



# INFLUENCE OF COURT-ORDERED FORENSIC EVALUATIONS ON JUVENILE JUSTICE SYSTEM-INVOLVED YOUTH





# **Influence of court-ordered forensic evaluations on juvenile justice system-involved youth**

## **Evaluation of River Valley Detention Center's Detention to Probation Continuum of Care program**

**December 2014**

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This project was supported by Grant #09SUB90055 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Authority or the U.S. Department of Justice.

Suggested citation: Skorek, R. (2014). *Influence of court-ordered forensic evaluations on juvenile justice system-involved youth: Evaluation of River Valley Detention Center's Detention to Probation Continuum of Care program*. Chicago, IL: Illinois Criminal Justice Information Authority.

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# Acknowledgements

The Authority wishes to thank the following individuals and agencies for providing assistance and guidance for this project:

Terrie Badgett, River Valley Detention Center  
Carl Brown, Director of Court Services, Kankakee County  
Michael Costigan, Director of Court Services, Will County  
The Honorable Paula Gomora, Juvenile Court of Will County  
Robert Hesch, Will County Juvenile Probation Supervisor  
The Honorable Michael Kick, Juvenile Court of Kankakee County  
Thomas Latham, Kankakee County Juvenile Probation Supervisor  
Debra Miklic, Business Manager, River Valley Detention Center  
Dr. Nicholas O’Riordan, Supervising Psychologist, River Valley Detention Center  
Superintendent John Prinzi, River Valley Juvenile Detention Center  
Grace Seggebruch, Kankakee County Juvenile Probation Supervisor  
Douglas Wilson, Assistant Director, Will County Juvenile Probation  
Susan Witkin, Senior Coordinator of Research Programs, University of Illinois  
Tad Zito, Assistant Superintendent, River Valley Detention Center

The agency would like to acknowledge the following Authority staff for their assistance:

Sharyn Adams  
Lindsay Bostwick  
Jordan Boulger  
Lisa Braude  
Jack Cutrone  
Cristin Monti Evans  
Mark Myrent  
Ernst Melchior  
Mark Powers  
Jessica Reichert  
Amy Sylwestzak, intern  
Christine Devitt Westley

The Authority wishes to thank the following county juvenile probation departments for their participation in and assistance on this project:

Kankakee County Juvenile Probation Department  
Will County Juvenile Probation Department

# Table of contents

<b>Key findings</b> .....	<b>1</b>
Characteristics of evaluation sample .....	2
Evaluation of implementation of DPCC program phases .....	3
Evaluation of impact of DPCC program participation .....	5
Implications for policy and practice.....	8
<b>Introduction</b> .....	<b>9</b>
<b>Justice system involved-youth mental health needs</b> .....	<b>12</b>
Responding to justice system-involved youth mental health needs .....	13
<b>Methodology</b> .....	<b>19</b>
Administrative data.....	20
Stakeholder interviews .....	23
Research limitations.....	24
<b>Characteristics of evaluation sample</b> .....	<b>25</b>
<b>Evaluation of implementation of DPCC program phases</b> .....	<b>27</b>
I. Institutional phase—Mental health screen in-detention.....	27
II. Structured phase—Forensic evaluation.....	36
III. Reintegration phase—Implementation of rehabilitative plan .....	41
<b>Evaluation of impact of DPCC program participation</b> .....	<b>45</b>
Evaluation sample conditions of probation .....	48
Conditions of probation by DPCC program participation .....	50
Justice system outcomes .....	55
Evaluation sample reoffending by characteristics.....	58
Justice system outcomes by risk assessment levels .....	61
Justice system outcomes by DPCC program participation .....	66
Enrollment of moderate/high risk youth with mental health needs .....	72
Risk/mental health needs groupings by DPCC program participation.....	74
DPCC participant completion of appropriate community-based treatment services by risk/mental health needs groupings.....	75
Sampled youth justice system outcomes by risk/mental health needs groupings .....	77
<b>Implications for policy and practice</b> .....	<b>79</b>
Target higher risk youth with mental health needs.....	79
Address barriers to community-based treatment services .....	80
Develop integrated case management.....	80
<b>Conclusion</b> .....	<b>82</b>
<b>References</b> .....	<b>83</b>

# List of tables

Table 1: Prior detention admissions and arrests (n= 211) .....	25
Table 2: Evaluation sample characteristics (n= 211) .....	26
Table 3: Probation offense categorized by class and type (n= 211) .....	26
Table 4: Days detained by probation offense (n= 211) .....	28
Table 5: Days detained by prior justice system involvement (n= 211) .....	28
Table 6: Evaluation sample characteristics by mental health screen (n= 211) .....	29
Table 7: Mental health screen by age (n= 211) .....	29
Table 8: Risk, needs, and assets gathered from mental health screen (valid n= 102) .....	31
Table 9: Characteristics by program participation (n= 211) .....	37
Table 10: DPCC program participation by age (n= 211) .....	37
Table 11: Supplemental characteristics by court-ordered forensic evaluation (valid n= 102) .....	39
Table 12: Compliance to forensic evaluation referrals (valid n= 72) .....	42
Table 13: Judicially imposed probation condition by type of probation supervision (n= 211) .....	48
Table 14: Type of probation sentence by DPCC program participation (n= 211) .....	50
Table 15: Rearrest rate per year across entire follow-up period (valid n= 194) .....	58
Table 16: Characteristics by reoffending (valid n= 194) .....	58
Table 17: Prior justice system involvement by rearrest (valid n= 194) .....	59
Table 18: Evaluation sample justice system outcomes (n= 211) .....	61
Table 19: YASI risk assessment levels (n= 211) .....	62
Table 20: YASI risk assessment levels by DPCC program participation (n= 211) .....	63
Table 21: Justice system outcomes by YASI risk assessment level (valid n= 186) .....	64
Table 22: Rearrest rate by risk assessment levels (valid n= 194) .....	65
Table 23: Justice system outcomes by DPCC program participation (n= 211) .....	67
Table 24: Rearrest rate by DPCC program participation (valid n= 194) .....	70
Table 25: Rearrest rate by true DPCC program participation (valid n= 181) .....	70
Table 26: Risk/behavioral health needs groupings by DPCC program participation (valid n= 105) .....	74
Table 27: DPCC participant completion of appropriate community-based treatment services by risk/mental health needs groupings (valid n= 64) .....	76

# List of figures

Figure 1: Mental functioning as a continuum .....	12
Figure 2: Essential components of the Detention to Probation Continuum of Care program....	16
Figure 3: Evaluation of Detention to Probation Continuum of Care program implementation...	19
Figure 4: Evaluation of Detention to Probation Continuum of Care program impact .....	20
Figure 5: Process of obtaining evaluation sample .....	21
Figure 6: Psychosocial and environmental problems by gender (valid n= 97) .....	32
Figure 7: Psychosocial and environmental problems by nature of offense (valid n= 97) .....	32
Figure 8: Psychosocial and environmental problems of youth in Institutional phase—Mental health screen (valid n= 76) .....	33
Figure 9: Mental functioning assessed by Children’s Global Assessment Scale (valid n= 102) .....	34
Figure 10: Psychiatric diagnoses from mental health screen—Institutional phase (valid n= 71) .....	34
Figure 11: Mutually exclusive psychiatric diagnoses by gender (valid n= 98) .....	35
Figure 12: Mutually exclusive psychiatric diagnoses by nature of offense (valid n= 98) .....	35
Figure 13: Conditions of probation referred by RVDC mental health staff (valid n= 67) .....	41
Figure 14: Compliance to forensic evaluation referrals (valid n= 72) .....	43
Figure 15: Judicially ordered probation conditions completely reflective of DPCC participant referrals (valid n= 27) .....	44
Figure 16: Sampled youth characteristics by program participation (n= 211) .....	47
Figure 17: Judicially imposed conditions of probation (valid n= 139) .....	49
Figure 18: Completed judicially imposed conditions of probation (valid n= 56) .....	49
Figure 19: Judicially imposed probation conditions by program participation (n= 211) .....	51
Figure 20: Completed judicially imposed probation conditions by program participation (n= 211) .....	51
Figure 21: Completed judicially imposed probation conditions by forensic evaluation referral status (n= 211) .....	52
Figure 22: Implementation of forensic evaluation referrals through conditions of probation (valid n= 72) .....	53
Figure 23: Forensic evaluation referrals completed as probation conditions (valid n= 7) .....	54
Figure 24: Age of evaluation sample by justice system phase (n= 211) .....	55
Figure 25: Rearrests by offense class (valid n= 194) .....	57
Figure 26: Percent rearrested by follow-up period (valid n= 194) .....	58
Figure 27: Number of rearrests by follow-up period (valid n= 194) .....	58
Figure 28: Evaluation sample justice system outcomes (n= 211) .....	60
Figure 29: YASI risk assessment levels and protective scores (valid n= 186) .....	62
Figure 30: Justice system outcomes by YASI risk assessment level (valid n= 186) .....	63
Figure 31: Percent rearrested by follow-up period and risk assessment level (valid n= 194) .....	65
Figure 32: Number of rearrests by follow-up period and risk assessment level (valid n= 194) .....	65
Figure 33: Justice system outcomes by DPCC program participation (n= 211) .....	66
Figure 34: Percent rearrested by DPCC program participation and follow-up period (valid n= 194) .....	68
Figure 35: Number of rearrests by DPCC program participation and follow-up period (valid n= 194) .....	68
Figure 36: Risk/behavioral health needs groupings .....	72
Figure 37: Sampled youth by risk/behavioral health needs groupings (valid n= 105) .....	73
Figure 38: Sampled youth justice system outcomes by risk/mental health needs groupings (valid n= 105) .....	78



# Key findings

This evaluation measured implementation and impact of the Detention to Probation Continuum of Care (DPCC) program administered through a collaboration of River Valley Detention Center (RVDC) mental health staff, and Will and Kankakee county juvenile court judges and probation officers. In 2011, RVDC had 667 youth admissions between the ages of 10 and 17, with an estimated 50 percent released into the community under court supervision monitored by a probation officer (*Appendix A*).

The DPCC program has three phases:

1. Institutional phase, in which youth receive mental health screening while in detention. The mental health screening is administered by RVDC mental health staff to identify factors among detained youth that may be leading to delinquency, ascertain if there are any mental health disorders present, and establish appropriate in-detention care, including prescription of psychotropic medications. A mental health screening can only be completed if RVDC mental health staff were able to meet with the detained youth prior to their release.
2. Structured phase, which is the completion of a court-ordered forensic evaluation by RVDC mental health staff. This evaluation is ordered by the juvenile court judge during a youth's detention hearing occurring within 40 hours of detention admission. The forensic evaluation is conducted for the purpose of developing a rehabilitative plan to guide sentencing conditions and supervision in the least restrictive manner. The mental health screen provides a foundation for the court-ordered forensic evaluation.
3. Reintegration phase, which begins when the judge receives the forensic evaluation report at the youth's adjudication hearing and ends at completion of the probation supervision. The forensic evaluation report includes a rehabilitative plan that describes appropriate community-based treatment services, such as counseling or psychiatric treatment, to be judicially imposed through conditions of probation. Completion of community-based care is monitored by a Will or Kankakee county probation officer.

RVDC implemented the DPCC program in 2003 and since its inception and up until September 2013, the Illinois Criminal Justice Information Authority (ICJIA) supported it through grant funding. In 2010, additional funding was awarded so that DPCC program services could expand and include community-based counseling for detained youth upon release from the detention facility.

ICJIA researchers used two methods to conduct this evaluation. One method was interviews with stakeholders to gain a better understanding of DPCC program activities and the utility of court-ordered forensic evaluations. The second method was analysis of detention and probation data on a sample of 211 youth who were detained at RVDC between 2003 and 2009 and discharged from Will and Kankakee probation between 2007 and 2009. These data allowed ICJIA researchers to

assess the extent to which these youth progressed through the DPCC program phases and to track their compliance with sentencing conditions, and subsequent detention admissions and arrests.

Research questions to measure **program implementation** included:

- Institutional phase—To what extent did those juvenile detainees who were ultimately eligible for probation-based mental health treatment receive a mental health screen?
- Structured phase—To what extent did those juvenile detainees who were ultimately eligible for probation-based mental health treatment receive a court-ordered forensic evaluation (were DPCC program enrolled/participants)?
- Reintegration phase—To what extent did conditions of probation regarding community-based treatment services reflect the rehabilitative plan developed through the court-ordered forensic evaluation?

Research questions to measure **program impact** included:

- To what extent did receiving a court-ordered forensic evaluation influence conditions of probation regarding community-based treatment services?
- To what extent did those receiving a court-ordered forensic evaluation receive indicated treatment services and subsequently have higher rates of compliance with judicially imposed conditions of probation, and fewer detention admissions and arrests?
- To what extent did moderate/high risk juvenile probationers with mental health needs receive a mental health screen and/or court-ordered forensic evaluation?
- To what extent did moderate/high risk juvenile probationers with mental health needs complete appropriate community-based treatment services?

## **Characteristics of evaluation sample**

Key characteristics of evaluation sample included (n= 211):

- All were discharged from probation between 2007 and 2009 and detained at River Valley Detention Center (RVDC) for that probation offense between 2003 and 2009 (n= 211, 100 percent).
- Three-quarters were male (n= 160, 76 percent).
- Eighty-five percent were between 14 and 16 years old when detained at RVDC for an offense that led to a probation sentence (n= 179).
- Fifty-four percent were black (n= 113) and about one-quarter were white (n= 55, 24 percent) or Hispanic (n= 43, 20 percent).
- For 83 percent, this was their first detention center admission (n= 175).
- Eighty-one percent had at least one prior arrest (n= 171).
- Fifty-nine percent were detained at RVDC and sentenced to probation for misdemeanors (n= 124), with most being offenses against persons, such as domestic battery.
- The average length of stay in RVDC was 14 days (SD= 19.32) with a range of less than 24 hours to 168 days. The most common detention period was one day.

- Thirty-nine percent had a history of mental health treatment (n= 82), including past psychiatric hospitalization (n= 46, 22 percent), outpatient mental health treatment (n= 64, 30 percent), and taking psychotropic medication (n= 52, 25 percent).

## Evaluation of implementation of DPCC program phases

### Institutional phase—Mental health screen in-detention

RVDC mental health staff created a screening instrument to identify any mental health needs detained youth had that could have led to justice system involvement. Sixty-eight percent of this evaluation sample were screened prior to release (n= 144), but 32 percent were not (n= 67). The time from detention admission to RVDC mental health staff meeting with detained youth to administer the mental health screen averaged three days (n= 120, mean= 3.24 days, SD= 3.27). Nearly all of the evaluation sample who did not receive a mental health screen were released from RVDC at their detention hearing (n= 52, 94 percent). The detention hearing occurred on average within 30 hours of detention admission (n= 211, mean= 1.30 days, SD= 1.00). A logistic regression analysis was performed to identify evaluation sample characteristics that were predictive of having a mental health screen. Time detained was not included in the analysis because it too strongly associated with the dependent variable, mental health screen ( $r^2 = 0.80$ , n= 211,  $p < 0.001$ ). Three characteristics predicted having a mental health screen:

1. Hispanic youth were 2.57 times as likely to have a screen as whites.
2. Youth with histories of mental health treatment were 4.28 times as likely to have a screen as those without such history.
3. For every year of age, the odds of having a screen increased by a factor of 1.29.

