conventional entry into the juvenile justice system. PAD aims to address several objectives: providing first-time minor offenders with an opportunity to remain outside the juvenile justice system and expunge their arrest record upon successful completion, implementing research-based practices at the time of arrest involving comprehensive family and child assessments, school performance evaluations, and specialized treatment plans tailored to the juvenile's issues rather than just the offense, studying the first-time offender misdemeanor population to identify risk factors for future recidivism often overlooked at this stage, and enhancing staff training and assessment instrument utilization to develop expertise in assessment and diversion to reduce redundancy later in the system. Findings from the program reveal significant insights. Family involvement is deemed a critical component for successful treatment plan completion, even though it's not typically required in juvenile justice sanctions. The program introduces Functional Family Therapy (FFT), a nationally recognized success, to Miami-Dade County, emphasizing family participation in treatment. Since its inception in December 2000, the program has engaged 3,821 juveniles and their families, with a commendable 73% of PAD participants successfully completing individualized treatment plans. The recidivism rate for those who completed the program stands at 4%, indicating the program's effectiveness in diverting first-time, non-violent, misdemeanor offenders away from further involvement in the juvenile justice system and towards a more promising path.

- **Ohio's Behavioral Health/Juvenile Justice (BHJJ)**: The BHJJ Initiative addresses the pressing issue of juvenile justice-involved youth who commonly grapple with behavioral health problems and traumatic experiences. Many local jurisdictions struggle to adequately assess youth for behavioral health issues and offer suitable treatment. The BHJJ Initiative in Ohio is designed as a diversion program specifically tailored to juveniles aged 10-18 dealing with mental or behavioral health challenges. Rather than resorting to detention, this program redirects these youth toward more comprehensive, community-based behavioral health treatment options. Through BHJJ, Ohio seeks to provide a more compassionate and rehabilitative approach to juvenile justice-involved youth, focusing on their behavioral health needs and promoting community-based treatment as an alternative to detention.

Intercept 3: Program Example Descriptions

TEEN COURTS PROGRAM DESCRIPTIONS

- **Independence Youth Court (Jackson County, Missouri):** The Independence Youth Court (IYC) is a diversion program designed to reduce juvenile crime by offering an alternative to formal processing within the traditional juvenile justice system. Established in 1985 as a collaborative effort, the IYC operates on the principle of diverting young offenders away from the punitive aspects of the criminal justice system. Inspired by the teen court model, the IYC leverages the influence of prosocial peers to reduce recidivism among juvenile offenders. The program's components include a youth judge model, where cases are presented by youth attorneys to

youth judges. Defendants can plead "not guilty" and undergo trials conducted by their peers. Typically, the IYC diverts cases involving first-time offenders with minor offenses, such as shoplifting, truancy, or vandalism, with eligibility criteria based on age. Evaluation outcomes have demonstrated the program's effectiveness in significantly lowering recidivism rates among youths who participated in the IYC when compared to those in the comparison group. The results indicated a reoffending rate of only 9 percent among IYC participants, whereas the comparison group exhibited a substantially higher reoffending rate of 28 percent at the 6-month follow-up.

- **Gang Reduction Program (Los Angeles, California)**: This program is a multiyear initiative aimed at reducing youth gang-related crime and violence. This program, funded by the U.S. Department of Justice, employs a comprehensive approach by integrating various strategies, including prevention, intervention, and suppression, to address the complex issue of youth gang involvement in select cities. It operates on the premise that to effectively combat gang violence, a multifaceted approach is necessary. The program is grounded in the Spergel model of gang interventions, emphasizing individualized approaches that considered the unique needs of each participant. Upon evaluation, it was determined that family involvement and community support played vital roles in the program's success. Services provided ranged from academic support and mentoring to a visible law enforcement presence and the implementation of gang injunctions. The evaluation outcomes indicated a statistically significant reduction in calls for shots fired and gang-related incidents, which suggests that the program had a positive impact on reducing some aspects of gang-related crime and violence. However, the program did not yield significant results in reducing calls for vandalism, serious violence, gang-related serious violence, or improving student attendance.

