

Community-Based Diversion System Plan



Submitted to the Juvenile Justice Policy Oversight Committee
by the Diversion Workgroup

January 19, 2017

I. INTRODUCTION

In 2015, the Juvenile Justice Policy and Oversight Committee (JJPOC) adopted a strategic goal to increase diversion over a three-year period. A diversion workgroup was convened to develop strategies to achieve this goal. Section 18 (k) of Public Act 16-147, *An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee*, requires the JJPOC to submit a plan, including cost options, for the development of a Community-Based Diversion System.

The Community-Based Diversion System Plan provides a roadmap for developmentally appropriate, community-based responses to divert children and youth from the juvenile justice system. By creating a “system” of early identification, assessment and intervention, the individual criminogenic, social/emotional, behavioral, mental health and academic needs of at-risk pre-delinquent and delinquent children and youth can be addressed within the context of their family, school, and community such that *no child or youth is entered into the juvenile justice system without having exhausted appropriate community resources*.

The Community-Based Diversion System Plan focuses on identifying and addressing the underlying needs/symptoms of the behavior and putting early intervention supports in place. Ensuring screening and service matching to the needs that led to the behaviors has been proven to ensure long-term behavior change versus just imposing sanctions. By identifying and addressing the root cause of the behaviors, continued involvement in the juvenile justice system is likely to decrease. For the purposes of this plan, the diversion decision points range from the identification of the defiant or illegal behavior either at or prior to the point of police contact, to pre- and post-petition, and up to the time just prior to formal adjudication in Juvenile Court.

Recent neuroscience research shows that adolescent brains are not fully developed, and that reasoning and judgement are still forming until the early and mid20’s. This lack of brain maturity results in children and youth being more vulnerable or susceptible to negative influences and outside pressures and more likely to act impulsively, without full understanding of the consequences of their actions. Social science research demonstrates that there are a multitude of factors that contribute to children and youth doing poorly in school, committing crimes and becoming involved with the juvenile justice system. Children and youth exhibiting negative behaviors are more likely to come from families facing challenging circumstances (e.g., single- or no-parent householdsⁱ), often grow up in high-crimeⁱⁱ and/or high-povertyⁱⁱⁱ neighborhoods, may be involved with negative peer influences^{iv}, and often face barriers to school attachment due to suspension, expulsion or psychological disabilities. Additionally, approximately 78% of youth who experience homelessness have been arrested, while 60% have been incarcerated^v.

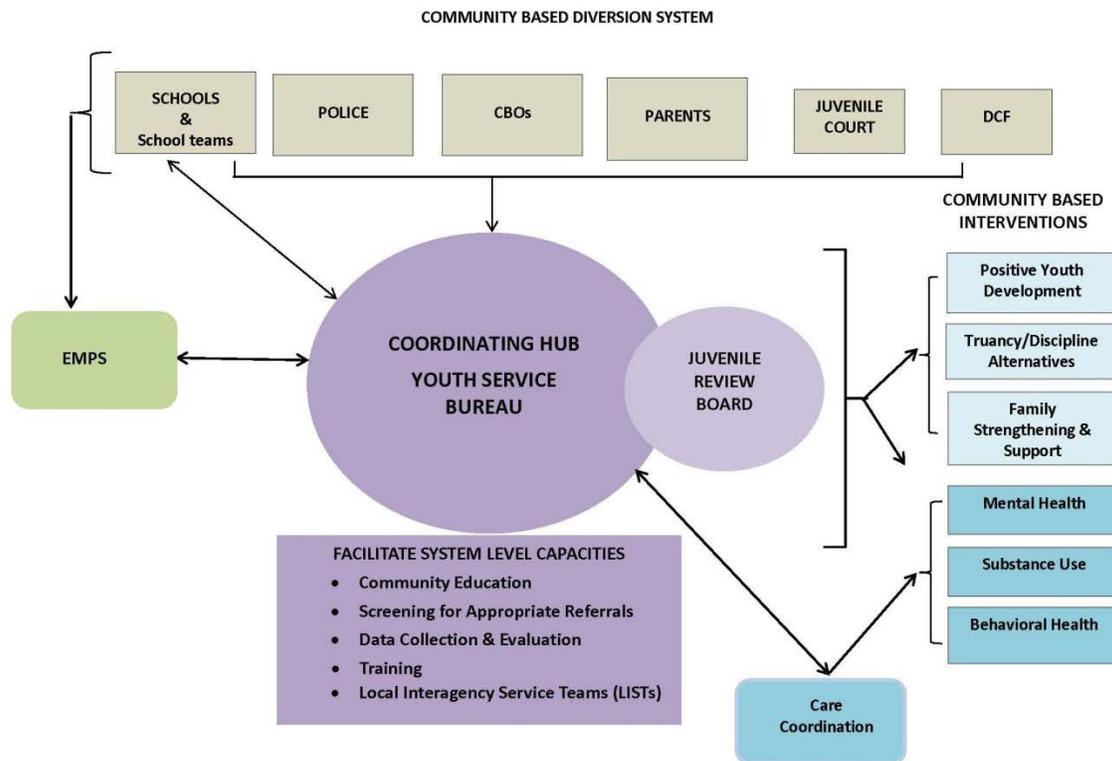
The Community-Based Diversion System Plan maximizes existing mechanisms to connect children and youth, families, and schools with resources in their community, and divert them from the care of state agencies (Judicial Branch and/or Department of Children and Families). It essentially weaves a system of supports from existing individually operated programs, leverages the Connecticut Children’s Behavioral Health Plan (PA 13-178) and enhances an array of services that may currently be under-funded, structurally fragmented, and insufficiently distributed due to limited access created by agency contract restrictions. While resources may be under-funded in some communities, they may be under-utilized in others.