### Structured phase—Judicial order for forensic evaluation

RVDC mental health staff completed forensic evaluations, as ordered by juvenile court judges at youth detention hearings. The mental health screen information served as a foundation for the forensic evaluation. Of the evaluation sample (n= 211), 40 percent received a court-ordered forensic evaluation (n= 85). These youth were considered DPCC participants for the purpose of this evaluation. Two logistic regression analyses were performed to identify evaluation sample characteristics that were predictive of receiving a judicial order for a forensic evaluation. Altogether, eight characteristics predicted receiving a forensic evaluation, with many of which are collected on the mental health screen.

1. Male youth were 47 percent less likely to undergo forensic evaluation than female youth.
2. Youth with a history of mental health treatment were 2.85 times as likely to become a DPCC participant as those who did not have such history.
3. Youth admitted to detention for a violent offense were 1.99 times as likely to become a DPCC participant as those with a non-violent offense.
4. Youth identified as having a primary support group problem, such as history of neglect, or physical or sexual abuse were 3.43 times as likely to become a DPCC participant as those without such factor.

5. Youth with a social environmental problem, such as discrimination or lack of peer support were much more likely to become a DPCC participant as those without such factors (40.1 times).
6. Youth who met diagnostic criteria for a psychiatric disorder were 4.9 times as likely to be a DPCC participant as those who did not.
7. Youth who attended an alternative/therapeutic school were 90 percent less likely to become a DPCC participant than those who attended a regular school.
8. Youth who reported gang activity were 73 percent less likely to become a DPCC participant than those who reported no gang activity.

Of those who received a court-ordered forensic evaluation (n=85), ICJIA researchers obtained copies of forensic evaluation reports for more than three-quarters (n= 72, 85 percent). Included in the forensic evaluation reports were rehabilitative plans that consisted of referrals to community-based treatment services such as counseling, psychiatric treatment, anger management, and substance treatment. Of the available forensic evaluation reports (n= 72), RVDC mental health staff made the following referrals for community-based treatment services:

- Counseling—More than three-quarters of DPCC participants were referred (n= 59, 82 percent).
- Psychiatric treatment—More than half of DPCC participants were referred (n= 39, 54 percent).
- Anger management—About one-quarter of DPCC participants were referred (n=19, 26 percent).
- Substance treatment—About one-quarter of DPCC participants were referred (n= 19, 26 percent).
- No community-based treatment services referred—Five DPCC participants (7 percent) were not referred to any of the four community-based treatment services.

A total of 136 referrals for community-based treatment services were recorded across the 72 DPCC participants whose forensic evaluation report was obtained. Seventy-one percent had multiple referrals to community-based treatment services (n= 52):

- Sixteen DPCC participants had only one referral, with 81 percent being for counseling (n= 13).
- Thirty-five DPCC participants had two referrals, with 60 percent being for counseling and psychiatric treatment (n= 21).
- Fourteen DPCC participants had three referrals, with 50 percent being for substance treatment, counseling, and psychiatric treatment (n= 7).
- Two DPCC participants were referred to all four community-based treatment services.

### **Reintegration phase: Implementation of rehabilitative plan through conditions of probation**

The reintegration phase is the last component of the DPCC program and is contingent upon juvenile court judges imposing conditions of probation that reflect the rehabilitative plans developed by RVDC mental health staff through court-ordered forensic evaluations. The goal of

this phase is to link youth to community-based treatment services that addresses unmet mental health needs while being supervised by a probation officer. At times, DPCC participants' conditions of probation imposed by juvenile court judges did not reflect the rehabilitative plan developed by RVDC mental health staff. Although, DPCC participants had a total of 136 referrals for community-based treatment services, juvenile court judges imposed 171 related conditions of probation.

- Counseling—Of the 59 DPCC participants referred by RVDC mental health staff, 46 had it judicially imposed as a condition of probation, but 13 did not. There were also 13 DPCC participants who were not referred to counseling by RVDC mental health staff, with nine never having it judicially imposed as a condition of probation, but four did.
- Psychiatric—Of the 39 DPCC participants referred by RVDC mental health staff, 31 had it judicially imposed as a condition of probation, but eight did not. In addition, of the 33 DPCC participants not referred to psychiatric treatment by RVDC mental health staff, 32 were not judicially ordered it as a condition of probation, but one was.
- Anger management—Of the 19 DPCC participants referred by RVDC mental health staff, 16 had it judicially imposed as a condition of probation, but three did not. Further, there were 53 DPCC participants who were not referred to anger management by RVDC mental health staff, with 34 never having it judicially imposed as a condition of probation, but 19 did.
- Substance—Of the 19 DPCC participants referred by RVDC mental health staff, 19 had it judicially imposed as a condition of probation. There were also 53 DPCC participants who were not referred to substance treatment by RVDC mental health staff, with 36 not having it judicially ordered as a condition of probation, but 17 did.
- No community-based treatment services referred—Of the five DPCC participants who were not referred by RVDC mental health staff for any of the four community-based treatment services, three had no such conditions of probation judicially imposed, but two did.

Altogether, 40 percent of the DPCC participants had their rehabilitative plan implemented by the juvenile court judge as recommended by RVDC mental health staff (n= 30). For these youth, the conditions of probation imposed (n= 27) or not imposed (n= 3) matched exactly with their rehabilitative plans indicated by the court-ordered forensic report.

## **Evaluation of impact of DPCC program participation**

The impact of the DPCC program was assessed by two measures: the extent to which the evaluation sample completed judicially imposed conditions of probation and the extent to which the sample had continued justice system involvement defined as a subsequent detention admission and/or arrest.

ICJIA researchers grouped sampled youth by the extent to which they participated in the DPCC program—32 percent were released from detention without having a mental health screen or forensic evaluation—non-participant group (n= 67), 28 percent had *only* a mental health screen (n= 59), and 40 percent had *both* a mental health screen and court-ordered forensic evaluation conducted to develop rehabilitative plans before released—forensic evaluation group (n= 85).

The characteristics of the non-participant group included (n= 67):

- Seventy-eight percent were released from RVDC into the community at their detention hearing (n= 52). The average time detained for the probation offense was 8 days (SD= 19 days) ranging from less than 24 hours to 119 days.
- Eighty-four percent were male (n= 56).
- Average age of 14.69 years old (SD= 1.35).
- Sixteen percent had a prior detention admission (n= 11).
- Seventy-six percent had a prior arrest incident (n= 51).
- Fifty-four percent were black (n= 36), 28 percent were white (n= 19), and 18 percent were Hispanic (n= 12).
- Sixty-three percent were detained at RVDC and sentenced to probation for a violent-related offense (n= 42).
- Eighteen percent had a mental health treatment history (n= 12 youth).
- Six percent had a substance treatment history (n= 4).

The characteristics of the mental health-screened group included (n= 59):

- Five percent were released from RVDC into the community at their detention hearing (n= 3). The average time detained for the probation offense was 17 days (SD= 17 days) ranging from 1 to 104 days.
- Eighty-one percent were male (n= 48).
- Average age of 15.05 years old (SD= 1.06).
- Twenty-two percent had a prior detention admission (n= 13).
- Eighty-five percent had a prior arrest incident (n= 50).
- Fifty-one percent were black (n= 30), 17 percent were white (n= 10), and 32 percent were Hispanic (n= 19).
- Forty-one percent were detained at RVDC and sentenced to probation for a violent-related offense (n= 24).
- Thirty-nine percent had a mental health treatment history (n= 23).
- Three percent had a substance treatment history (n= 2).

The characteristics of the forensic evaluation group included (n= 85):

- There were no youth released from RVDC into the community at their detention hearing (n= 0). The average time detained for the probation offense was 17 days (SD= 20 days) ranging from 3 to 168 days.
- Thirty-four percent were male (n= 29).
- Average age of 14.88 years old (SD= 1.11).
- Fourteen percent had a prior detention admission (n= 12).
- Eighty-two percent had a prior arrest incident (n= 70).
- Fifty-five percent were black (n= 47), 31 percent were white (n= 26), and 14 percent were Hispanic (n= 12).
- Sixty-seven percent were detained at RVDC and sentenced to probation for a violent-related offense (n= 57).
- Fifty-five percent had a mental health treatment history (n= 47).
- Nine percent had a substance treatment history (n= 8).

## Conditions of probation by DPCC program participation

All sampled youth were released from detention, so that they could be supervised in the community by a probation officer (n= 211, 100 percent). Two-thirds were sentenced to formal probation (n= 139, 66 percent), but one-third received continuance under supervision (n= 72, 34 percent). Formal probation is for youth adjudicated delinquent and continuance under supervision is for youth whose cases are petitioned to court, but have not been formally adjudicated. Conditions of probation were compared by the three subgroups of DPCC program participation: group of non-participants (n= 67, 32 percent), mental health-screened group (n= 59, 28 percent), and forensic evaluation group (n= 85, 40 percent).

- The forensic evaluation group was most likely sentenced to formal probation (n= 65, 77 percent) compared to the group of non-participants (n= 33, 49 percent) and mental health-screened group (n= 41, 70 percent).
- The forensic evaluation group had twice as many participants with a judicially imposed condition of probation (n= 76, 89 percent) than the mental health-screened group (n= 32, 54 percent) and the non-participant group (n= 31, 46 percent).
- About two-thirds of the forensic evaluation group completed a judicially imposed condition of probation as ordered (n= 52, 61 percent) compared to about one-third of the non-participant group (n= 21, 31 percent) and the mental health-screened group (n= 25, 42 percent). These findings suggested court-ordered forensic evaluations influenced linkages to community-based treatment services through conditions of probation.
- More than two-thirds of the forensic evaluation group (n= 59, 69 percent) and the non-participant group (n= 49, 73 percent) completed probation as scheduled or received early termination. Less than two-thirds of the mental health-screened group completed as scheduled or were terminated early (n= 33, 56 percent).

## Justice system outcomes by DPCC program participation

Will and Kankakee County probation officers assessed nearly all of the evaluation sample youths' risk for reoffending at intake by administering the Youth Assessment and Screening Instrument (YASI) (n= 186, 88 percent). Some were assessed at *Low* risk (n= 84, 40 percent) or *Moderate* risk (n= 83, 39 percent). Few were assessed at *High* risk (n= 19, 9 percent). In some cases, risk was unknown (n= 25, 12 percent).

YASI risk assessment levels did not differ across the non-participant group, the mental health-screened group, and the forensic evaluation group:  $X^2(4, N= 186) = 4.68, p= .322$ .

- The mental health-screened group violated their probation conditions most often (n= 26 youth, 44 percent), followed by the group of non-participants group (n= 20, 30 percent) and the forensic evaluation group (n= 25, 29 percent).
- The mental health-screened group were most often unsuccessfully discharged from probation (n= 20, 34 percent), followed by the non-participant group (n= 14, 21 percent) and the forensic evaluation group (n= 19, 22 percent).

- The number of subsequent detention admissions was the same between the mental health-screened group and the forensic evaluation group— and higher than the non-participant group (35 percent and 27 percent, respectively).
- The forensic evaluation group (n= 85) had the fewest youth rearrested (66 percent compared to 75 percent).
- The mental health screen group had the most youth rearrested for a felony offense (n= 29 49 percent).

The non-participant group had the highest percent rearrested by the end of the average follow-up period of five and a half years (n= 50, 88 percent) compared to the mental health-screened group (n= 44, 79 percent) and forensic evaluation group (n= 56, 69 percent). A chi-squared test revealed a significant difference: ( $\chi^2 = 6.66$ ,  $df = 2$ ,  $p = 0.04$ ). Additional chi-squared tests were conducted to determine which of the paired groups significantly differed and an adjusted alpha level of .02 was established. The non-participant group was significantly different from the forensic evaluation group ( $p = 0.01$ ). There was no significant difference between the non-participant group and the mental health-screened group ( $p = 0.19$ ), or between the forensic evaluation group and the mental health-screened group ( $p = 0.22$ ).

The non-participant group averaged four rearrests within the average follow-up period of five and a half years (n= 57, mean= 4.23, SD= 4.06) as did the mental health-screened group (n= 56, mean= 3.88, SD= 4.74). The forensic evaluation group had the least amount of rearrests within the follow-up period (n= 81, mean= 2.53, SD= 3.31). A one-way ANOVA suggested the difference between sampled groups rearrests within the follow-up period was significant ( $F(2, 191) = 112.85$ ,  $p = 0.03$ ). Employing the Bonferroni post-hoc test, a significant difference was found between the non-participant group and the forensic evaluation group ( $p = .04$ ). There was no significant difference between the non-participant group and the mental health-screened group ( $p = 1.00$ ), or between the forensic evaluation group and the mental health-screened group ( $p = 0.16$ ).

## Implications for policy and practice

Key recommendations to improve DPCC program implementation and impact include:

- Increase opportunities to address RVDC youth mental health needs by offering services outside of detention.
- Strengthen collaboration between supervision and treatment to address barriers to implementing forensic evaluation referrals for community-based treatment services.
- Enhance records that document RVDC youth information and DPCC program participation, so that effective supervision may occur.



# Introduction

River Valley Detention Center (RVDC), located in Joliet, is a temporary placement center for youth awaiting court decisions. RVDC serves youth arrested in Will and Kankakee counties and includes 102 beds. In 2012, Illinois had 12,002 admissions of youth between 10 and 17 years of age across the 17 detention centers. River Valley Detention Center had 763 admissions in 2012, which was third highest among the 17 juvenile detention centers in the state, and accounted for 6 percent of the state total that year (12,002). The average daily population of River Valley was 42 youth. See *Appendix B* for a list and *Appendix C* for a map of detention admissions by county in which the facility is located.

In December 2003, RVDC developed a mental health model called the Detention to Probation Continuum of Care (DPCC) program to address mental health needs of detained youth through appropriate community-based treatment services imposed as conditions of probation. The DPCC program is administered through a collaboration of River Valley Detention Center (RVDC) mental health staff, and Will and Kankakee county juvenile court judges and probation officers.