MENTAL HEALTH SPECIALTY COURTS PROGRAM DESCRIPTIONS

- **Special Needs Diversionary Program (SNDP) (North Texas):** The SNDP is a diversion program in North Texas aimed at reducing the recidivism of juveniles on probation who suffer from mental illness. This program provides intensive supervision and treatment, offering mental health services, probation support, and parental education. To be eligible, participants must be between the ages of 10 and 17, under the jurisdiction of the juvenile court, diagnosed with an Axis I mental health disorder, and have at least six months remaining in their case supervision. SNDP employs specialized probation officers and mental health professionals to provide individualized treatment and case management, aiming to prevent further involvement in the criminal justice system.

- **Jefferson County Community Partnership (Birmingham, Ala.):** The Jefferson County Community Partnership, located in Birmingham, Alabama, offers a comprehensive range of services for youth with serious emotional disturbances. The program focuses on reducing these youths' contact with the juvenile justice system by providing accessible, community-based, and culturally competent services. It operates under a system-of-care concept, emphasizing family-driven, youth-guided, and community-based support. By coordinating services from multiple agencies and involving families in treatment planning, the program aims to decrease the likelihood of future offending and the seriousness of offenses among participating youth.

- **Front-End Diversion Initiative:** The Front-End Diversion Initiative (FEDI) is a pre-adjudication diversion program established in four Texas probation departments: Bexar, Dallas, Lubbock, and Travis Counties. FEDI's primary goal is to divert juveniles with mental health needs away from the juvenile justice system through specialized supervision and case management. Eligible participants must qualify for deferred prosecution, receive specific mental health screenings, and have a current mental health diagnosis. FEDI employs specialized probation officers with small caseloads, trained in various therapeutic techniques, to provide individualized support. The program's central focus is on diversion, based on the labeling theory, to reduce stigmatization and harsh treatment for youths with mental health disorders in the juvenile justice system.

- **Connections:** Connections is a juvenile court-based program designed to address the needs of juveniles on probation who have emotional and behavioral disorders and their families. The program's goal is to reduce the risk of recidivism among participating youths by connecting them with local resources. It uses the Wraparound Model, engaging youth, their families, and service providers in identifying needs and coordinating comprehensive services. Services provided may include family therapy, clinical therapy, substance abuse treatment, special education, medication, caregiver support, public assistance, housing, and mental health care. By working holistically and collaboratively, Connections seeks to ensure that participating youths do not reoffend and access the necessary support systems.

- **Multisystemic Therapy - Substance Abuse:** This variant of Multisystemic Therapy (MST) is designed for adolescents with substance abuse and dependency issues. MST aims to enhance family capacity to manage adolescent behavior, reduce delinquent and substance-using behaviors, and replace negative peer influences with prosocial ones. It targets youths diagnosed as substance abusers or dependents and operates by incorporating the family and friends while addressing various spheres of influence on behavior. MST interventions are delivered at home, with therapists having small caseloads, available 24/7, and focusing on parental skills and natural support systems. The program has shown effectiveness in reducing marijuana use, aggressive behavior, and convictions for aggressive behavior among participating youths compared to control groups.

FAMILY-CENTERED INTERVENTIONS PROGRAM DESCRIPTIONS

- **Functional Family Therapy (FFT):** FFT is an effective family-based program targeting high-risk youth aged 11 to 18 involved in the justice system or at risk of delinquency and other behavioral issues. Multiple studies support its effectiveness, showing that FFT participants experience a statistically significant reduction in general recidivism and risky behaviors compared to control groups. FFT is a flexible and culturally sensitive program that focuses on decreasing risk factors and enhancing protective factors, particularly within the family context. The program typically consists of 8 to 12 one-hour sessions for milder cases and up to 30 sessions for more complex situations. These sessions can be conducted either in clinical settings as outpatient therapy or as a home-based intervention. The FFT model follows a structured approach with five key phases: engagement, motivation, relational assessment, behavior change, and generalization. In the engagement phase, therapists build a strengths-based relationship with clients to establish credibility and trust. The motivation phase emphasizes creating a context where clients want to continue therapy, reducing negative behaviors and attitudes. The relational assessment phase focuses on analyzing family dynamics and resources. The behavior change phase addresses individualized interventions to reduce problematic behaviors. Finally, the generalization phase aims to increase the family's capacity to use community resources and engage in relapse prevention.