The benefits of a fully implemented Community-Based Diversion System include: 1) decreased referrals to Juvenile Court; 2) increased participation in appropriate services and programs; 3) increased family engagement; 4) decreased rates of recidivism; 5) reduction in the stigma/labeling associated with formal juvenile justice system involvement and; 6) reduction in costs of associated with crime and incarceration.

As Connecticut continues to decrease the number of children and youth who are incarcerated and increase the number diverted from the Juvenile Court, cost options will need to be considered. They include a repurposing of resources to the components of the Community-Based Diversion System Plan and the returning of cost savings to the agencies of cognizance to better respond to the needs of children, youth and families in all Connecticut communities.

II. The Community Based Diversion System Components

In order to increase diversion, there are multiple sectors that are imperative to success: police, schools, families, and the court and child welfare systems. These sectors, along with other stakeholders such as faith-based organizations and neighborhood groups, constitute the “community” that collectively comprises the Community-Based Diversion System. In order for this “community” of diversion supports to be mobilized and streamlined, there needs to be a coordinating hub and an array of community based interventions with capacity to meet the individual needs of at-risk children.



COORDINATING HUB

Youth Service Bureaus (YSB) are well-positioned to serve as the Community-Based Diversion System coordinating hub. CGS §10-19m establishes a YSB as a multi-purpose youth service bureau for the purposes of evaluation, planning, coordination and implementation of services, including prevention and intervention programs for delinquent, pre-delinquent, pregnant, parenting and troubled youths referred to such bureau by schools, police, juvenile courts, adult courts, local youth serving agencies, parents and self-referrals. The statute states that the YSB shall be the coordinating unit of community-based services to provide comprehensive delivery of prevention, intervention, treatment and follow-up services for children and youth ages 0-18 or who are still in school.

The enabling YSB legislation also specifies both an Administrative Core Unit (ACU) function and a Direct Service function. The ACU functions require YSBs to assess the community needs of children/youth, identify gaps in service, coordinate services to fill the gaps, and avoid duplication of services. The Direct Services function specifies that the YSB, either directly, contractually or by referral, provide services that address the needs of children and youth who are, or at risk of, coming in contact with the juvenile justice system.

Currently there are 101 YSBs serving 144 towns across the state. A municipality or private organization may operate a YSB directly or combine with one or more towns. Services provided by YSBs vary by community, and, by design, yet are all responsive to the needs of each community. YSBs are one of only a handful of state funded programs that legislatively require a 100% match from municipal government. In 1995, the approximately 70 YSBs received a total state appropriation of \$3.2million. In 2016, the total state appropriation for the 101 YSBs is only \$2.5million. Based on this lack of funding, the YSB system does not currently have the capacity to serve as the coordinating hub as envisioned in the Community-Based Diversion System Plan.

As the coordinating hub, YSBs will be responsible for facilitating a set of community-wide **system capacities** that comprise the core infrastructure of the Community-Based Diversion System.