The DPCC program has three phases:

1. Institutional phase begins upon youth admission to detention center and ends upon release. The goal is for RVDC mental health staff to administer a mental health screening for all detained youth to identify factors that may be leading to delinquency, ascertain if there are any mental health disorders present, and establish appropriate in-detention care, including prescription of psychotropic medications. The institutional phase, in which youth receive a mental health screening in-detention, can only occur if RVDC mental health staff were able to meet with the detained youth prior to their release. Frequently youth are released from detention prior to having a mental health screen.
2. Structured phase begins at the youth detention hearing and is completed at the adjudication hearing. The goal is for RVDC mental health staff to conduct a court-ordered forensic evaluation for the purpose of developing a rehabilitative plan to guide sentencing conditions and supervision in the least restrictive manner. The mental health screen provides a foundation for the court-ordered forensic evaluation. The structured phase only occurs when the juvenile court judge orders a youth to receive a forensic evaluation. That decision is made at the detention hearing which must be held within 40 hours of detention admission. Subsequently a continuance of detention may be ordered for the evaluation to be completed in-house at RVDC.
3. Reintegration phase, begins at the adjudication hearing when the judge receives the forensic evaluation report and ends at completion of the probation supervision. The forensic evaluation report includes a rehabilitative plan that describes appropriate community-based treatment services, such as counseling or psychiatric treatment, to be judicially imposed through conditions of probation. Completion of community-based care was monitored by a Will or Kankakee county probation officer.

Since its inception and up until September 2013, the Illinois Criminal Justice Information Authority (ICJIA) supported the DPCC program through grant funding. A total of \$504,000 in Justice Assistance Grant (JAG) funds were provided over 10 years—about \$50,000 per year, for mental health staff salaries and to purchase psychometric tools used for court-ordered forensic evaluations. A court-ordered forensic evaluation can refer to any examination that is performed for use in a legal context to assist decision-making about a court case. This report presents findings related to court-ordered forensic evaluations conducted for youth disposition hearings. The evaluations provide juvenile court judges with information about the types of services and supervision that are needed for a particular youth being sentenced. Recent research suggests that by identifying delinquent youth mental health needs and addressing those through community-based treatment services, offending may be reduced (Snyder & Sickmund, 2006).

Prior to ICJIA funding in 2010, DPCC programmatic data suggested 40 percent of RVDC youth received court-ordered forensic evaluations while in detention. More than 50 percent were sentenced to probation and the evaluations may inform program referrals (See *Appendix A*). ICJIA therefore awarded additional funds to increase DPCC program capacity and expand it to include community-based counseling after DPCC participants' release from RVDC.

This research was conducted to better understand the DPCC program model and the extent to which court-ordered forensic evaluations influence linkage to community-based treatment services and enhance juvenile justice outcomes of probation compliance and subsequent reduced detention admissions and arrests. This evaluation was conducted given the Authority's investment in the DPCC program, as well as the need to understand how it could serve as a model for other jurisdictions. However, it is important to note that the sampling frame was initially derived from probation rather than detention dataset. Thus, only detainees who had subsequent probation contact were included in the analysis.

This evaluation of the DPCC program had the following goals and objectives:

1. Evaluate implementation of DPCC program activities:
  - Measure the extent to which RVDC mental health staff screened juvenile detainees for mental health needs.
  - Identify characteristics of juvenile detainees predictive of being screened.
  - Measure the extent to which Will and Kankakee Counties' juvenile court judges ordered juvenile detainees to receive a forensic evaluation in-detention.
  - Identify characteristics of juvenile detainees predictive of being ordered a forensic evaluation.
  - Learn juvenile court judges' and probation officers' use of forensic evaluations.

2. Evaluate impact of full DPCC program participation on justice system outcomes:
  - Examine the extent to which judges impose conditions of probation that are reflective of rehabilitative plans developed through court-ordered forensic evaluations.
  - Measure the extent to which receiving a court-ordered forensic evaluation increased linkage to appropriate community-based treatment services and ultimately increased probation compliance and decreased subsequent detention admissions and arrests.
  - Explore the extent to which moderate/high risk juvenile probationers with indicated mental health needs received a mental health screen and/or court-ordered forensic evaluation; and if so whether they completed appropriate community-based treatment services.

The evaluation will be utilized in order to:

- identify strategies to improve implementation of DPCC program activities, and
- offer strategies to strengthen the connection between DPCC program objectives and their program activities.

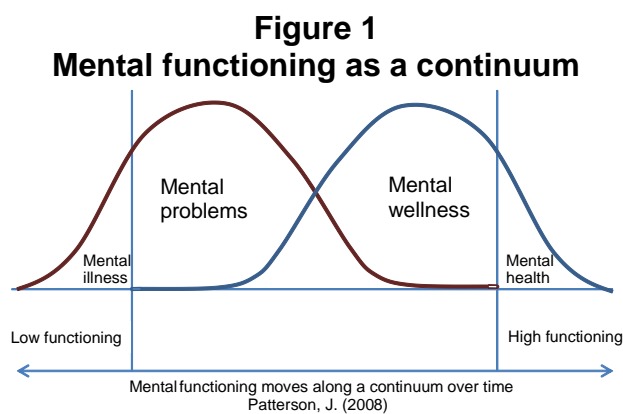
This report outlines the DPCC program's goals, objectives, and activities, describes participant characteristics and stakeholder use of forensic evaluations, provides DPCC program impact on participant justice system outcomes, and offers recommendations for program enhancement.

# Justice system involved-youth mental health needs

Youth with mental health needs are involved in the juvenile justice system disproportionately more than youth within the general population, 60 percent compared to 20 percent (Kazdin, 2000). Furthermore, an estimated 25 percent of delinquent youth with mental health needs experience symptoms so severe that their ability to function is significantly impaired (Shufelt & Cocozza, 2006). Low academic performance may result, as well as withdrawn, antisocial, or offending behavior.

Individuals who are mentally healthy tend to function well within society, as they are able to constructively express emotions and complete goals, and adapt to change and adverse situations. In order to support mental health, certain necessities, such as food, clothing, and shelter must be met. Living in a safe neighborhood and attending a school that provides a quality education also support youth mental health.

Mental illness, on the other hand, is a state of being in which the mind is impaired in such a way that an individual's outlook is negatively altered. Youth mental illness can originate from biological and environmental factors, such as inheriting genes from a parent with schizophrenia or living in an unsafe neighborhood. Individuals with mental illness have unhealthy thought processes resulting in moods and behaviors that are harmful. Common signs and symptoms of youth mental illness include poor academic achievement, feelings of sadness, and risk, defiant and/or dangerous behavior. Mental functioning is not two polar positions—mentally ill or not; instead mental functioning should be viewed on a continuum that changes across time and space (Patterson, 2008) (*Figure 1*).



An estimated 80 percent of youth with mental health needs are not receiving the care they need (Kataoka, Zhang, & Wells, 2002). According to a report by the U.S. Department of Human Services (2000), black youth are more likely to be sent to the juvenile justice system for behavioral problems than placed in psychiatric care. Possible barriers to treatment include signs and symptoms of mental illness not being identified, stigma, financial costs, and lack of treatment providers. Youth without insurance have a higher rate of unmet need than those with

insurance (Katoaka, et al.). According to a survey conducted by the National Alliance on Mental Illness (2001), 36 percent of parents who had a child placed in a temporary detention center reported it occurred so that they would receive otherwise non-accessible mental health treatment services. The Indiana State Bar Association (2005) reported, as a consequence of lacking community-based treatment services and society's punitive role toward youth transgressions "the juvenile justice system has increasingly become the 'de facto' mental health treatment system for children with mental health needs" (p. 2).

Youth with mental health needs are at an "increased risk for engaging in behaviors that bring them to the attention of the juvenile justice system" (Grisso, 2008, p. 143). Grisso further called for a greater emphasis on mental health treatment services in juvenile justice; however, he cautioned that youth should not need to be arrested in order to receive care. Grisso argued for the development of community systems of care that create networks of services limiting the juvenile justice system to a treatment role including emergency mental health services while incarcerated and mental health care for those who cannot be treated safely in the community.

## **Responding to justice system-involved youth mental health needs**

Since the beginning of the juvenile court system in 1899, mental health professionals played an important role in delinquency cases. An institute developed in 1909 by psychiatrist, Dr. William Healy and psychologist, Dr. Grace Fernald to serve Cook County juvenile court located in Chicago, Illinois was the first mental health model (Schetky & Benedek, 1992). At that time, their typical role was to assess mental abilities, but that changed when they began providing juvenile court judges with comprehensive and detailed reports of youths' life events.

The integration was fitting because the juvenile justice system was created to provide care for youth who could not be treated safely in the community. The juvenile justice system served in a rehabilitative manner based on the premise that youth are amenable to change. They have not yet developed into who they will be as adults and if provided care in the least restrictive environment, the juvenile justice system could shape the youth in such a way that reduces offending behavior. The founders' professional knowledge was required to assess youths' character, experiences, strengths, and weaknesses. Today, judges rely on forensic evaluations to inform sentencing decisions and guide probation officers who supervise youth. Probationers with mental health needs are twice as likely to violate supervision conditions compared to those without (Dauphinot, 1997). Research indicates youth benefit from community-based treatment services upon their return home (Snyder & Sickmund, 2006).

As more than one million delinquency cases are processed each year (Snyder & Sickmund, 2006) and an estimated 60 percent of the individuals processed have mental health needs, the Office of Juvenile Justice Delinquency Prevention (OJJDP) provided several ways to address justice system-involved youth mental health needs among which are *A Blueprint for Change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system* (Blueprint for Change) (Skowrya & Cocozza, 2006) and the *Intensive Aftercare Program* (IAP) (Wiebush Wagner, McNulty, Wang, & Le, 2005). River Valley Detention Center's (RVDC) Detention to Probation Continuum of Care (DPCC) program was created in 2003 from key components of the Blueprint for Change model and the IAP.

The Blueprint for Change model outlines ways for incarcerated youth to be linked to mental health care that is tailored to their needs. The model suggests juvenile justice system professionals should integrate services beginning at incarceration and continuing upon return to the community. This model is supported by numerous studies which have shown that addressing rehabilitative needs by providing comprehensive care can improve the quality of life among justice system-involved populations and help reduce offending behavior (Atkins, Pumariega, Rogers, Montgomery, Nybro, Jeffers, & Sease, 1999; Cuellar, McReynolds, & Wasserman, 2006; Dembo, Schmeidler, Pacheco, Cooper, & Williams, 1997; Garascia, 2005; McCord, Widom, & Crowell, 2001; Timmons-Mitchell, Brown, Schulz, Webster, Underwood, & Semple, 1997).

The Intensive Aftercare Program (IAP) provides techniques for juvenile justice system professionals to use to reduce offending behavior among delinquent youth supervised in the community by a probation officer. The IAP program activities include increased supervision, structured case management, contact, and a wider array of treatment services (Wiebush, et. al., 2005). IAPs are based on the theory that the co-occurrence of problems within delinquent youth educational and social environments, and primary support systems results in a greater probability of offending behavior than would be expected, if no such issues existed (Cottle, Lee, & Heilburn, 2001).

The DPCC program follows the Blueprint for Change model by assessing detained youth mental health needs and integrating community-based treatment services upon release. The DPCC program follows the Intensive Aftercare Program (IAP) by requiring participants receive mental health interventions while detained and under some type of community-based supervision, such as probation when released.

### **Detention to Probation Continuum of Care (DPCC) program model**

The goal of DPCC program is for RVDC youth with moderate/high risk of reoffending and mental health needs to be judicially referred to appropriate community-based treatment services upon release. It is a mental health model, in that activities include screening detained youth for issues within their educational and social environments, and primary support system; and completing court-ordered forensic evaluations to improve compliance with probation conditions and reduce offending.

Since 2003, RVDC mental health staff screened detained youth for mental health needs, provided in-house mental health services, and conducted court-ordered forensic evaluations before release. RVDC mental health staff included a licensed psychologist and a postdoctoral fellow whose primary function was to conduct court-ordered forensic evaluations for use by the judge at the disposition hearing. By 2010, RVDC mental health staff grew to consist of a licensed psychologist, a licensed social worker, two postdoctoral fellows, and several predoctoral-level clinical psychology students. This increase in staff ultimately allowed for some of the community-based treatment services to be provided by RVDC mental health staff to formerly detained youth and their families after release. However, this evaluation examined the DPCC program prior to RVDC mental health staff implementing the aftercare component.

The DPCC program objectives included:

- identifying detained youth mental health needs by administering a screening instrument upon their RVDC admission and completing a court-ordered forensic evaluation in-detention for youth, as ordered by their juvenile court judge at the detention hearing;
- determining least restrictive sentencing and supervision needs;
- addressing RVDC youth mental health needs;
- improving justice system outcomes of increased compliance with probation conditions and decrease offending behavior;
- providing juvenile court judges with reports detailing youth past and present circumstances in order to support referrals for appropriate community-based treatment services; and
- serving RVDC youth with increased risk of reoffending and mental health needs to ensure program resources are directed to those who would most benefit.

*Essential components of the DPCC program*

Implementation of the DPCC program depends on collaboration between RVDC mental health staff and juvenile court judges and probation officers. To achieve the DPCC program goals and objectives, the following three program phases were developed, defined, and named by RVDC mental health staff (*Figure 2*):

*1. Institutional phase—Mental health screen*

- begun upon youth admission to detention center
- the goal is to screen all detained youth for any mental health needs

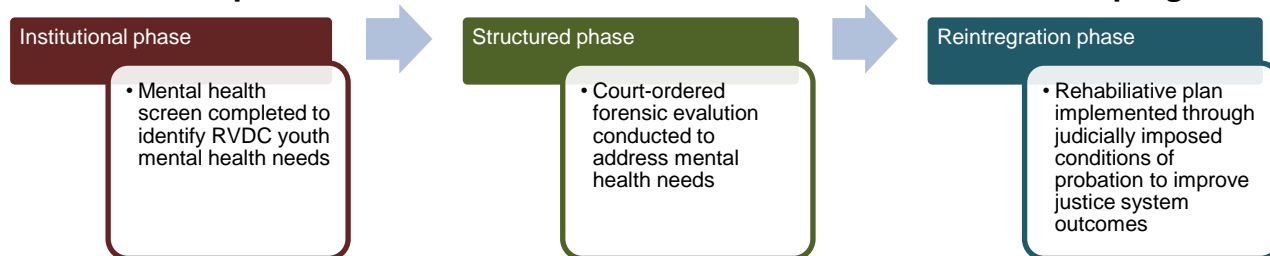
*2. Structured phase—Forensic evaluation*

- initiated by juvenile court judge at youth detention hearing
- the goal is to conduct a forensic evaluation when ordered, so that a rehabilitative plan can be developed and submitted to the judge at the adjudication hearing

*3. Reintegration phase—Rehabilitative plan*

- begun upon release from detention onto community supervision
- the goal is to address the mental health needs of RVDC youth having high risk of reoffending through judicially imposed probation conditions that include community-based treatment service referrals made by mental health staff based on the court-ordered forensic evaluation.

**Figure 2**  
**Essential components of the Detention to Probation Continuum of Care program**



## Detention to Probation Continuum of Care (DPCC) program activities

### *Detention center placement*

In Illinois, a detention screening instrument (*Appendix D*) is used to determine whether placement in a detention center is appropriate. The arresting officer contacts the designated detention center’s screening personnel so that they can complete a detention screening instrument, but it is the detention center’s screening personnel who determine whether a placement is made. Youth not placed in a detention center may be released from police custody to a parent or guardian or transported to a hospital.