- **Multisystemic Therapy (MST)**: MST is a family and community-based program designed to address serious antisocial and delinquent behaviors in adolescents. It has shown to be effective in reducing rearrest rates and the number of days incarcerated among participants compared to those receiving usual services. MST employs a home-based service delivery model with small caseloads and intense involvement with families, focusing on empowering parents, identifying strengths, and developing support systems. It targets adolescents aged 12 to 17 involved in serious criminal offenses. MST's theoretical foundation lies in systems and social ecological theories, incorporating various therapeutic techniques. Multiple high-quality studies support its effectiveness in reducing recidivism and improving family cohesion, school/work functioning, and community functioning.

TECHNOLOGY PROGRAM DESCRIPTIONS

- **Arkansas Community Corrections Texting Protocol:** The Arkansas Community Corrections Texting Protocol is a program designed to reduce missed probation and parole appointments by sending text message reminders to clients under community supervision. As of 2018, it was observed that individuals under community supervision in Arkansas missed their appointments about 30 percent of the time, limiting their engagement with probation and parole officers and potentially leading to violations. To address this issue, the Arkansas Community Corrections agency enhanced its Case Management System to send text message reminders to clients. The program includes sending reminders one day before the appointment and two texts before the appointment. Clients who received these reminders were statistically significantly less likely to cancel or miss their appointments.

- **Electronic Monitoring (Florida):** The Electronic Monitoring (EM) program in Florida involves using radio frequency or GPS technology to monitor the locations and movements of convicted individuals in community-based settings. The program aims to increase compliance with the terms of release and reduce recidivism. Florida adopted EM technology in 1987, initially for house arrest, and later expanded its use, particularly for individuals convicted of sex and violent offenses. The GPS-based EM system calculates the individual's position and transmits data to a monitoring center, enabling immediate alerts in case of violations. While the radio frequency system was initially used, it has become less common due to cost considerations. EM can be used to enforce exclusion and inclusion zones and provides detailed location information. The program demonstrated a statistically significant reduction in the risk of failure to comply compared to a control group on other forms of community supervision. Clients placed on EM can be required to reimburse the Department of Corrections for equipment costs. Overall, this program is rated as promising, suggesting that it may effectively achieve its intended outcomes, particularly in reducing non-compliance and recidivism among monitored individuals.

RESTORATIVE JUSTICE PROGRAM DESCRIPTIONS

- **Juvenile Restorative Justice Program**: This program offers an alternative to juvenile court processing for young individuals with justice system involvement. The program aims to foster accountability and repair the harm caused by criminal incidents by bringing together affected parties, including both the juvenile offenders and victims, in a non-adversarial process. The program demonstrated a statistically significant reduction in the average number of days to re-arrest for the treatment group compared to the comparison group. This suggests promising outcomes in terms of delaying subsequent arrests among participants. The program operates within a restorative justice framework that emphasizes addressing harm and responsibility rather than retribution.

- **The Indianapolis (Ind.) Family Group Conferencing Experiment**: This restorative justice diversion program was designed to intervene with young individuals who have committed their first offense, aiming to prevent repeat offenses. The program focuses on youth under 14 years old, with no prior adjudications, and nonserious, nonviolent offenses, promoting accountability, community empowerment, and victim-centeredness, distinct from traditional court processes. Family group conferencing forms the core of the program, involving the offender, victim, and a support network, such as parents, siblings, and teachers. The conference fosters dialogue, acceptance of responsibility, and a plan to repair harm caused by the crime, which may include restitution or community service. Evaluation results indicate a statistically significant reduction in the number of rearrests for program participants compared to control group youth after a 2-year follow-up, though there were no significant differences in time to recidivism, suggesting promising outcomes in breaking the cycle of offending for first-time youth offenders.

SECRURE PLACEMENT

- **Power Source:** This group-based, cognitive-behavioral therapy (CBT) and mindfulness intervention is designed to teach skills related to behavior modulation and reducing physiological responses, encouraging prosocial behavioral responses. This program targets males ages 16 to 18 who are incarcerated in high-security correctional facilities, blending the problem-solving and change components of CBT with the attentional and response modification elements of mindfulness training.

- **Equipping Youth to Help One Another (EQUIP):** This skills-based program is delivered in juvenile correctional facilities and assists with building youth problem-solving, anger management, and social skills training. This multicomponent treatment programs seeks to establish a "climate for change" where youth can turn antisocial and self-destructive behavior into positive behavior that helps them and others around them. This intervention applies to male juveniles 15 to 18 years of age who are in correctional institutions for less serious felonies (e.g., breaking and entering, burglary) and violations of parole.