1. **Community Education** –YSBs, in collaboration with Local Interagency Services Teams (LISTs), and community stakeholders (including housing service providers), will educate police, schools and parents about behaviors or situations that call for diversion; how to support children/youth to safely remain in the community; how to respond to Families With Service Needs (FWSN) behaviors; what diversion resources are available in the community; and how to access them. Through community-wide education, YSBs will facilitate and support the development and implementation of Memorandums of Understanding/Agreements (MOU/MOA) similar to those currently in place between schools, police and EMPS to improve communication, coordination and to ensure continuity of care.
2. **Screening for Appropriate Referrals** – The coordinating hub will be the centralized diversion screening and referral mechanism for children and youth who are referred to the hub. The Connecticut Youth Services Association (CYSA) will work with YSBs to adopt a standard, validated risk/need screening tool. The screening will explore multiple “need” domains that are linked to truancy, delinquency, and/or dropping out of school including but not limited to: aggression-defiance, substance abuse, family environment, depression-anxiety, peer deviance and school engagement in order to target and make referrals to appropriate interventions. The YSBs will track referrals by source, the number and type that are screened and referred for appropriate services, and the services accessed in partnership with the care coordination network.
3. **Data Collection and Evaluation** –CYSA, on behalf of its member YSBs, will facilitate the integration of data collection for system-wide accountability and improvement using a Results Based Accountability (RBA) framework. CYSA will work collectively with the YSBs to adopt common program, performance and quality assurance measures across community providers and programs that will assess how programs are being implemented and answer the questions of how much, how well, and is anyone better off. YSBs, in partnership with community stakeholders, will use data to determine how well the Community-Based Diversion System is functioning such as: the number and source of YSB referrals, number of screenings completed, number of referrals accepted by community providers, referrals to juvenile court, and recidivism rates. YSBs, in collaboration with CYSA, will provide annual progress reports to the Connecticut State Department of Education (CSDE) for presentation to the JJPOC and the legislature summarizing the above data elements, service gaps and system barriers.

4. **Training** – YSBs will work with stakeholders to identify community-wide training needs and facilitate the delivery of cross-sector trainings in areas such as: Multi-Tiered System of Supports (MTSS), graduated responses and risk/need/responsivity principles, school-based diversion, adolescent development and behavior management techniques, impact of trauma, gender specific interventions and restorative practices. The trainings will target schools, police, families and community providers and will leverage current training opportunities including, but not limited to, School Based Diversion Initiative (SBDI) and school/police trainings offered by Office of Policy and Management/Juvenile Justice Advisory Committee (OPM/JJAC), and Crisis Intervention Training-Youth (CIT-Y).
5. **Local Interagency Services Teams (LISTs)** -- YSBs currently serve as the lead entity for almost all of the LISTs and play a vital role in each of them. LISTs are jointly funded by the Department of Children and Families (DCF) and the Judicial Branch Court Support Services Division (JBCSSD) for planning, implementation and evaluation of an integrated juvenile justice service delivery system and to advance best practices, quality improvement, and policy changes. There are 12 LISTs across Connecticut that provide a venue for regional coordination and planning between local communities, the courts, and state agencies around juvenile justice issues.

The Role of Schools – Schools are included in the Community-Based Diversion System Plan because schools are critical settings within the broader community context. Local Education Agencies (LEAs) are the entities responsible for setting local educational policies and are accountable for educating Connecticut’s children and youth. The CSDE encourages, promotes and provides guidance on best practices to LEAs. Each LEA is an independent entity and governed by a local Board of Education.

While appreciating that schools’ primary role is to educate children and youth, schools are frequently the first line of defense and support for early identification and intervention, as this is where children and youth spend a significant portion of their day. The relationship between poor educational opportunity, academic failure, and juvenile justice involvement has been extensively documented. There is growing evidence that students with unmet behavioral health needs have higher rates of academic failure and also are subject to high rates of “exclusionary discipline” (e.g., arrest, expulsion, suspension). These behaviors and outcomes are indications that something of concern is happening at home, at school, in the community, or with the student. This same population of students also exhibits chronic absenteeism and truancy, which are often a gateway to involvement in the juvenile justice system. Data indicates that approximately 15-20% of all Connecticut juvenile court referrals have come from schools.