Illinois’ detention screening instrument includes seven items and each item is assigned points based on the severity of the youth’s offense, prior justice system involvement, and flight risk. If a youth scores 12 or more points, detention placement is indicated. A detention screener may override lower scores for mitigating factors, such as to keep youth who were arrested for domestic offenses from returning to home environments where the dispute originated.

### *Detention hearing*

In Illinois, once a youth is placed in a detention center, an initial court hearing known as the detention hearing must occur within 40 hours. The youth is brought by the detention center staff to the court for the detention hearing. At this hearing, the juvenile court judge will determine whether there is probable cause to believe the youth is delinquent. If probable cause exists, the juvenile court judge can either release the youth from detention so that they are returned to the community while awaiting their adjudication hearing or order a continuation of detention. The juvenile court judge can make the decision based on any of the following: (1) secure custody is necessary for the protection of youth and others; (2) the minor is likely to flee the jurisdiction of the court; or (3) the minor was arrested under a warrant [705 *ILCS* 405/5-501]. Furthermore, the judge may order the youth to comply with additional conditions, such as following reasonable requests of the caregiver or receiving a forensic evaluation. Those ordered a continuance of detention and forensic evaluation were defined as DPCC participants for the purpose of this evaluation.



### *Mental health screen*

RVDC mental health staff developed their own screening tool, known as the mental health screen (*Appendix E*). The tool gathers information about detained youth risks, needs, and assets, by including questions about their educational and social environments, and primary support system. Specifically, the questions ask youth about their living arrangement, family dynamics, peer relationships, community involvement, academic performance, and history of abuse, suicidal and homicidal thoughts, and substance use. RVDC mental health staff used information collected from the mental health screen to develop impressions about detained youth mental health and intellectual functioning. Based on identified needs, these youth were referred to in-house services, including psychiatric care for psychotropic medication, anger management, and individual and group counseling.

The mental health screening instrument was administered by members of RVDC mental health staff, primarily by the predoctoral-level students completing internships for their clinical psychology program at schools such as the Adler School of Professional Psychology, The Chicago School of Professional Psychology, and Wheaton College. RVDC psychologists observed, oversaw, and signed-off on screens which were securely kept in a locked file cabinet located in a locked detention center room. The mental health screening was completed in one sitting lasting about 60 minutes and took place in a private office within the detention center.

### *Forensic evaluation*

RVDC mental health staff conducted forensic evaluations in-detention, as ordered by the juvenile court judge at the youth's detention hearing. An estimated 40 percent of youth detained at RVDC in 2010 were court-ordered for evaluation. Forensic evaluation reports provide juvenile-court judges with details that highlight youth characteristics which may be leading to delinquency, as well as offer recommendations to community-based treatment services to increase compliance with sentencing conditions and reduce offending (Howell, 2003). The forensic evaluations were performed prior to youths' adjudication hearings so that the evaluation reports were ready for the disposition hearing without the need for a delay between those events. At the adjudication hearing, the judge decides whether there is enough evidence to determine whether a youth is guilty beyond a reasonable doubt of the charges faced, but it is not until the disposition hearing that the judge determines a youth's sentence, including treatment requirements. RVDC mental health staff can also provide copies of the forensic evaluation reports to the state's attorney, defense attorney, probation staff, detention center staff, and parent/guardian, if approval is given by the court.

Forensic evaluation reports detail:

- youth characteristics, including personality and social, educational, and primary support group history;
- youth needs as they related to past offenses and other factors in the youth's environment that contributed to delinquency;
- available interventions tailored to reducing delinquent behavior that should be employed in the least restrictive manner; and

- the likelihood of change provided youth characteristics, available interventions, and the time available within the jurisdictional age limits of the juvenile justice system (Howell, 2003).

RVDC mental health staff tailored forensic evaluations to each youth based on their perceived needs. Predoctoral-level interns complete forensic evaluations but a licensed psychologist supervised. The mental health screen provides a foundation for completing forensic evaluations, but collateral information from guardians, teachers, or psychometric tools may be incorporated. Altogether, the forensic evaluation conducted by RVDC mental health staff included standardized tests focusing on cognitive, academic, and personality functioning that are the same for youth, but additional psychological tests may be used to gather further information about an aspect of the youth's personality, such as anger. Psychometric tools that may have been administered during a forensic evaluation included, but are not limited to:

- Wechsler Intellectual Scales for Children to measure intellectual ability among youth between 6 and 16 years old;
- Youth Level of Service Case Management Inventory for justice system-involved youth between 12 and 17 years to assess rehabilitation needs;
- Connors' Continuous Performance Test to measure attention and impulsivity;
- Millon Adolescent Clinical Inventory to assess personality and psychopathology among youth aged 13 to 19 years;
- Beck Depression Inventory—Second Edition to measure signs of depression;
- Jesness Inventory—Revised to assess antisocial personality characteristics; and
- Rotter Incomplete Sentences Blanks to measure psychological maladjustment.

### *DPCC program participants*

It is important to note that youth who were not ordered by the judge to receive a forensic evaluation did not have a rehabilitative plan upon release onto probation, and thus were not considered participants in the DPCC program. Thus, the order and execution of a timely disposition forensic evaluation was the initiating event for the DPCC program. Rehabilitative plan options stemming from the forensic evaluation report included:

- referrals for individual, family, and group mental health counseling
- referrals for psychiatric treatment, including psychotropic medication
- referrals for substance services, including drug abuse assessment, residential treatment, and outpatient substance counseling
- referrals for anger management sessions

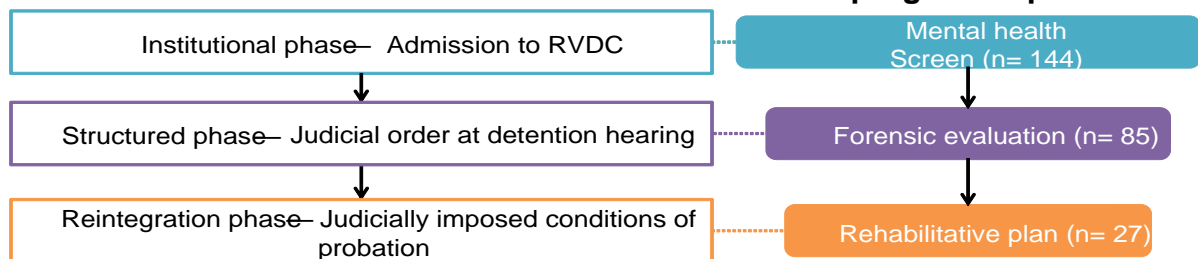
# Methodology

In order to explore the implementation (*Figure 3*) and impact (*Figure 4*) of the Detention to Probation Continuum of Care (DPCC) program two research methods were used—analysis of administrative data and stakeholder interviews. Evaluation sample is juvenile detainees who were subsequently part of probation caseload including those continued under supervision and those adjudicated and sentenced to formal probation.

Research questions to measure **program implementation** included:

- Institutional phase—To what extent did those juvenile detainees who were ultimately eligible for probation-based mental health treatment receive a mental health screen?
- Structured phase—To what extent did those juvenile detainees who were ultimately eligible for probation-based mental health treatment receive a court-ordered forensic evaluation (were DPCC program enrolled/participants)?
- Reintegration phase—To what extent did conditions of probation regarding community-based treatment services reflect the rehabilitative plan developed through the court-ordered forensic evaluation?

**Figure 3**  
**Evaluation of Detention to Probation Continuum of Care program implementation**



Research questions to measure **program impact** included:

- To what extent did receiving a court-ordered forensic evaluation influence conditions of probation regarding community-based treatment services?
- To what extent did those receiving a court-ordered forensic evaluation receive indicated treatment services and subsequently have higher rates of compliance with judicially imposed conditions of probation, and fewer detention admissions and arrests?
- To what extent did moderate/high risk juvenile probationers with mental health needs receive a mental health screen and/or court-ordered forensic evaluation?
- To what extent did moderate/high risk juvenile probationers with mental health needs complete appropriate community-based treatment services?

**Figure 4**  
**Evaluation of Detention to Probation Continuum of Care program impact**



Approval to conduct this evaluation was granted by the Illinois Criminal Justice Information Authority’s (ICJIA) Institutional Review Board. Data collection began summer 2010 and ended January 2013.

### Administrative data

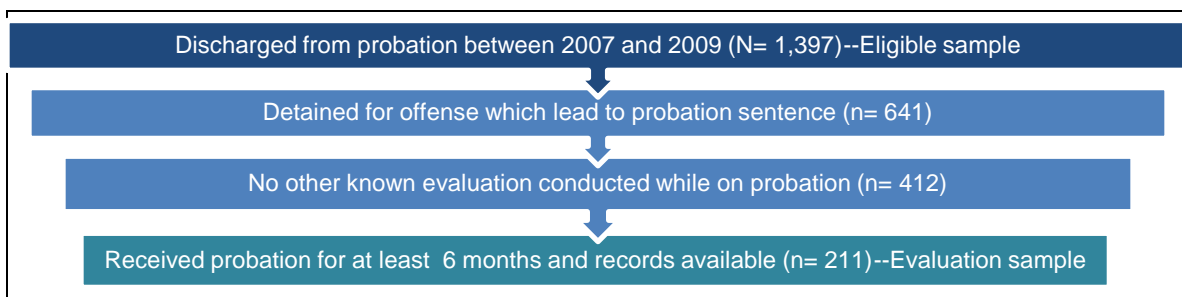
ICJIA researchers analyzed administrative data kept by detention center and probation department staff to explore DPCC participant characteristics and measure the extent to which participation influenced their treatment referrals and subsequently their justice system outcomes of probation compliance and reduced detention stays and arrests.

### Sample selection

This evaluation explored the DPCC program retrospectively. A selective evaluation sample was obtained of 211 juvenile justice system-involved youth who were discharged from probation between 2007 and 2009 and detained at RVDC for that probation offense between 2003 and 2009. RVDC implemented the DPCC program in 2003 and received grant funding from ICJIA since its inception. In addition, ICJIA provided supplemental funding in 2010 and up until September 2013 so that DPCC program services could expand and include community-based counseling for detained youth upon release from the detention facility. A smaller subset (n= 85, 40 percent) of the evaluation sample were defined as DPCC participants for the purpose of this evaluation. At their detention hearing, DPCC participants were ordered by their juvenile court judge to undergo a forensic evaluation to be conducted in-detention by RVDC mental health staff, who would then develop a rehabilitative plan to be provided to the judge prior to the adjudication hearing.

Will and Kankakee Counties’ juvenile probation departments provided ICJIA researchers with a list of youth who completed probation sentences between 2007 and 2009. A list of 1,397 youth with probation start and end dates was generated. ICJIA researchers assigned youth a unique numeric code and obtained temporary access to electronic, detention admission records and probation files to determine whether they were: (1) detained at RVDC for their probation offense, (2) assessed solely by mental health staff at RVDC, and (3) supervised by a probation officer for at least six months to provide sufficient time for mental health service linkage. Of the 1,397 youth discharged from probation between 2007 and 2009, only 15 percent (n= 211) met all three criteria for selection for this evaluation’s sample (*Figure 5*).

**Figure 5**  
**Process of obtaining evaluation sample**



Excluded from the eligible sample of Will and Kankakee Counties juvenile probationers discharged between 2007 and 2009 were those not detained for their probation offense (n= 756, 64 percent), those assessed by other service providers (n= 229, 19 percent), and those on probation for less than six months to standardize a timeframe for capturing linkage to appropriate treatment services (n= 132, 11 percent). Those with administrative records not available due to missing or not entered data were also excluded (n= 69, 6 percent). Probationers who were ordered forensic evaluations at detention hearings by a judge, but were not returned to RVDC for the forensic evaluation to be completed, were also excluded.

### **RVDC evaluation groups**

From this evaluation sample, RVDC mental health staff provided ICJIA researchers with names of youth who received a mental health screen and/or a forensic evaluation, as well as dates in which they were completed. By cross-matching the mental health records and probation offense detention admission dates, ICJIA researchers grouped sampled youth by the extent to which they participated in the DPCC program—32 percent were released from detention without having a mental health screen or forensic evaluation—non-participant group (n= 67), 28 percent had *only* a mental health screen (n= 59), and 40 percent had *both* a mental health screen and court-ordered forensic evaluation conducted to develop rehabilitative plans before released—Forensic evaluation group (n= 85).

DPCC participants were defined as youth who had been initially detained at RVDC between 2003 and 2009, received a forensic evaluation while detained to develop a rehabilitative plan for referral to community-based treatment services, and were sentenced to probation in Will or Kankakee counties. For the purpose of this evaluation, the 85 youth who were 1.) court-ordered for a forensic evaluation (Structured phase) that 2.) resulted in a rehabilitative plan developed by RVDC mental health staff to guide judicially imposed community-based treatment conditions of probation were defined as DPCC participants. *Figure 4* illustrates the three subgroups of the evaluation sample.

## Data collection

ICJIA researchers retrieved administrative data stored at the detention center and probation departments within locked file cabinets and computers and entered the data into a laptop containing a computerized database. The computerized database was specifically created by ICJIA researchers for this evaluation. It recorded sampled youth characteristics and DPCC program activities to gain a better understanding of who the program served and how participation impacted justice system outcomes. The computerized database application is available by request.

### *Detention files*

Detention admission and release information were obtained by accessing a computerized database of Illinois' detention center records, Juvenile Monitoring Information System (JMIS). It is managed by the Center for Prevention Research and Development (CPRD) within the Institute of Government and Public Affairs department at the University of Illinois. JMIS data was used for sample selection, as well as to determine whether sampled youth had subsequent detention admissions. Variables collected from JMIS included:

- admission date(s)
- release date(s)
- date arrested for probation offense

Sampled youths' risks, needs, and assets were collected from RVDC medical and mental health paper files. Medical records were available for all sampled (211 youth, 100 percent) and variables collected included:

- history of psychiatric hospitalization
- history of outpatient mental health treatment
- history of psychotropic medication

Mental health screens were available for nearly half of those sampled (102 youth, 48 percent). Variables collected from the mental health screen included:

- date mental health screen completed
- date youth admitted to RVDC
- school enrollment
- gang involvement
- drug use
- intellectual functioning
- judgment
- mental health functioning indicated by the Children's Global Assessment Scale (CGAS)
- psychiatric diagnoses
- problems identified within educational and social environments, and primary support systems.

Only DPCC participants on probation (85 youth) received referrals to community-based treatment services based on their forensic evaluation. Copies of forensic evaluation reports were obtained for 72 of 85 youth. Variables collected from the forensic evaluation report included:

- referral for individual, family, and group mental health counseling;
- referral for psychiatric treatment, including psychotropic medication;
- referral for substance abuse services, including drug use evaluation, residential treatment, and outpatient substance counseling; and
- referral for anger management sessions.