- **Juvenile Justice Anger Management (JJAM) Treatment for Girls:** This program delivered in residential juvenile justice facilities incorporates relational aggression theory to teach emotional regulation, coping, communication skills, cognitive restructuring, and problem solving. This treatment program is a cognitive-behavioral, anger management, and aggression reduction program for girls who have been placed in residential juvenile justice facilities.

- **Mendota Juvenile Treatment Center (MJTC):** This is a residential program that provides mental health treatment to violent juveniles. A mental health residential treatment center combines private psychiatric treatment modalities to youth who present challenges in traditional correctional centers due to mental health issues. MJTC seeks to control and rehabilitate such youth by combining the security consciousness of a traditional correctional institution with the strong mental health orientation of a private psychiatric facility. The overarching goal of the program is to replace the antagonistic responses and feelings created by traditional correctional institutions with more conventional bonds and roles, which can encourage positive social development.

Intercept 4: Program Example Descriptions

MENTAL HEALTH & SUBSTANCE USE TREATMENT PROGRAM DESCRIPTIONS

- **Operation New Hope**: Operation New Hope is a curriculum-based aftercare program aimed at assisting chronic, high-risk juveniles with their reintegration into the community after release from secure confinement. The program, grounded in William Glasser's "reality therapy" approach, focuses on improving socialization skills, reducing criminal activity, curbing substance abuse, enhancing lifestyle choices, reducing gang affiliations, and lowering parole revocations. Participants engage in 39 hours of programming over 13 weeks, addressing various coping skills through lectures and group discussions. Evaluation results indicate statistically significant reductions in rearrests, revocations, substance abuse, and associations with negative peers among program participants compared to a control group.

- **The Violent Offender Treatment Program (VOTP)**: VOTP is a specialized intervention designed to reduce recidivism among juveniles convicted of violent offenses, including capital crimes like murder, in a southern state. This intensive program provides six months of therapeutic treatment within a residential facility before juveniles are released. VOTP is grounded in cognitive restructuring and targets high-risk juveniles with a history of serious and violent offenses. Eligibility is based on the severity of the commitment offenses, with priority given to those convicted of capital crimes or crimes involving deadly weapons. Program components involve intensive therapy sessions, including role-playing exercises to generate empathy. Trained psychological personnel lead these sessions, and evaluation results indicate a statistically significant reduction in recidivism odds for VOTP participants compared to a control group.

- **The Wayne County Second Chance Reentry (WC-SCR)**: The WC-SCR program is a reentry initiative aimed at reducing recidivism and enhancing reentry services for males aged 13 to 18 who have committed various offenses. This program aligns with best practices identified by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and focuses on assessing criminogenic needs, motivating youths, targeting high-risk individuals, addressing these needs, using cognitive-behavioral interventions, and determining appropriate service intensity. Specifically designed for youth placed in secure residential facilities, WC-SCR assigns a residential reentry specialist to each participant, conducts monthly reentry-planning meetings involving caregivers and case managers, and utilizes assessment instruments to identify critical needs. The program offers 100 to 300 hours of post-release case management services and referrals for mental health or substance use treatment when necessary. Evaluation results demonstrate a statistically significant reduction in recidivism rates for WC-SCR participants compared to a control group at the 2-year follow-up.

- **Adolescent Community Reinforcement Approach (A-CRA)**: A-CRA is a behavioral intervention aimed at reducing drug and alcohol use and promoting an abstinent lifestyle among youth aged 12 and older. The program targets adolescents and young adults dealing with substance abuse or addiction issues, with the goal of improving social stability, physical and mental health, and overall life satisfaction. A-CRA involves needs and self-assessment, leading to the selection of specific protocols from a range of options that address areas of concern, such as substance abuse, relapse prevention, and communication skills. Therapists utilize role-play and behavioral rehearsals, while participants receive homework assignments to practice newly acquired skills. A-CRA sessions can include both adolescents and their parents or caregivers and can be adapted for aftercare and drop-in centers for homeless youth. The program is based on a social-ecological systems model, which aims to change negative behaviors by altering the individual's environment or their responses to it. Evaluation outcomes suggest that A-CRA is a promising intervention. Participants in the program showed statistically significant reductions in alcohol use, other drug use, and depressive symptoms, along with an increase in linkage to continuing care services, adherence to the continuing care model, and social stability.