Schools and school districts across the state are implementing universal strategies to improve school climate, creating and maintaining effective learning environments, and implementing a teaming approach that includes tiered responses and interventions that are individualized to students’ learning, social-emotional and behavioral needs, and circumstances. Through this team approach, explicit bridges are being built for open communication and seamless service provision to community providers which create a “community” of support for children, youth and their families. YSBs, community health centers, mentoring programs, outpatient clinical services, housing providers, McKinney-Vento homeless liaisons, social service providers, DCF staff and Probation Officers are participating on a variety of school-based teams, with confidentiality taken into account, including: Student Attendance Review Teams, Scientific Research-Based Interventions (SRBI) Teams, Response to Intervention (RtI) Teams, Positive Behavior Interventions and Supports (PBIS) Teams, and Student Assistance Teams. Depending on the size, capacity of the LEA and student needs, schools districts may be implementing one or more of these teams, and practices may vary depending on the local context.

Student Attendance Review Teams will be critical referral sources in the Community-Based Diversion System as they are responsible for ensuring schools adopt a comprehensive tiered approach to improving attendance through early identification and intervention of chronically absent students. Public Act 15-225, *An Act Concerning Chronic Absenteeism*, requires schools to track chronic absenteeism, and to institute Student Attendance Review Teams if schools or districts meet certain thresholds of chronic absenteeism rates. Additionally, CSDE has developed a chronic absenteeism prevention and intervention plan for use by local school districts. Over time, as schools and their community partners reduce the number of chronically absent students (defined as missing 10 percent or greater of the total number of days enrolled during the school year for any reason including excused and unexcused absences), the number of truants needing intervention will also decrease.

PA 16-147 section 11 requires, no later than August 15, 2017, the development of a plan for school-based diversion initiatives to reduce juvenile justice involvement among children and youth with mental health needs in schools with high rates of school-based arrests, disproportionate minority contact, and a high number of juvenile justice referrals. The Community-Based System Diversion Plan incorporates many aspects of a school-based diversion plan. Currently, eighteen schools are implementing SBDI to reduce school-based court referrals, increase referrals to alternative behavioral health services, and facilitate MOAs between police and school districts regarding the role of a School Resource Officer. A supplemental document will be developed by the JJPOC diversion workgroup that will provide further details on school-based diversion efforts.

Emergency Mobile Psychiatric Services (EMPS) – Community stakeholders must have access to crisis intervention services in order to quickly respond to children and youth with behavioral health needs who may be at risk of arrest without alternative interventions. Mobile Crisis Intervention services has proven to be an effective intervention for diverting children and youth from emergency department and inpatient hospitalization, arrest and potentially, court involvement. Although EMPS is an under-utilized intervention by certain sectors (e.g., police and schools), the service is available 24/7, to anyone in the state including police, schools, community based organizations and families. EMPS is funded and managed by DCF and is free to all children under age 18, regardless of insurance status or system involvement. Hours of mobility are from 6am to 10pm Monday through Friday, and from 1pm to 10pm on weekends and holidays. All calls during non-mobile hours are answered by a crisis intake specialist and EMPS is available to provide a mobile response the next day. EMPS providers have a consistent statewide mobile response rate of 90% or higher with a statewide median referral response time of 27 minutes (www.empsct.org). EMPS provides assessment, crisis stabilization, short-term intervention, linkage to therapeutic crisis respite/stabilization services and long-term care.

COMMUNITY BASED INTERVENTIONS

In order for the state to effectively develop a meaningful Community-Based Diversion System designed to divert children and youth away from the juvenile justice system, there needs to be a network of community care providers that can provide various levels of care customized to the needs of individual at-risk youth, including those referred to Juvenile Court. A growing body of research has informed the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) recommendation that juvenile diversion initiatives feature interventions which promote healthy bonds with, and respect for, prosocial members within the juvenile's family, peer, school, and community network, and provide an assortment of highly structured programming activities, including education and/or hands-on vocational training and skill development. The following community-based interventions and supports must be accessible, coordinated, and appropriately resourced in order to achieve the JJPOCs strategic goal of increasing diversion.

Juvenile Review Boards (JRB) – YSBs have built a unique system of diversion that uses a local, community driven approach that has been in existence since 1966. A JRB is a community-based collaborative diversion process for children and youth who might otherwise be referred to the Juvenile Court. JRBs are most often used for first-time non-felony juvenile offenders, as well as for status offenders (referrals resulting from FWSN behaviors such as truancy, runaway, beyond control, etc.). The JRB is designed to assist children, youth and their families with a strength-based approach and uses a restorative model. Each JRB, however, can decide on what types of cases it will ultimately accept dependent on their capacity and available resources. The end result of this process is identification of needs, program or service referral, restoration of harm done, and ultimately, no further violations of the law. In June of 2016, a first ever “JRB Protocols and Procedures Guide” was created by CYSA and its Juvenile Justice Liaison, in collaboration with the Office of the Chief State’s Attorney, to begin the process of creating more uniformity or “standardization” of the system using core components of a JRB process for increased success, while allowing for flexibility in order to best meet individual community needs.