### *Probation files*

Probation officers recorded youth justice system involvement in an electronic database managed by TRACKER systems. TRACKER is a computerized case management service used by juvenile probation officers to record probation client information. Variables collected from TRACKER included:

- demographics
- length of probation supervision sentence
- probation offense
- probation discharge
- youth Assessment Screening Instrument (YASI) scores
- compliance with sentencing conditions of community-based treatment services

### **Additional data source**

Youth criminal history record information was electronically extracted from the Illinois State Police (ISP) Criminal History Record Information (CHRI) system, the state's central repository for criminal history record information. ICJIA can access CHRI by connecting to ISP's server allowing individual-level information to be pulled. Using names and dates of births, ICJIA researchers retrieved arrest records for nearly all of the youth in the sample (194 youth, 92 percent). Law enforcement agencies are not required to submit juveniles' misdemeanor arrests to CHRI. Of the 17 youth not matched, detention and probation files indicated that 15 were indeed detained and sentenced to probation for misdemeanor charges. The CHRI data used in this report was pulled in January 2013.

### **Stakeholder interviews**

In addition to data collected on DPCC participants, ICJIA researchers conducted structured interviews with stakeholders to better understand their role in the DPCC program, as well as gather their opinion of its impact on participant outcomes. Stakeholders were juvenile justice professionals who worked with DPCC program participants. Interviews were conducted with 23 juvenile justice professionals including RVDC mental health staff (n= 7) and Will and Kankakee Counties' juvenile court judges (n= 2), and probation officers (n= 14). Only those who provided their informed consent were interviewed either in-person or over the telephone. ICJIA researchers took notes, and interviews lasted approximately 20 minutes. Information collected

was aggregated by professional title. RVDC mental health staff consisted of psychologists, a clinical social worker, and master- and doctoral-level interns. The amount of time the mental health staff reported working at the detention center ranged from 9 months to 7 years. Judges reported three years' experience presiding in the juvenile court system. Juvenile probation department officers averaged 10 years experience ranging from 4 to 21 years.

## Research limitations

There are a number of limitations to this evaluation that should be considered when interpreting results. The method for obtaining the sample was selective, not random (*Figure 5*). Findings describe whom the DPCC program served and the extent to which participation influenced justice system outcomes of probation compliance and subsequent detention admissions and arrests. It is important to take into account the sample's characteristics and involvement with the juvenile justice system to conclude whether similar outcomes would result in other jurisdictions or with different youth populations. The sampling frame was initially derived from probation rather than detention dataset. Therefore, detainees not having subsequent probation contact were excluded from the analysis.

This evaluation sample was small and the design was correlational, so significant relationships may not have been detected and unknown factors may have influenced findings. ICJIA researchers included marginal significant findings of  $p \leq .10$ . This was done to better identify differences between groups that have significant effects, but due to small sample sizes they are difficult to detect. For example, this evaluation sample was divided into three groups with 29 percent in the non-participant group ( $n = 67$ ), 29 percent in the mental health-screened group ( $n = 59$ ), and 42 percent in the forensic evaluation group ( $n = 85$ ). In order to account for Type I error (failing to detect a significant result when in fact one exists) a 0.20 rate of rearrest difference between groups would be needed to attain significance. Thus, the likelihood of failing to detect a moderate or large effect the DPCC program had on reoffending was unlikely.

This evaluation obtained data from detention and probation records managed by juvenile justice professionals for case management use rather than for research purposes. Accuracy of the data is based on user-entry and selective memory. These biases are part of administrative data as information collected originated from youths' self-reports and juvenile justice professionals' discretion. It is unclear how much is subjective, since ICJIA researchers did not measure internal reliability. In other words, it is not known whether a youth would receive the same clinical impressions across all RVDC mental health staff, nor would the same youth be deemed compliant with sentencing conditions no matter their supervising probation officer. Further, availability of records was contingent on department policies. Specifically, RVDC mental health staff destroy records yearly, so that files are kept only for those 17 years of age and under. As a result, copies of mental health screens and court-ordered forensic evaluations were only available for sampled youth who were 17 years of age and under at the time of data collection.



# Characteristics of evaluation sample

This evaluation’s sample included a total of 211 youth who had been detained at River Valley Detention Center (RVDC) between 2003 and 2009 for offenses that resulted in probation sentences served in either Will or Kankakee counties. All sampled youth were discharged from probation between 2007 and 2009, but only 40 percent were DPCC participants, as they received a court-ordered forensic evaluation to guide juvenile court judge’s ordering of community-based treatment services as conditions of probation (n= 85). This section provides characteristics of all sampled youth. The latter sections provide findings about how sampled youth characteristics associated with being enrolled in the DPCC program, as well as how DPCC program participation influenced conditions of probation, and impacted justice system outcomes of probation compliance and subsequent detention admissions and arrests.

For 83 percent of youth in the sample this was their first detention center admission (n= 175), but 81 percent had a prior arrest (n= 171). For this evaluation sample, prior arrest history is expected, as it is a factor used to determine whether detention admission is appropriate (*See Appendix D*). The average length of stay in RVDC was 14 days (SD= 19.32) with a range of less than 24 hours to 168 days. The most common length of stay was one day (n= 34, 16 percent) and about two-thirds were released within two weeks (n= 143, 68 percent). Prior detention admissions ranged from 0 to 8 and prior arrests ranged from 0 to 18. *Table 1* provides information on prior detention stays and arrests.

**Table 1**  
**Prior detention admissions and arrests (n= 211)**

Prior justice system involvement	n	Percent	Min	Max	Mean	Median	SD
Number of prior detention admissions	211	100%	0	8	0.35	0	1.05
Number of prior arrests	194	92%	0	18	1.90	1	2.25

Seventy-six percent of the evaluation sample youth were male (n= 160). Eighty-five percent were aged 14 to 16 years old when detained at RVDC for their probation offense, but ages ranged from 11 to 17 years old (n= 179). Fifty-four percent were black (n= 113), 26 percent were white (n= 55), and 20 percent were Hispanic (n= 43).

Upon admission to RVDC, medical staff collected medical history information and performed physicals with detained youth. History of mental health treatment was recorded if youth self-reported any past psychiatric hospitalization, outpatient mental health care, or use of psychotropic medication. More than one-third responded to at least one of those mental health treatment history variables (n= 82, 39 percent). Twenty-two percent had a past psychiatric hospitalization (n= 46), 30 percent engaged in outpatient mental health treatment (n= 64), and 25 percent had been prescribed psychotropic medication (n= 52). Youth were also asked about prior substance abuse treatment and seven percent reported a substance treatment history (n= 14). The number and percent of sampled youth by characteristics are provided in *Table 2*.

**Table 2**  
**Evaluation sample characteristics (n= 211)**

Characteristics		n	Percent
Gender	Male	160	76%
	Female	51	24%
Race	White	55	26%
	Black	113	54%
	Hispanic	43	20%
Prior detention stay	No	175	83%
	Yes	36	17%
Prior arrest	No	19	9%
	Yes	171	81%
	Unknown	21	10%
History of mental health treatment	No	129	61%
	Yes	82	39%
History of substance treatment	No	197	93%
	Yes	14	7%
<b>TOTAL</b>		<b>211</b>	<b>100%</b>

Note. RVDC recorded race and ethnicity as one characteristic.

Of the evaluation sample (n= 211), 41 percent were detained at RVDC and sentenced to probation for a felony offense (n= 87), but 59 percent were sentenced for a misdemeanor offense (n= 124). A misdemeanor is less serious than a felony and punishable by less than one year incarceration, while a felony is punishable by one year or more incarceration. Probation offenses were further grouped by type: person/sex, property, and *Other*. Crimes classified as *Other* included offenses that could not be grouped within those previously mentioned, such as disorderly conduct, forgery, and obstructing justice, or were very few in number such as those drug-related (n= 10, 5 percent) and weapons-related (n= 7, 3 percent).

Of the evaluation sample (n= 211), 58 percent were detained at RVDC and sentenced to probation for a person/sex-related offense, such as domestic battery (n= 123). Lastly, probation offenses were classified by whether the charge was violent based the Rights of Crime Victims and Witnesses Act [725 ILCS 120/ et seq.]. A complete list of the offenses classified as violent is provided in *Appendix F. Table 3* provides the number and percent of youth by the offense that led to their RVDC admission and probation sentence.

**Table 3**  
**Probation offense categorized by class and type (n= 211)**

Probation offense		Class				Total	
		Felony		Misdemeanor			
		n	Percent	n	Percent	n	Percent
Type	Person/sex	37	43%	86	69%	123	58%
	Property	33	38%	25	20%	58	27%
	Other	17	19%	13	11%	30	14%
Violent	Non-violent	49	56%	39	31%	88	42%
	Violent	38	44%	49	56%	123	58%
<b>TOTAL</b>		<b>87</b>	<b>41%</b>	<b>124</b>	<b>59%</b>	<b>211</b>	<b>100%</b>

# Evaluation of implementation of DPCC program phases

The phases of the DPCC program include:

1. Institutional phase—Mental health screen in-detention
2. Structured phase—Judicial order for forensic evaluation
3. Reintegration phase—Implementation of rehabilitative plan through conditions of probation.

For an illustration of the DPCC program flow, see *Appendix G*.

This section provides findings related to evaluation sample characteristics associated with DPCC program participation, as well as whether recommendations for community-based treatment services developed through a forensic evaluation are reflected in DPCC participant conditions of probation.

## I. Institutional phase—Mental health screen in-detention

The Institutional phase is the first component of the DPCC program. The goal is to identify youth mental health needs upon RVDC admission so in-detention treatment services including psychotropic medications, individual counseling, and group therapy can be provided while detained. The objective of this phase is to complete a mental health screen documenting youth circumstances and experiences within educational, familial, and social contexts, as well as formulate impressions of youth mental health and intellectual functioning. To complete this objective RVDC mental health staff created a mental health screen.

### Mental health screen in-detention

Of the evaluation sample (n= 211), 68 percent had a mental health screen (n= 144). Copies were missing for 42 youth (102 of 144 possible copies obtained) . The following paragraphs outline youth characteristics associated with receiving a mental health screen and present supplemental characteristics recorded on the mental health screen.

### Length of detention by mental health screen

Of those (n= 144) who had a mental health screen, the date of the screening was recorded for 120 youth. Ten percent had their mental health screen completed on the same day as their admission to detention (n=12), but most had it completed after one week (n= 110, 92 percent).

Of those who were released from RVDC at their initial court hearing (n= 55), 94 percent did not receive a mental health screen (n= 52). The initial court hearing occurred on average within 30 hours of detention admission (mean= 1.30 days, n= 211, SD= 1.00). The time from detention admission to RVDC mental health staff meeting with detained youth to complete the mental

health screen averaged three days (mean= 3.24 days, n= 120, SD= 3.27). A paired *t*-test was conducted to determine the influence amount of time detained had on being screened by in-house mental health staff and results revealed those who had a mental health screen spent more days detained (n= 144, 17 days) than those who did not (n= 67, 8 days). An independent *t*-test revealed the mean difference of nine days was significant ( $t= 3.34$ ,  $df= 209$ ,  $p < 0.001$ , two-tailed). Thus, those not screened may simply have not been detained long enough for that to happen.

Number of days detained was compared by probation offense class, categorized as felony or misdemeanor, as well as violent vs. non-violent to gain insight about sampled youth who are detained longer and thus, more likely to have a mental health screen. Number of days in detention did not differ by offense class or violent nature (*Table 4*) suggesting the probation offense did not influence how long a sampled youth was detained.

**Table 4**  
**Days detained by probation offense (n= 211)**

Probation offense		n	Percent	Min	Max	Mean	Median	SD
Class	Felony	87	41%	<1 day	119 days	16 days	10 days	18 days
	Misdemeanor	124	59%	<1 day	168 days	13 days	8 days	20 days
Nature of offense	Non-violent	88	42%	<1 day	104 days	13 days	9 days	16 days
	Violent	123	58%	<1 day	168 days	15 days	9 days	21 days

- Those detained for misdemeanor offenses averaged about the same amount of days in detention (n= 124, 13 days) compared to those with felony offenses (n= 87, 16 days) ( $t= 1.03$ ,  $df= 209$ ,  $p= 0.30$ , two-tailed).
- Those detained for non-violent offenses averaged about the same amount of days in detention (n= 88, 13 days) compared to those detained for violent offenses (n= 123, 15 days) ( $t= -0.845$ ,  $df= 209$ ,  $p= 0.40$ , two-tailed).

Furthermore, the evaluation sample's prior detention admissions and arrests were compared by whether a mental health screen was completed. Paired *t*-tests suggested prior justice system involvement did not influence whether a mental health screen was completed (*Table 5*).

**Table 5**  
**Days detained by prior justice system involvement (n= 211)**

Prior justice system involvement	Mental health screen	n	Percent	Min	Max	Mean	Median	SD
Prior detention admission	No	67	32%	0 days	8 days	0.42 days	0 days	1.32 days
	Yes	144	68%	0 days	6 days	0.32 days	0 days	0.91 days
Prior arrest	No	57	29%	0 days	18 days	2.02 days	1 day	2.91 days
	Yes	137	71%	0 days	11 days	1.85 days	1 day	1.93 days

- Those who did not receive a mental health screen (n= 67) had a slightly larger average of prior detention admissions (mean= 0.42, SD= 1.32) to those (n= 144) who had a mental

health screen (mean= 0.32, SD= 0.91), but the difference of 0.10 was not significant ( $t= 0.581$ ,  $df= 209$ ,  $p= 0.53$ , two-tailed).

- Those who did not receive a mental health screen ( $n= 57$ ) had a slightly larger average of prior arrests (mean= 2.02, SD= 2.91) to those who had a mental health screen ( $n= 137$ ) (mean= 1.85, SD= 1.93), but the difference of 0.17 was not significant ( $t= 0.460$ ,  $df= 192$ ,  $p= 0.65$ , two-tailed).

### Characteristics of evaluation sample predictive of mental health screen

Since the seriousness of the offense did not influence amount of time detained, ICJIA researchers further explored youth characteristics to identify any that influenced the likelihood of completing a mental health screen in-detention (Institutional phase). *Table 6* provides the number and percent of sampled youth by characteristics and if a mental health screen was completed. *Table 7* provides descriptive statistics of sampled youth by age at time of detention admission and if a mental health screen was completed.