FAMILY ENGAGEMENT PROGRAM DESCRIPTIONS

- **Functional Family Parole (FFP)**: FFP is a supervision program that incorporates family-focused, strengths-based principles based on Functional Family Therapy (FFT). The primary goal of the FFP program is to reduce re-arrest rates and increase employment opportunities for its participants. This program targets youth who have non-serious criminal convictions and are eligible for pre-release or diversion from incarceration to community supervision. FFP is delivered over approximately six months, consisting of an average of eight sessions guided by probation officers (POs), each responsible for a caseload of up to 20 youths. The program is divided into three phases: Engage and Motivate, Support and Monitor, and Generalize. Throughout these phases, POs use family-based intervention techniques, including engagement, motivation, relational assessment, behavior change, and generalization. In the Engage and Motivate phase, therapists focus on building a strengths-based relationship with clients and work on establishing trust, credibility, and a motivational context for change. They emphasize skill sets such as structuring skills, interpersonal skills, and relationship skills. The Support and Monitor phase concentrates on the therapeutic relationship between adolescents and their families, emphasizing that a positive therapy experience can lead to lasting change. In the Generalization phase, the focus shifts to maintaining individual and family changes, building additional skills, applying changes to new challenges, and incorporating community resources. The program's theoretical foundation lies in the FFT model, which redirects the family's attention from the youth's problems to patterns of behavior among family members, with the aim of promoting more positive familial interactions. Evaluation outcomes suggest that FFP is promising. Participants in the FFP group were less likely to be re-arrested, had fewer total arrests, were more likely to be employed, and earned more on average compared to the comparison group.

EDUCATION & EMPLOYMENT PROGRAM DESCRIPTIONS

- **YouthBuild Offender Program**: This program is designed to provide education, vocational training, and youth development services to low-income youths (ages 16-24) who have been convicted of a crime. Participants in the program live, learn, and work in an environment that offers various educational and vocational opportunities. The program spans 9 to 24 months, during which participants alternate between focusing on education and vocational training. Educational services include instruction in basic skills, remedial education, and alternative education toward a high school diploma or GED. Vocational training typically focuses on construction and involves rehabilitating or building housing for individuals with low incomes. In addition to education and vocational training, participants receive youth development services, including leadership training and structured curricula. The program also provides support and transition services, such as counseling, workforce preparation, life skills training, and other forms of support like transportation, childcare, or housing. Evaluation outcomes suggest that the program is promising. Participants in the program had lower recidivism rates compared to a comparison group. Additionally, they were more likely to earn a high school diploma or GED, receive vocational training or a trade license/certificate, and enroll in postsecondary courses.

- **Project BUILD**: This program contains a violence prevention curriculum designed to assist youth in detention, addressing issues such as gangs, violence, crime, and substance abuse. This program, part of the larger BUILD initiative, aims to reduce recidivism and prevent youth from becoming adult offenders. Initially, it focused on themes like self-esteem enhancement, communication skills, problem-solving, and goal-setting. Over time, it evolved to include life skills, academic support, sports, field trips, leadership development, and civic engagement. Evaluation results indicate that the treatment group youth had significantly lower recidivism rates and took longer to recidivate compared to the control group, suggesting the program's effectiveness in achieving its goals.

HOUSING PROGRAM DESCRIPTIONS

- **Denver Supportive Housing Social Impact Bond Initiative (Denver SIB)**: While not targeted towards youth, a program aimed for adults going through the reentry process has shown great promise in Denver, CO. Denver SIB is a program designed to address chronic homelessness among individuals who frequently interact with the criminal justice system. The initiative was launched in 2016 with the aim of increasing housing stability and reducing jail stays for this population. The program combines permanent housing subsidies with intensive wraparound services, including behavioral health services, links to community resources, integrated health services, and transportation assistance. It follows a Housing First approach, which means that housing assistance is provided without preconditions or requirements. Evaluation outcomes indicate that Denver SIB has been effective in achieving its goals. Individuals in the treatment group experienced statistically significant reductions in arrests, jail stays, days in jail, shelter stays, and shelter visits compared to individuals in the control group who received services as usual in the community. Furthermore, the program led to statistically significant increases in mental health services for participants. The program's success is attributed to its focus on stable housing as a solution to reducing criminal justice involvement and improving the well-being of chronically homeless individuals.