The JRB system is currently comprised of 80 JRBs serving approximately 105 communities across Connecticut. In FY 2015-16, over 2,200 children and youth were served by JRBs statewide. The majority of JRBs are managed and staffed by YSBs through limited state, municipal and private YSB funding. Historically, JRBs have not received designated state funding, although they are routinely highlighted as a promising diversion practice within the state and nationally. Only recently, the DCF awarded funding to three city JRBs in Bridgeport, New Haven and Hartford, and a limited amount of enhancement funding for a portion of other JRBs across the state.

Positive Youth Development -- Pro-social experiences are the result of any program, service, or activity that builds skills to enhance behaviors and instill values that are positive, helpful, and directed towards the benefit of individuals, or society as a whole. Positive Youth Development programs/services can help at-risk children and youth connect to the right mix of opportunities, supports, positive roles, and relationships available to them in their communities.^{vi} Research has shown that these experiences have a reduction effect on youth participation in antisocial, destructive, and delinquent behaviors.^{vii} YSBs and a range of community based organizations are rooted in providing Positive Youth Development programming. Other programs include, but are not limited to, Brothers Big Sisters, Boys & Girls Clubs and YMCAs. However, these programs may not be available or accessible within every community due to the low levels of funding available for prevention and mentoring services or may have participation costs associated with them.

A key program in diversion efforts is mentoring. Mentoring provides children and youth with high-quality, one to one, same gender, adult mentors. The Governor’s Prevention Partnership serves as a statewide public policy advocate that identifies, demonstrates and promotes effective evidence-based mentoring practices. Statewide partners include schools, business, community and faith-based organizations and state agencies (JBCSSD, CDSE, and DMHAS) and national partners include OJJDP and the National Mentoring Partnership. In 2016, The Partnership, through an OJJDP grant is working with several communities to create mentoring opportunities for children and youth who are most at risk of involvement in the justice system. The Community-Based Diversion System Plan will leverage federal and corporate mentoring resources.

Truancy and Discipline Alternatives – Truancy is documented as one of the earliest and most predictive warning signs of a student at-risk of dropping out of high school. National studies indicate that truant children and youth are twenty-five times more likely to drop out before high school graduation than their non-truant counterparts. Truancy intervention programs exist in many forms, from task forces inside the school, to youth courts, to community programs. PA 16-147, section 7, removes truancy and defiant of school rules as FWSN offenses as of August 1, 2017. As a result, local school districts will need to alter their practices and responses to these behaviors. YSB's, as the coordinating hub, will increasingly become a resource for individual schools and school districts as a referral source for community services and a partner in service planning, navigation and family engagement. The JRB system stands to become an even more pivotal diversion system with increasing caseloads and increased case management as the new law takes effect. The JRBs will develop new guidelines and protocols for truancy referrals as all JRBs do not currently serve truants. Other alternatives will need to be developed within communities and schools to ensure that the underlying causes of these behaviors are addressed within a community and family context. Additionally, PA 16-147, section 9, requires CSDE to identify, by August 15, 2017, effective truancy intervention models for implementation by boards of education. School districts with a disproportionately high rate of truancy are required to implement a truancy intervention model identified by CSDE. The JJPOC diversion workgroup is working with CSDE to comply with these requirements and effective models will be incorporated into the Community-Based Diversion System Plan.

Family Strengthening & Support-- Programs/services emphasizing family interactions have been proven to be particularly effective in preventing delinquent behaviors in children and youth. Research suggests that these interventions, which include family therapy, family mediation, and parental training, provide sustained positive impacts on family bonding, conduct disorders, school engagement, choice of peers, and overall destructive and delinquent behavior choices.^{viii} Family-based interventions have been shown to be particularly effective in generating positive effects on a child's behavior and well-being by providing skills and strategies to the adults that are in the best position to guide and influence the child.^{ix} A range of family and evidence-based clinical interventions including Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT) and Multisystemic Therapy (MST) are currently implemented by community providers across Connecticut through contracts with DCF and JBCSSD. Children, youth and their families do not need to be actively involved with DCF to access DCF funded behavioral health programs, however access is subject to the availability of slots. Shared service and access coordination agreements between YSBs and JBCSSD and DCF contracted services are under consideration in order to ensure that these services can be accessed by children and youth being diverted from the juvenile justice system.