**Table 6**  
Evaluation sample characteristics by mental health screen (n= 211)

Characteristics		Mental health screen					
		No		Yes		Total	
		n	percent	n	percent	n	percent
<b>Gender</b>	Female	11	22%	40	78%	51	100%
	Male	56	35%	104	65%	160	100%
<b>Race</b>	White	19	35%	36	65%	55	100%
	Black	36	32%	77	68%	113	100%
	Hispanic	12	28%	31	72%	43	100%
<b>Nature of offense</b>	Non-violent	25	28%	63	72%	88	100%
	Violent	42	34%	81	66%	123	100%
<b>Prior detention</b>	No	56	32%	119	68%	175	100%
	Yes	11	31%	25	69%	36	100%
<b>Prior arrest</b>	No	6	27%	16	73%	22	100%
	Yes	51	30%	121	70%	172	100%
<b>History of mental health treatment</b>	No	55	43%	74	57%	129	100%
	Yes	12	15%	70	85%	82	100%
<b>History of substance abuse treatment</b>	No	63	32%	134	68%	197	100%
	Yes	4	29%	10	71%	14	100%
<b>Initial detention hearing</b>	Returned to RVDC	15	10%	141	90%	156	100%
	Released	52	95%	3	5%	55	100%
<b>Total</b>		<b>67</b>	<b>32%</b>	<b>144</b>	<b>68%</b>	<b>211</b>	<b>100%</b>

**Table 7**  
Mental health screen by age (n= 211)

Mental health screen	Age at time of detention hearing						
	n	Percent	Minimum	Maximum	Mean	Median	SD
No	67	32%	11 years	16 years	14.69 years	15 years	1.35 years
Yes	144	68%	12 years	17 years	14.95 years	15 years	1.09 years

A logistic regression analysis was performed to identify evaluation sample characteristics that were predictive of having a mental health screen. Characteristics of gender, race, age, nature of offense, prior justice system involvement, and histories of mental health and substance treatment were used as predictor variables. In order to explore the influence time detained had on youth receiving a mental health screen, ICJIA researchers computed a variable of whether they were released at their detention hearing. Twenty-six percent of evaluation sample youth were released at their detention hearing (n= 55) and only 2 percent had a mental health screen prior to release (n= 3). This variable was not included in the full model analysis because it too strongly associated with the dependent variable, mental health screen ( $r^2 = 0.80$ , n= 211,  $p < 0.001$ ).

A total of 194 cases were analyzed and the full model significantly predicted who received a mental health screen (omnibus chi-square = 21.90, df = 9,  $p < 0.009$ ). Seventeen youth were not included in the analysis because of missing criminal history records to determine prior arrests.

Results from the logistic regression suggested history of mental health treatment, race, and age were predictive factors for receiving a mental health screen. After controlling for other variables, Hispanics were 2.57 times as likely to have a mental health screen than whites; youth with histories of mental health treatment were 4.28 times as likely to have a mental health screen than those without such history; and for every year of age, the odds of having a mental health screen increased by a factor of 1.29. *Appendix H* provides coefficients, the Wald statistic, associated degrees of freedom, and probability values for each of the predictor variables.

### **Supplemental characteristics of youth at Institutional phase—Mental health screen**

The following section provides supplemental characteristics collected from the mental health screen instrument that included information about RVDC youth risks, needs, and assets. Only youth who had a mental health screen had supplemental characteristics collected (n= 144). ICJIA researchers obtained mental health screen data for 102 youth (71 percent) who were screened (Institutional phase). The mental health screen copies were missing for 42 youth who had records destroyed due to RVDC policy of only retaining mental health files for youth 17 years and under.

*Table 8* provides the number and percent of youth by mental health screen information.

**Table 8**  
**Risk, needs, and assets gathered from mental health screen (valid n= 102)**

	<b>Characteristic</b>	<b>n</b>	<b>percent</b>	
<b>School-type</b>	Regular	72	71%	
	Alternative/therapeutic	29	28%	
	Unknown	1	1%	
<b>Gang activity</b>	None	47	46%	
	Yes/Friends/"Denied"	53	52%	
	Unknown	2	2%	
<b>Intellectual functioning</b>	Below	12	12%	
	Average	60	59%	
	Above	4	4%	
	Unknown	26	25%	
<b>Judgment</b>	Poor	18	17%	
	Fair	48	47%	
	Good	14	14%	
	Unknown	22	22%	
<b>Psychosocial and environmental problems</b>	<b>Problem within educational environment</b>	No	48	47%
		Yes	49	48%
		Unknown	5	5%
	<b>Problem within primary support group</b>	No	43	42%
		Yes	54	53%
		Unknown	5	5%
	<b>Problem within social environment</b>	No	78	76%
		Yes	19	19%
		Unknown	5	5%
	<b>Children's Global Assessment Scale (CGAS)/ Mental health functioning</b>	61 to 70-Generally well	3	3%
		51 to 60-Sporadic impairments	17	17%
		41 to 50-Moderate impairments	69	67%
31 to 40-Severe impairments		4	4%	
Unknown		9	9%	
<b>Psychiatric disorder</b>	No	27	27%	
	Yes	71	70%	
	Unknown	4	4%	
<b>Total</b>		<b>102</b>	<b>100%</b>	

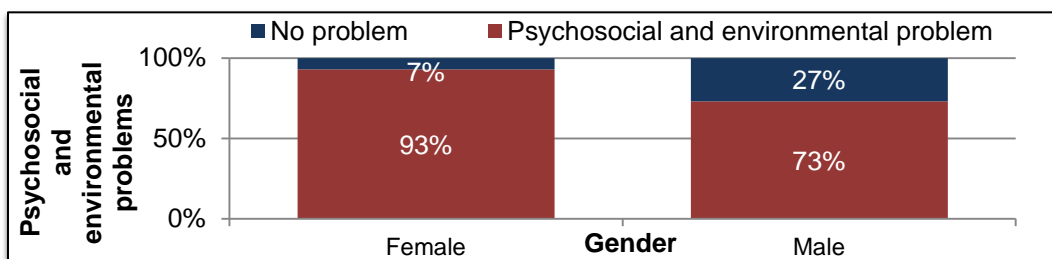
Twenty-eight percent were enrolled in an alternative/therapeutic school (n= 29). Fifty-two percent (n= 53) reported either being gang-involved (n= 9, 9 percent), had friends who were (n= 12, 12 percent), or “denied” their affiliation with a gang (n= 32, 31 percent). DPCC staff used the category ““denied” their affiliation with a gang” when they believed youth were dishonest.

DPCC staff also reported impressions about youth judgment and intellectual functioning based on the mental health screen. Youth judgment was classified as *Poor*, *Fair*, or *Good*. Seventeen percent received a *Poor* judgment classification (n= 18). Youth intellectual functioning was categorized as *Below*, *Average*, or *Above*. Twelve percent were classified as having intellectual functioning *Below* average (n= 12).

Data collected from the mental health screen included whether RVDC youth experienced psychosocial and environmental problems including a negative life event, familial stress, or lack of social support. This information was available for 97 of 102 youth whose mental health screen was obtained. Seventy-four percent reported at least one psychosocial and environmental problem (n= 76), but 21 percent did not (n= 21). For five youth (5 percent) data was missing.

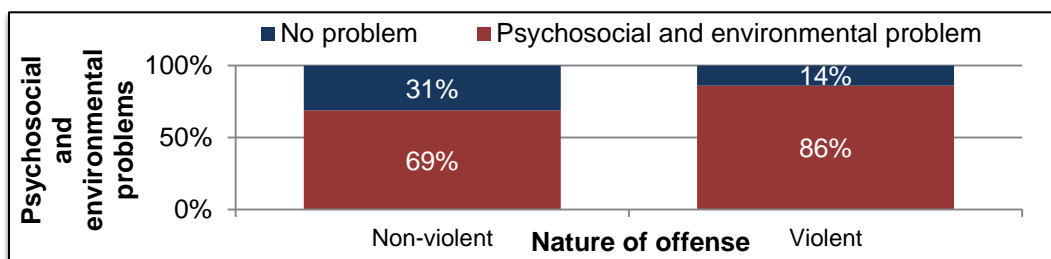
Psychosocial and environmental problems were compared by gender (Figure 6). Females were more likely (n= 26, 93 percent) to report such problems than males (n= 50, 73 percent). A chi-squared test revealed the variance in the distribution as significant:  $\chi^2 = 4.88$ ,  $df = 1$ ,  $p = 0.03$ .

**Figure 6**  
**Psychosocial and environmental problems by gender (valid n= 97)**



Furthermore, psychosocial and environmental problems were compared by nature of probation offense (Figure 7). Sampled youth on probation for a violent offense (n= 47) were more likely to report psychosocial and environmental problems than those with a non-violent probation offense (n=42) (86 and 69 percent, respectively). A chi-squared test revealed the variance in the distribution as significant:  $\chi^2 = 3.78$ ,  $df = 1$ ,  $p = 0.05$ .

**Figure 7**  
**Psychosocial and environmental problems by nature of offense (valid n= 97)**

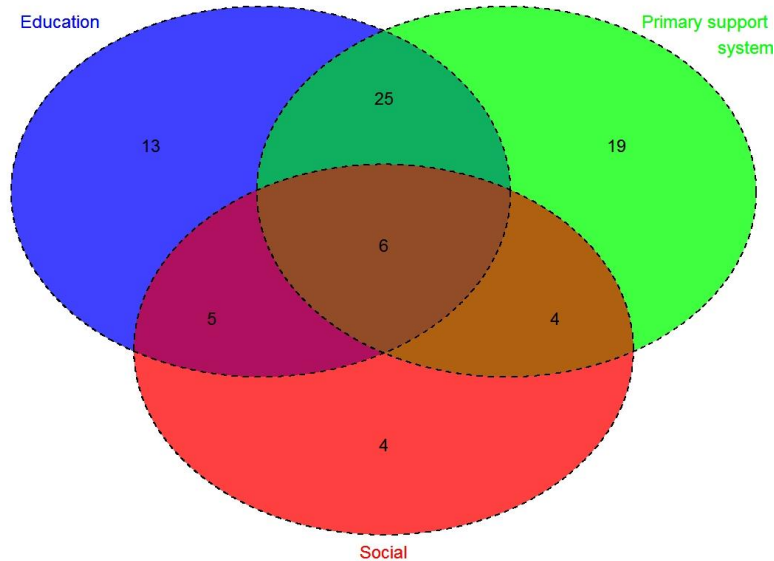


The psychosocial and environmental problems were grouped into three domains—primary support group, and educational and social environments. About half had difficulties within their primary support system, such as history of sexual and physical abuse; neglect; death of a parent; inadequate discipline; and discord with siblings (n= 54, 53 percent). Nearly half reported problems within educational environments including discord with teachers and classmates; illiteracy; low academic performance (n= 49, 48 percent). Few experienced social environmental issues, including a friend’s death, inadequate social support, and discrimination (n= 19, 19



percent). *Figure 8* provides the reported psychosocial and environmental problems of youth who were screened by mental health staff.

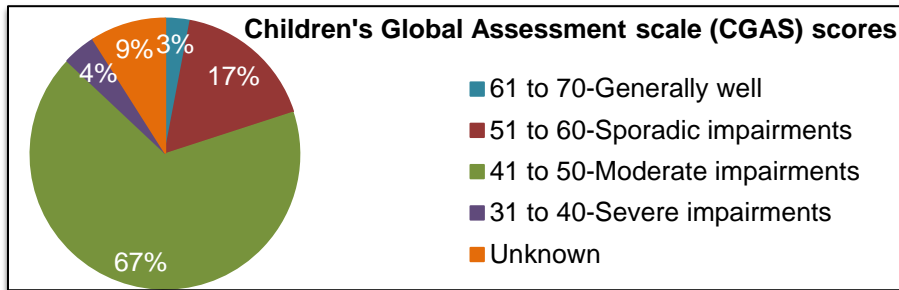
**Figure 8**  
**Psychosocial and environmental problems of youth in Institutional phase—**  
**Mental health screen (valid n= 76)**



- Six youth (6 percent) reported issues within all three domains.
- Of those with primary support system problems (n= 54), more than half also reported educational problems (n= 31).
- Twenty-one youth did not report any issues within the three domains.

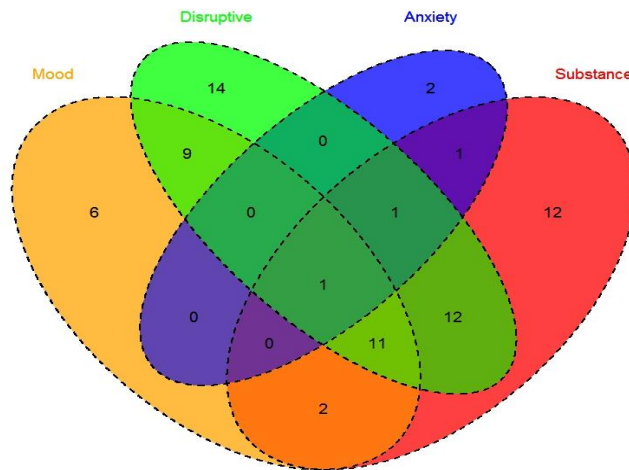
Mental health functioning as indicated by the Children’s Global Assessment Scale (CGAS) was also reported. The CGAS is a numeric scale ranging from 1 to 100, with low scores representing decreased mental health functioning. Three youth (3 percent) were functioning generally well, indicated by scores between 61 and 70. Others fell in the 51 to 60 range, suggesting sporadic impairments in some areas of functioning, such as dysfunctional behavior in one setting, but not in another (n= 17, 17 percent). Nearly two-thirds scored between 41 and 50 indicating moderate impairment in several areas of functioning or severe impairment in one area (n= 69, 67 percent). Only a few scored between 31 and 40 due to major impairment in several areas of functioning or no ability to function in one area (n= 4, 4 percent). *Figure 9* provides a pie chart of mental health functioning (CGAS scores).

**Figure 9**  
**Mental functioning assessed by Children’s Global Assessment Scale**  
**(valid n= 102)**



Mental health screens produced diagnostic formulations based on DSM-IV-TR criteria. Psychiatric disorders were prevalent (n= 71, 70 percent) and about one-third met diagnostic criteria for two or more disorders (n= 37, 36 percent). Diagnoses included mood-related, such as depression or bipolar (n= 29, 28 percent); disruptive-related, including anti-social behavior or oppositional defiant disorder (n= 48, 47 percent); anxiety-related (n= 5, 5 percent); and substance-related including alcohol dependence, cannabis abuse, or poly-substance dependence (n= 40, 39 percent). *Figure 10* illustrates psychiatric diagnoses and the co-occurring nature.

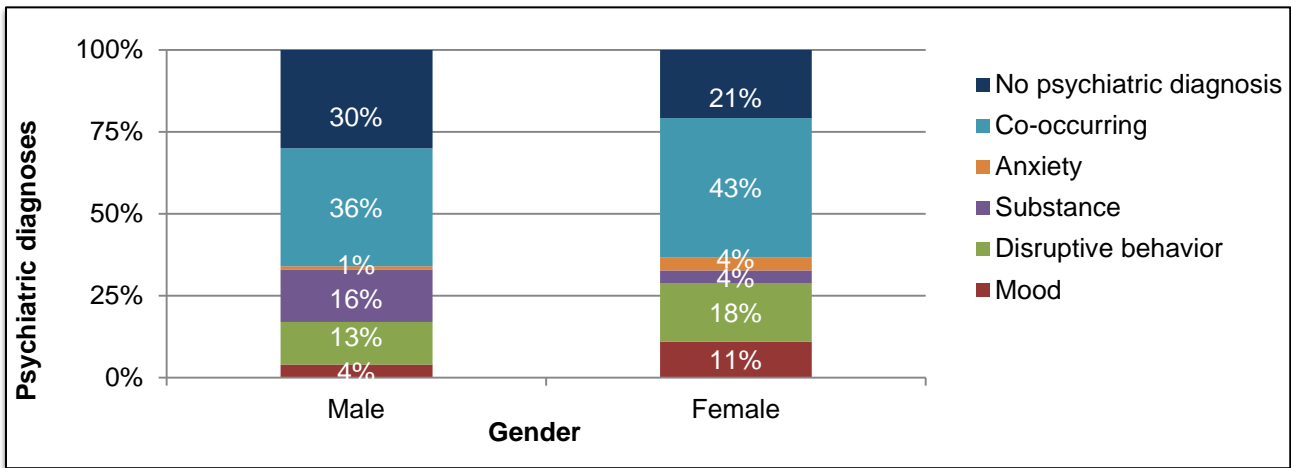
**Figure 10**  
**Psychiatric diagnoses from mental health screen—Institutional phase**  
**(valid n= 71)**



- Twenty-nine youth met diagnostic criteria for a mood-related disorder—six youth had it as the only diagnosis and the remaining 23 youth met diagnostic criteria for additional conditions.
- One youth met diagnostic criteria for all four psychiatric diagnoses.
- Fourteen had disruptive-related as the only diagnosis.
- Two had anxiety as the only diagnosis.
- Twelve had substance-related as the only diagnosis.