Behavioral Health, Mental Health and Substance Use -- Recognizing the high percentage of justice-involved children and youth with a diagnosable behavioral health condition, Connecticut's efforts to divert children and youth from the juvenile justice system and ensure that those with behavioral health needs have access to appropriate services is fully justified. The Community-Based Diversion System Plan is informed by and builds on the Children's Behavioral Health Plan developed pursuant to section 17a-22bb of the general statutes. The Children's Behavioral Health Plan calls for a redesign of the publicly financed system of behavioral health care designed to move toward a system in which access to services will be delinked from system involvement, insurance status, geographic location, and other factors. Financial mapping and resource analysis efforts are underway through the Children's Behavioral Health Plan Implementation Advisory Board which includes representatives from all relevant state agencies (many of whom are members of the JJPOC), the Judicial Branch, consumers, advocates and private providers.

The Children's Behavioral Health Plan articulates a vision for a behavioral health system that includes access to a range of community based prevention, early identification and intervention services and supports. Integral to the Community-Based Diversion System Plan is the explicit linkage of the behavioral health care coordination system with the YSBs as the coordinating hub for diversion. Many of the Children's Behavioral Health Implementation Plan strategies, are essential components of an integrated Community-Based Diversion System, however, the Children's Behavioral Health Implementation Plan has not been fully realized due to insufficient funding to date.

- Care Coordination – Children and youth with serious and complex behavioral health needs are frequently involved with and receive services from one or more public systems including: Medicaid, behavioral health, child welfare, juvenile justice, and special education. Navigating services across multiple systems with different eligibility criteria, funding streams and treatment options is challenging for many families. Connecticut has developed innovative approaches to ensure that children and youth with behavioral health needs have access to a coordinated system of services including, the Connecticut Network of Care Transformation (CONNECT) and the Care Management Entity (CME). Through these initiatives, seventy-five (75) care coordinators connect families to the array of services to address issues such as mental health disorders, substance use, parental depression and substance use, domestic violence and homelessness. The Children's Behavioral Health Plan calls for the expansion of care coordination to justice involved youth.
- Outpatient Care – Outpatient mental health services provided by Outpatient Psychiatric Clinics for Children (OPCCs), Child Guidance Clinics (CGCs), and other community-based organizations are often the first referral for a young person with behavioral health needs. In recent years, outpatient clinics have reported higher numbers of referrals for services, but funding has not increased sufficiently to meet the demand. In response to an increased understanding of the high rate of trauma experienced by justice involved children and youth, Connecticut has increased implementation of nationally recognized trauma-informed evidence-based services - including TARGET, TF-CBT, MATCH-ADTC, and other models - to address trauma symptoms and reduce escalation of need. Implementation of evidence-based practices at the outpatient level of care may require new reimbursement strategies to cover the additional costs associated with implementing evidence-based practices.
- Substance Use Services – Drug use and experimentation is a growing concern, with recreational marijuana, alcohol, opiate and prescription drug use increasingly prevalent among adolescents. These risky behaviors may lead to involvement with law enforcement and/or heavier drug use. Several evidence-based services exist for treating adolescent substance use and are supported by DCF and JBCSSD. DCF, in collaboration with Department of Mental Health and Addiction Services (DMHAS), recently began disseminating the Adolescent Screening Brief Intervention and Referral to Treatment (A-SBIRT) protocol and is providing training statewide. JBCSSD is collaborating with the National Center for Mental Health and Juvenile Justice to implement A-SBIRT with justice involved children and youth. Across the state there are multiple outpatient behavioral services that aim to replace structures supportive of drug and alcohol use with ones that promote a clean and healthy lifestyle.
- Intensive Clinic-Based Treatment – Access to community based intensive treatment programs such as Extended Day Treatment, Intensive Outpatient Programs and Partial Hospitalization Programs is needed in order to maintain children and youth in their homes, schools, and communities. A fully functioning Community-Based Diversion System will provide prevention, early identification and intervention in order to divert children and youth from needing more costly intensive treatment.

III. COST OPTIONS & IMPLEMENTATION TIMELINE

In order to achieve and sustain the JJPOC strategic goals of increasing diversion, reducing incarceration and decreasing recidivism, individual community capacity needs to be reconstituted as the alternative to state agency involvement and intervention. A coordinating hub that can weave together a system of supports and services that are individualized and developmentally appropriate is the core component of the Community-Based Diversion System Plan as specified in PA 16-147 section 18 (k). Additionally, a fully functional coordinating hub will be needed in order to accommodate future Raise the Age reforms.

The Community-Based Diversion System Plan would be implemented over a two year period beginning July 1, 2017 with full implementation effective as of July 1, 2018. At a minimum, \$6 million dollars (based on a population and case number formula which also includes additional administrative and oversight costs) over a two year period would be needed to increase the capacity of Youth Service Bureaus (YSBs) to effectively function as the coordinating hub for the Community-Based Diversion System over the two-year implementation period.

Costs associated with enhancing community-based mental and behavioral health and substance use interventions and fully implementing the Children's Behavioral Health Plan are already being developed by the Children's Behavioral Health Plan Implementation Advisory Board pursuant to P.A. 13-178 (cite existing CGS Sec.). The Board currently includes JJPOC representatives which allows for a consistency and integration in planning and avoids duplication or redundancy of these related efforts. Explicitly linking the work of the Children's Behavioral Health Plan Implementation Advisory Board with the Community-Based Diversion System Plan can both capitalize on the foundational work already completed and expedite implementation of shared recommendations.

The following page provides an overview of the implementation benchmarks and timeline for the Community-Based System Diversion Plan.

Community-Based Diversion System Implementation Timeline	
July 2017	<ul style="list-style-type: none"> • \$3 million dollars are allocated to increase the capacity of individual YSBs and the CYSA to implement new coordinating hub core functions (i.e., screening for appropriate referrals, system-wide data collection, cross-sector training) and to increase case management services stemming from the removal of truancy and defiance of school rules as FWSN offenses and the increase in the total number of youth diverted from the Juvenile Justice system as a result of continued system reforms.
August 2017	<ul style="list-style-type: none"> • Truancy and defiant of school rules are removed as FWSN offenses from the jurisdiction of the Juvenile Court. • An inventory of effective truancy intervention programs is made available to Boards of Education. • A Community-Based Diversion System Plan addendum is developed for school-based diversion to reduce JJ involvement among children with mental health needs.
October 2017	<ul style="list-style-type: none"> • The Children’s Behavioral Health Plan Implementation Advisory Board completes the financial mapping and resource analysis of the behavioral health service array that is most appropriate for addressing the mental and behavioral health and substance use needs of youth diverted from justice involvement and provides an update to the JJPOC Diversion workgroup.
January 2018	<ul style="list-style-type: none"> • The JJPOC Diversion workgroup reports to the JJPOC on the current implementation of the Community-Based Diversion System Plan and the capacity of the Community-Based Diversion System to handle all Family with Service Needs (FWSN) offenses potentially removed from the jurisdiction of the Juvenile Court. • The JJPOC Diversion workgroup and the Children’s Behavioral Health Plan Implementation Advisory Board jointly present an update to the JJPOC on the implementation of the Children’s Behavioral Health Plan to further enhance the array of mental and behavioral health and substance use services, specifically, for justice involved youth.
July 2018	<ul style="list-style-type: none"> • An additional \$3 million dollars are allocated to ensure that YSBs have the full capacity to function as the coordinating hub for the Community Based Diversion System and respond to the increase in the total number of youth diverted from the Juvenile Justice system. • The remaining Family with Service Needs (FWSN) offenses are removed from the jurisdiction of the Juvenile Court.
August 2018	<ul style="list-style-type: none"> • School districts with a disproportionately high rate of truancy implement a truancy intervention model.
January 2019	<ul style="list-style-type: none"> • The JJPOC Diversion workgroup reports to the JJPOC on the implementation of the Community-Based Diversion System Plan.