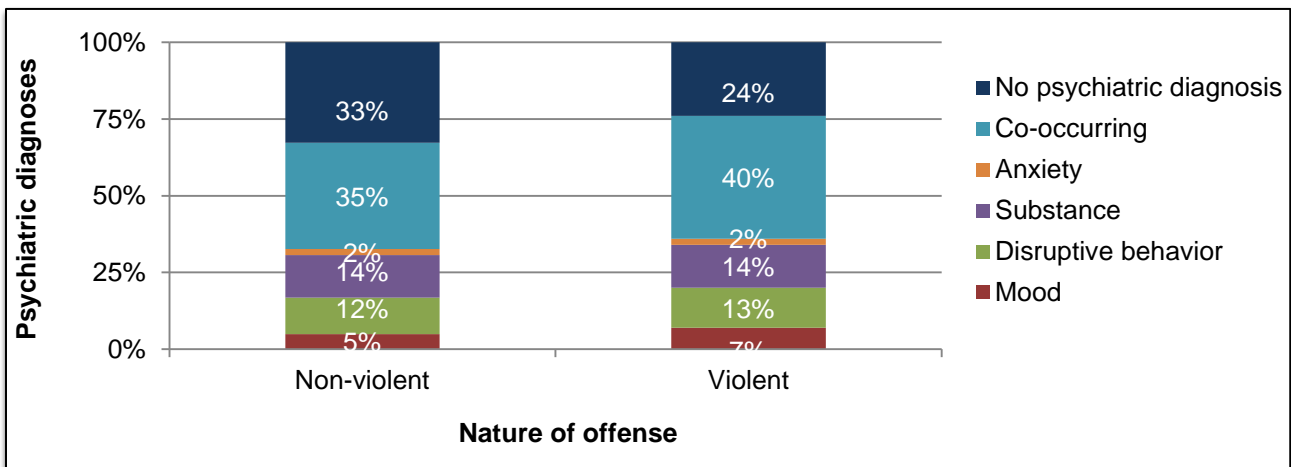
Psychiatric diagnoses were compared by gender (Figure 11) and rates were slightly higher among females (n= 22, 79 percent) than males (n= 49, 70 percent), but a chi-squared test revealed the difference as non-significant:  $\chi^2 = 0.74$ ,  $df = 1$ ,  $p = 0.39$ ). Co-occurring diagnoses were also more prevalent among females (n= 12, 43 percent) than males (n= 25, 36 percent).

**Figure 11**  
**Mutually exclusive psychiatric diagnoses by gender (valid n= 98)**



Psychiatric diagnoses were compared by nature of probation offense, non-violent or violent (Figure 12) and rates were slightly higher among those with violent-related probation offenses (n= 42, 76 percent) than those with non-violent probation offenses (n= 29, 67 percent), but a chi-squared test revealed no significant difference:  $\chi^2 = 0.96$ ,  $df = 1$ ,  $p = 0.33$ ). Co-occurring diagnoses were also more prevalent among those with violent-related probation offenses (n= 22, 40 percent) than those with non-violent probation offenses (n= 15, 35 percent). Co-occurring diagnoses is the presence of two or more psychiatric diagnoses.

**Figure 12**  
**Mutually exclusive psychiatric diagnoses by nature of offense (valid n= 98)**



## **II. Structured phase—Forensic evaluation**

The Structured phase is the second component of the DPCC program. The goal is to address RVDC youth mental health needs to increase likelihood of successful reintegration into the community after release from detention. The objective of this phase is to complete court-ordered forensic evaluations so that a rehabilitative plan can be developed. The mental health screen provides a foundation for this forensic evaluation examination, but RVDC mental health staff also incorporate collateral information when available from parents/guardians and, when appropriate, from psychometric tools. To complete this objective, Will and Kankakee county juvenile court judges order a continuance of detention and a forensic evaluation at the youth's detention hearing. One judge stated, "the fact that they are in the system highlights there are issues. A [forensic] evaluation is the best indicator of what services I can put in place immediately to try to fix whatever problems there are."

RVDC mental health staff complete the forensic evaluation in-detention, provide the court with a report detailing the youth's background, and offer clinical impressions of mental health and rehabilitative needs, and referrals to community-based treatment services. This is done in hopes of addressing mental health needs, increasing compliance with sentencing conditions, and reducing offending behavior. RVDC mental health staff also are able to recommend a forensic evaluation to the judge as appropriate after meeting with the youth. One RVDC mental health staff member commented that they would conduct a forensic evaluation if the youth have a history of suicide or hospitalizations, have previous and current psychotropic medication, or if they mention any hallucinations or delusions, or disordered thinking was revealed

### **Forensic evaluation**

Of the evaluation sample (n= 211), 40 percent were enrolled in the DPCC program at their detention hearing by their juvenile court judge (n= 85). Copies of forensic evaluation reports were missing for 13 youth (72 of 85 possible copies obtained). There were 59 evaluation sample youth who received the mental health screening while detained, but did not have the more intensive forensic evaluation conducted. These are the mental health-screened group. The remaining 67 youth were released at their detention hearing and treated as the non-participant group.

### **Length of detention by forensic evaluation**

Those who received court-ordered forensic evaluations were detained on average five days longer (n= 85, 17 days) than those who did not (n= 126, 12 days). An independent *t*-test revealed marginal significance ( $t = -1.69$ ,  $df = 130.98$ ,  $p = 0.09$ , two-tailed). This can be explained in part by those who did not receive forensic evaluations include youth released at detention hearing.

## Characteristics of evaluation sample predictive of forensic evaluation

During stakeholder interviews, juvenile court judges were asked what factors influenced their decision of ordering a forensic evaluation at detention hearing. Judges discussed prior justice-system involvement and nature of offense as reasons. One said, “If they are back in front of me on a new charge [a forensic evaluation is ordered because] I want to know what is going on... with kids there [are reasons for] acting out.” Another reported, ordering a forensic evaluation among those with domestic battery charges “because it gives me an indication that there is conflict in the family.”

Table 9 provides the number and percent of evaluation sample youth by characteristics and DPCC program participation. Table 10 provides descriptive statistics of evaluation sample youth by age at time of detention admission and DPCC program participation.

**Table 9**  
**Characteristics by program participation (n= 211)**

Characteristics		Non-participant		Mental health-screened		Forensic evaluation		Total	
		n	Percent	n	Percent	n	Percent	n	Percent
Gender	Female	11	16%	11	19%	29	34%	51	24%
	Male	56	84%	48	81%	56	66%	160	76%
Race	White	19	28%	10	17%	26	31%	55	26%
	Black	36	54%	30	51%	47	55%	113	54%
	Hispanic	12	18%	19	32%	12	14%	43	20%
Nature of offense	Non-violent	25	37%	35	59%	28	33%	88	42%
	Violent	42	63%	24	41%	57	67%	123	58%
Prior detention	No	56	84%	46	78%	73	86%	175	83%
	Yes	11	16%	13	22%	12	14%	36	17%
Prior arrest	No	5	8%	5	8%	9	11%	19	9%
	Yes	51	76%	50	85%	70	82%	171	81%
	Unknown	11	16%	4	7%	6	7%	21	10%
History of mental health treatment	No	55	82%	36	61%	38	45%	129	61%
	Yes	12	18%	23	39%	47	55%	82	39%
History of substance treatment	No	63	94%	57	97%	77	91%	197	93%
	Yes	4	6%	2	3%	8	9%	14	7%
<b>Total</b>		<b>67</b>	<b>32%</b>	<b>59</b>	<b>28%</b>	<b>85</b>	<b>40%</b>	<b>211</b>	<b>100%</b>

**Table 10**  
**DPCC program participation by age (n= 211)**

DPCC program participation	Years of age						
	n	Percent	Min	Max	Mean	Median	SD
Non-participant	67	32%	11	16	14.69	15	1.35
Mental health-screened	59	28%	12	17	15.05	15	1.06
Forensic evaluation	85	40%	12	16	14.88	15	1.11

A logistic regression analysis was performed to identify sampled youth characteristics predictive of having a forensic evaluation. Characteristics of gender, race, age, nature of offense, prior justice system involvement, and histories of mental health and substance treatment were used as

predictor variables. A total of 194 cases were analyzed and the full model significantly predicted having a forensic evaluation (omnibus chi-square = 29.51, df = 9,  $p < 0.001$ ). Seventeen of the evaluation sample youth were not included due to missing criminal history records to determine prior arrests.

Results from the logistic regression suggested gender, history of mental health treatment, and nature of offense were predictive factors for having a forensic evaluation. The logistic regression calculates each variable's coefficient while holding others constant. Male youth were 47 percent less likely to have a forensic evaluation than female youth (95% CI 0.26—1.11). History of psychiatric hospitalizations, psychotropic medications, and mental health treatment was combined into one variable, history of mental health treatment. Those with that predictor variable were 2.85 times as likely to have a forensic evaluation as those without a history of mental health treatment. Violent offenders were 1.99 times as likely to have a forensic evaluation as those with non-violent offenses.

*Appendix I* shows coefficients, the Wald statistic, associated degrees of freedom, and probability values for each predictor variable.

### **Supplemental characteristics predictive of forensic evaluation**

Another logistic regression analysis (firth model) was performed to identify supplemental youth characteristics predictive of a forensic evaluation. This allowed ICJIA researchers to gain a better understanding of how those who received a mental health screen, but not a forensic evaluation, differed. Supplemental characteristics recorded on the mental health screen were used as predictor variables including presence of a psychiatric disorder, CGAS score, school-type, gang activity, problem within educational environment, problem within social environment, and problem within primary support group. Supplemental characteristics of intellectual functioning and judgment were not included in the analyses as too many cases had missing data.

*Table 11* provides supplemental characteristics by DPCC program activities.

**Table 11**  
**Supplemental characteristics by court-ordered forensic evaluation (valid n= 102)**

Supplemental characteristics		Mental health-screened		Forensic evaluation		Total	
		n	percent	n	percent	n	percent
<b>School-type</b>	Regular	27	59%	45	80%	72	71%
	Alternative/Therapeutic	19	41%	10	18%	29	28%
	Unknown	0	0%	1	2%	1	1%
<b>Gang involvement</b>	None	16	35%	31	55%	47	46%
	Yes/Friends/Denied	30	65%	23	41%	53	52%
	Unknown	0	0%	2	4%	2	2%
<b>Intellectual functioning</b>	Below	6	13%	6	11%	12	12%
	Average	32	70%	28	50%	60	59%
	Above	3	7%	1	2%	4	4%
	Unknown	5	11%	21	38%	26	25%
<b>Judgment</b>	Poor	10	22%	8	14%	18	18%
	Fair	25	54%	23	41%	48	47%
	Good	9	20%	5	9%	14	14%
	Unknown	2	4%	20	36%	22	22%
<b>Children's Global Assessment Scale (CGAS)</b>	61 to 70-Generally well	2	4%	1	2%	3	3%
	51 to 60-Sporadic impairments	9	20%	8	14%	17	17%
	41 to 50-Moderate impairments	28	61%	41	73%	69	68%
	31 to 40-Major impairments	1	2%	3	5%	4	4%
	Unknown	6	13%	3	5%	9	9%
<b>Psychiatric disorder</b>	No	17	37%	10	18%	27	26%
	Yes	26	56%	45	80%	71	70%
	Unknown	3	7%	1	2%	4	4%
<b>Problem within educational environment</b>	No	22	48%	26	46%	48	47%
	Yes	21	46%	28	50%	49	48%
	Unknown	3	7%	2	4%	5	5%
<b>Problem within primary support group</b>	No	23	50%	20	36%	43	42%
	Yes	20	43%	34	61%	54	53%
	Unknown	3	7%	2	4%	5	5%
<b>Problem within social environment</b>	No	41	89%	37	66%	78	76%
	Yes	2	4%	17	30%	19	19%
	Unknown	3	7%	2	4%	5	5%
<b>Total</b>		<b>46</b>	<b>45%</b>	<b>56</b>	<b>55%</b>	<b>102</b>	<b>100%</b>

Note. Supplemental characteristics were only available for sampled youth who had a mental health screen completed by RVDC mental health staff prior to their release. A total of 144 sampled youth had a mental health screen in-detention, but copies were missing for 42 youth. Thus, supplemental characteristics were obtained for 102 sampled youth, with more than half also judicially ordered a forensic evaluation (n= 56, 55 percent).

A total of 91 cases were analyzed and the full model significantly predicted whether a forensic evaluation was completed (Likelihood ratio test = 43.14,  $df = 7$ ,  $p < 0.001$ ). Eleven youth were not included in the analysis because of missing supplemental records within the variables of school-type, gang involvement, CGAS score, psychiatric disorder, problem within educational environment, problem within primary support group, and problem within social environment. Results from the logistic regression suggested school-type, gang activity, psychiatric diagnosis, problems with social environment, and problems with primary support group were predictive factors for a forensic evaluation. The logistic regression calculates each variable's coefficient while holding others constant. Sampled youth who received a mental health screen and identified as having primary support group problems were 3.4 times as likely to have a forensic evaluation as those without such issue. Those with social environmental problems were 40.1 times as likely to have a forensic evaluation as those without such risk. Sample youth identified by the mental health screen to meet diagnostic criteria for a disorder were 4.9 times as likely to receive a forensic evaluation as those who did not. Sampled youth who received mental health screen and attended an alternative/therapeutic school were 90 percent less likely to receive a forensic evaluation than those who attended a regular school, and those who reported gang activity were 73 percent less likely to receive a forensic evaluation than those who reported no gang activity. *Appendix J* shows coefficients, the Wald statistic, associated degrees of freedom, and probability values for each of the predictor variables.