IV. JJPOC 2017 DIVERSION RECOMMENDATIONS

Recommendation # 1:

It is recommended that beginning July 1, 2017, the Community-Based Diversion System Plan, developed under the auspices of the JJPOC per PA 16-147 section 18(k), be implemented over a two year period. Such plan will increase the capacity of Youth Service Bureaus (YSBs) to effectively function as the coordinating hub for the Community-Based Diversion System which includes serving as the centralized diversion screening and referral mechanism. The expanded capacity also includes increased case management services stemming from the removal of truancy and defiance of school rules from the jurisdiction of the Juvenile Court and the significant increase in the total number of children and youth diverted from the Juvenile Justice system as a result of other system reforms. It is further recommended that the Plan be adequately funded, as outlined in the Community-Based Diversion System Plan, in order for more youth to avoid unnecessary and harmful contact with the justice system, to achieve greater public safety in our communities and to save unnecessary state spending in the juvenile and adult justice and corrections agencies, which results in part from inadequate diversion options.

Recommendation # 2:

It is recommended that the JJPOC diversion workgroup collaborate closely with the Behavioral Health Plan Implementation Advisory Board to identify the elements and the inherent costs of a behavioral health service array that are most appropriate for addressing the mental and behavioral health and substance use needs of children and youth diverted from justice involvement.

Recommendation # 3:

It is recommended that effective July 1, 2018 the remaining Family with Service Needs (FWSN) offenses be removed from the jurisdiction of the Juvenile Court which includes: (1) has without just cause run away from the parental home or other properly authorized and lawful place of abode, (2) is beyond the control of the child's or youth's parent, parents, guardian or other custodian, (3) is engaged in indecent or immoral conduct and (4) is 13 years old or older and has had sexual intercourse with another person and the other person is 13 years old or older and not more than two years older or younger than the child. The Diversion Work Group of the JJPOC will report to the JJPOC on January 1, 2018 on the capacity of the Community-Based Diversion System, created per PA16-147 section 18(k,) to manage and provide services.

APPENDIX A: Authorizing Legislation

The *Community-Based Diversion System Plan* is submitted to the Juvenile Justice Policy and Oversight Committee (JJPOC) pursuant to section 18 (k) of Public Act 16-147, *An Act Concerning the Recommendations of the Juvenile Justice Policy and Oversight Committee*, which requires the JJPOC to submit a plan, including cost options, for the development of community-based diversion system. Such plan shall include recommendations to address issues concerning mental health and juvenile justice including the following elements:

1. Diversion of children who commit crimes, excluding serious juvenile offenses, from the juvenile justice system;
2. Identification of services that are evidence-based, trauma-informed and culturally and linguistically appropriate;
3. Expansion of the capacity of juvenile review boards to accept referrals from municipal police departments and schools and implement restorative practices;
4. Expansion of the provision of prevention, intervention and treatment services by youth service bureaus;
5. Expansion of access to in-home and community-based services;
6. Identification and expansion of services needed to support children who are truant or exhibiting behaviors defiant of school rules and enhance collaboration between school districts and community providers in order to best serve such children;
7. Expansion of the use of memoranda of understanding pursuant to section 10-233m between local law enforcement agencies and local and regional boards of education;
8. Expansion of the use of memoranda of understanding between local and regional boards of education and community providers for provision of community-based services;
9. Recommendations to ensure that children in the juvenile justice system have access to a full range of community-based behavioral health services;
10. Reinvestment of cost savings associated with reduced incarceration rates for children and increased accessibility to community-based behavioral health services;
11. Reimbursement policies that incentivize providers to deliver evidence-based practices to children in the juvenile justice system;
12. Recommendations to promote the use of common behavioral health screening tools in schools and communities;
13. Expansion of service capacities informed by an examination of grant funds and federal Medicaid reimbursement rates.

The Community-Based Diversion System Plan also incorporates additional sections of Public Act 16-147 including:

- Section 7: Eliminates truancy and defiant of school rules as grounds for a Families With Service (FWSN) complaint.
- Section 9: Identify effective truancy intervention models for local school district implementation.
- Section 11: Plan for school based diversion for children with mental health needs

ENDNOTES

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ⁱⁱ McCord, J., Widom, C.S., and Crowell, N.A., eds. (2001) *Juvenile Crime, Juvenile Justice. Panel on Juvenile Crime: Prevention, Treatment, and Control*. Washington, DC: National Academy Press, p. 79-80.

<https://www.nap.edu/read/9747/chapter/5>

ⁱⁱⁱ Ibid, p. 90-94. <https://www.nap.edu/read/9747/chapter/5>

^{iv} Thornberry, T.P. and Krohn, M.D. (1997) "Peers, Drug Use, and Delinquency." In Stoff D.M., Breiling J., and Maser J.D., eds. *Handbook of Antisocial Behavior*. New York, NY: Wiley, p. 218-233.

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