### **Conditions of probation recommended by mental health staff in forensic evaluation reports**

Of the evaluation sample, 40 percent were court-ordered a forensic evaluation ( $n = 85$ ). Copies of forensic evaluation reports were obtained for 85 percent ( $n = 72$ ) and almost all had at least one of the following conditions of probation regarding community-based treatment services included in their rehabilitative plan ( $n = 67$ , 93 percent):

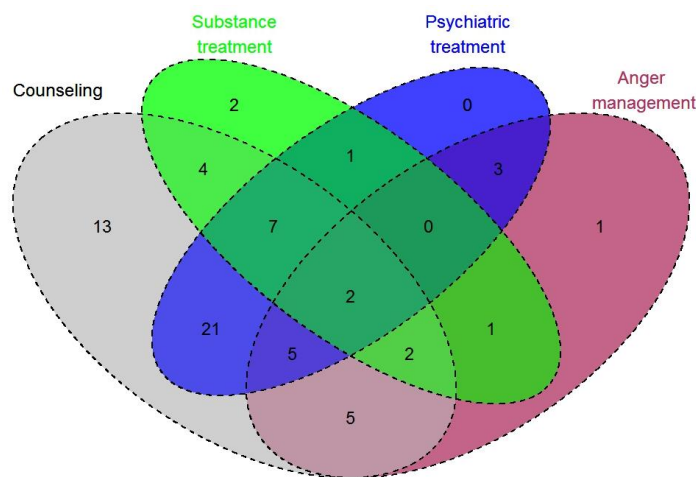
- Counseling (59 youth recommended, 82 percent).
- Psychiatric treatment (39 youth recommended, 54 percent).
- Substance treatment (19 youth recommended, 26 percent).
- Anger management (19 youth recommended, 26 percent).

RVDC mental health staff made a total of 136 recommendations for conditions of probation across the 72 youth whose forensic evaluation report was obtained. Sixteen DPCC participants had only one recommendation with most of those (13 youth) referred to just counseling. Thirty-five DPCC participants had two recommendations with nearly two-thirds (21 youth) referred to counseling and psychiatric treatment. Fourteen DPCC participants had three recommendations with half (7 youth) referred to substance, counseling, and psychiatric treatment. Two DPCC participants were recommended all four conditions of probation. Five DPCC participants had no recommendations for any of the four conditions of probation. See *Appendix K* for an illustration of DPCC program participant characteristics by community-based treatment service referral made by mental health staff in the forensic evaluation report.

*Figure 13* provides DPCC participant recommended conditions of probation.



**Figure 13**  
**Conditions of probation referred by RVDC mental health staff (valid n= 67)**



*RVDC mental health staff suggestions to improve forensic evaluations*

All RVDC mental health staff reported that the forensic evaluations could be improved. Some stated that they would like to have access to more collateral information such as school records, previous treatment providers, and police reports. They also mentioned difficulties obtaining collateral information from parents, stating that the parents/guardians are not always available for phone interviews. More time to complete the forensic evaluations also was suggested. Another suggestion was to have a separate report to share with parents/guardians—one that is more “user-friendly” and less clinical or technical. RVDC mental health staff also stated that there needs to be more control over who receives the forensic evaluation report so it does not negatively impact the youth. Furthermore, mental health staff said the reports “should be interpreted by [mental health professionals].” Mental health staff reported that additional training in brain development and disabilities would be beneficial.

**III. Reintegration phase—Implementation of rehabilitative plan**

The Reintegration phase goal of the DPCC program consisted of providing youth with community-based resources that address mental health needs while being supervised through probation department services. It is the last component of the Detention to Probation Continuum of Care (DPCC) program and is contingent on juvenile court judges implementing rehabilitative plans included in the court-ordered forensic evaluation report through ordering conditions of probation.

Based on stakeholder interviews, juvenile court judges and probation officers reported forensic evaluations were helpful and referrals to services were made based on the evaluations when possible. One probation officer commented, “everything that is in there gives you a better understanding of who your client is and [what] they have gone through which may reflect why they are behaving the way they do.” Judges stated forensic evaluation reports were delivered to

the court upon adjudication, but probation officers recalled receiving copies within four weeks of sentencing.

Probation officers differed on which parts of forensic evaluation report information were most beneficial when working with youth. Probation officers stated intellectual testing findings, educational records, and social and familial histories were helpful to understanding youth cognitive abilities, as well as reasons for forensic referrals. Some probation officers stated knowing mental health diagnoses as most helpful and one referred to the “anger-scale” and the “[incomplete sentences [exercise]]” as beneficial by providing “insight into what [youth] are thinking.” The ‘incomplete sentences exercise’ consists of RVDC mental health staff reading detained youth beginnings of general statements which prompt youth to complete the endings. This allowed mental health staff to gauge their judgment.

At times, DPCC participants’ conditions of probation imposed by juvenile court judges did not reflect the full rehabilitative plan developed by RVDC mental health staff. DPCC participants had a total of 136 referrals for community-based services, whereas juvenile court judges imposed 171 related conditions of probation. To examine the extent to which conditions of probation regarding community-based treatment services reflected rehabilitative plans developed through the court-ordered forensic evaluation, three levels of compliance were defined including:

1. *Same*—RVDC mental health staff referral or lack thereof for a community-based service was reflected by its presence or absence as a condition of probation.
2. *Less*—RVDC mental health staff made a community-based treatment service referral, but it was not ordered as a condition of probation.
3. *More*—Juvenile court judges ordered a community-based treatment service as a condition of probation without a referral from RVDC mental health staff.

Table 12 and Figure 14 illustrate compliance levels across the four types of probation conditions included in this study.

**Table 12**  
**Compliance to forensic evaluation referrals (valid n= 72)**

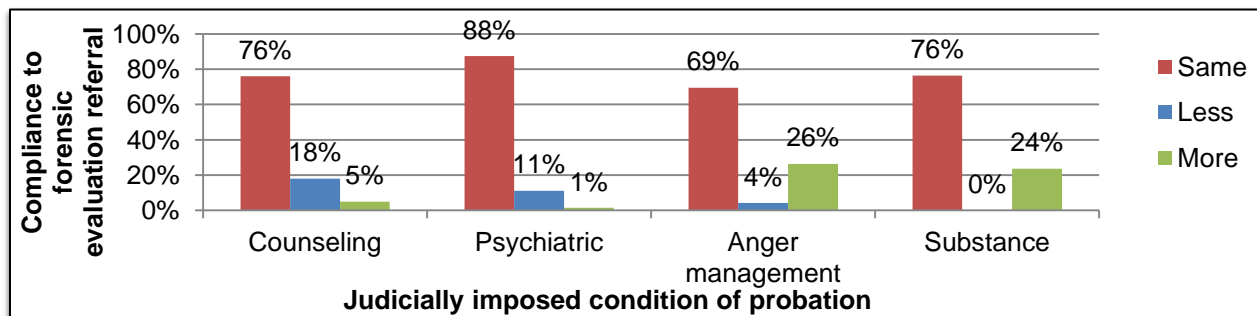
Compliance to forensic evaluation referral		Judicially imposed conditions of probation							
		Counseling		Psychiatric		Anger management		Substance	
		n	percent	n	percent	n	percent	n	percent
<b>Same</b>	RVDC referral and judicially imposed	46	64%	31	44%	16	22%	19	26%
	No RVDC referral and no judicial order	9	12%	32	44%	34	47%	36	50%
<b>Less</b>	RVDC referral, but no judicial order	13	18%	8	11%	3	4%	0	0%
<b>More</b>	No RVDC referral, but judicially imposed	4	5%	1	1%	19	26%	17	24%
<b>Total</b>		<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>72</b>	<b>100%</b>

- Counseling—Of the 59 DPCC participants referred by RVDC mental health staff, 46 had it judicially imposed as a condition of probation, but 13 did not. There were also 13

DPCC participants who were not referred to counseling by RVDC mental health staff, with nine never having it judicially imposed as a condition of probation, but four did.

- Psychiatric—Of the 39 DPCC participants referred by RVDC mental health staff, 31 had it judicially imposed as a condition of probation, but eight did not. In addition, of the 33 DPCC participants not referred to psychiatric treatment by RVDC mental health staff, 32 were not judicially ordered it as a condition of probation, but one was.
- Anger management—Of the 19 DPCC participants referred by RVDC mental health staff, 16 had it judicially imposed as a condition of probation, but three did not. Further, there were 53 DPCC participants who were not referred to anger management by RVDC mental health staff, with 34 never having it judicially imposed as a condition of probation, but 19 did.
- Substance abuse treatment —Of the 19 DPCC participants referred by RVDC mental health staff, 19 had it judicially imposed as a condition of probation. There were also 53 DPCC participants who were not referred to substance treatment by RVDC mental health staff, with 36 not having it judicially ordered as a condition of probation, but 17 did.
- No community-based treatment services referred—Of the five DPCC participants who were not referred by RVDC mental health staff for any of the four community-based treatment services, three had no such conditions of probation judicially imposed, but two did.

**Figure 14**  
**Compliance to forensic evaluation referrals (valid n= 72)**



Psychiatric treatment was rarely imposed as a condition of probation when RVDC mental health staff did not include it as a referral within the DPCC participant’s rehabilitative plan developed through the court-ordered forensic evaluation. Specifically, one DPCC participant was judicially ordered psychiatric treatment without a referral from the RVDC mental health staff; whereas, community-based services of anger management and substance treatment were commonly imposed as conditions of probation, although RVDC mental health staff did not include such referrals within DPCC participants’ rehabilitative plans.

### Full DPCC program implementation

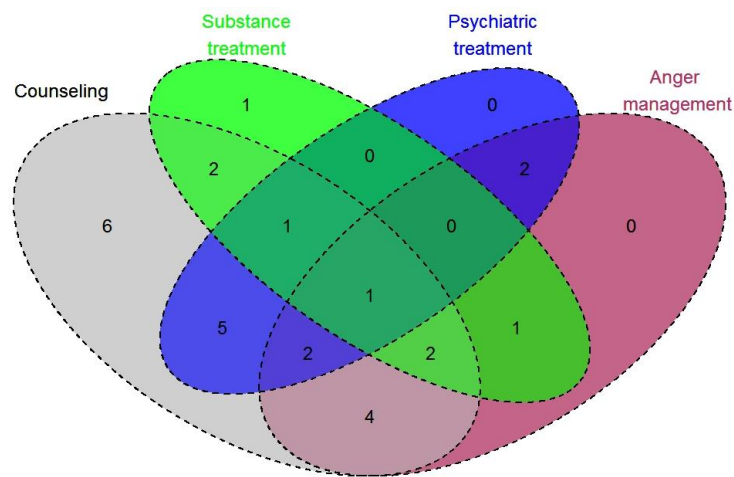
Altogether, 30 DPCC participants (42 percent) had their rehabilitative plans fully implemented by juvenile court judges, as recommended by RVDC mental health staff. Thus, for these youth, the conditions of probation imposed or not imposed matched exactly to their referrals or lack

thereof for community-based treatment services provided in court-ordered forensic reports. Of the 30 DPCC participants who had their juvenile court judge completely implement their rehabilitative plan as indicated by the court-ordered forensic evaluation:

- Seventy-seven percent had counseling judicially imposed (n= 23).
- Thirty-seven percent had psychiatric treatment judicially imposed (n= 11).
- Forty percent had anger management judicially imposed (n= 12).
- Twenty-seven percent had substance treatment judicially imposed (n= 8).
- Eleven percent had no judicially imposed conditions of probation regarding community-based treatment services (n= 3).

Of the 13 DPCC participants referred to just counseling by RVDC mental health staff, less than half had just counseling judicially imposed as a condition of probation (n= 6, 46 percent). Of the 21 DPCC participants referred to counseling and psychiatric treatment by RVDC mental health staff, about one-quarter had just counseling and psychiatric treatment judicially imposed as conditions of probation (n= 6, 24 percent). Seven DPCC participants were referred to substance, counseling, and psychiatric treatment by RVDC mental health staff, and one youth had only three community-based treatment services judicially imposed as conditions of probation (14 percent). Two DPCC participants were recommended all four conditions of probation by RVDC mental health staff, and one (25 percent) had all four community-based treatment services judicially imposed as conditions of probation. Five DPCC participants had no recommendations for any of the four conditions of probation by RVDC mental health staff, and of whom three youth (60 percent) had no judicially imposed conditions of probation. *Figure 15* provides the extent to which the 27 DPCC participants who had referrals for community-based treatment services completely implemented by juvenile court judges.

**Figure 15**  
**Judicially ordered probation conditions completely reflective of DPCC participant referrals (valid n= 27)**



# Evaluation of impact of DPCC program participation

During stakeholder interviews, all River Valley Detention Center (RVDC) mental health staff stated that forensic evaluations impact youth in a positive way. One said, forensic evaluations “link youth to treatment services that will help them understand they have different choices and reduce the likelihood of future offending and help them cope with any issues.”

Most of Will and Kankakee county juvenile probation officers reported forensic evaluations impact youths’ lives, but some had mixed positions about their benefit. Those who viewed forensic evaluations as having a positive impact recalled referred youth being linked to services tailored to their needs. One stated, “[the right services] can really help youth turn around and work through some problems and issues they had.” Another was uncertain about forensic evaluations being individualized because he/she stated referrals appeared repetitive. Negative comments about forensic evaluations included:

- “Youth may not understand the purpose of the [forensic evaluation] and answering some of the questions may be traumatic.”
- “An inaccurate diagnosis could lead to linking the youth to inappropriate services.”
- “Youth may experience negative consequences from the court if they do not follow through with the recommended services.”

The remainder of this report presents evaluation findings regarding the impact of DPCC program activities, that of screening mental health needs (Institutional phase), and referral (Structured phase) and ordering (Reintegration phase) of youth to community-based treatment services while on probation.

The impact of the DPCC program was assessed by three measures—the extent to which the evaluation sample:

- Completed judicially imposed conditions of probation.
- Continued justice system involvement defined as a subsequent detention admission and/or arrest.
- Received appropriate community-based treatment services as referred by mental health staff and risk assessment scores indicated by the Youth Assessment Screening Instrument (YASI), administered upon probation intake.

In order to measure the impact of the DPCC program, the evaluation sample (n= 211) was divided into three subgroups including a group of non-participants (n= 67, 32 percent), mental health-screened group (n= 59, 28 percent), and forensic evaluation group (n= 85, 40 percent). Together, these three subgroups defined the extent to which evaluation sampled youth participated in the DPCC program.

The characteristics of the non-participant group included (n= 67):

- Seventy-eight percent were released from RVDC into the community at their detention hearing (n= 52). The average time detained for the probation offense was 8 days (SD= 19 days) ranging from less than 24 hours to 119 days.
- Eighty-four percent were male (n= 56).
- Average age of 14.69 years old (SD= 1.35).
- Sixteen percent had a prior detention admission (n= 11).
- Seventy-six percent had a prior arrest incident (n= 51).
- Fifty-four percent were black (n= 36), 28 percent were white (n= 19), and 18 percent were Hispanic (n= 12).
- Sixty-three percent were detained at RVDC and sentenced to probation for a violence-related offense (n= 42).
- Eighteen percent had a mental health treatment history (n= 12 youth).
- Six percent had a substance treatment history (n= 4).

The characteristics of the mental health-screened group included (n= 59):

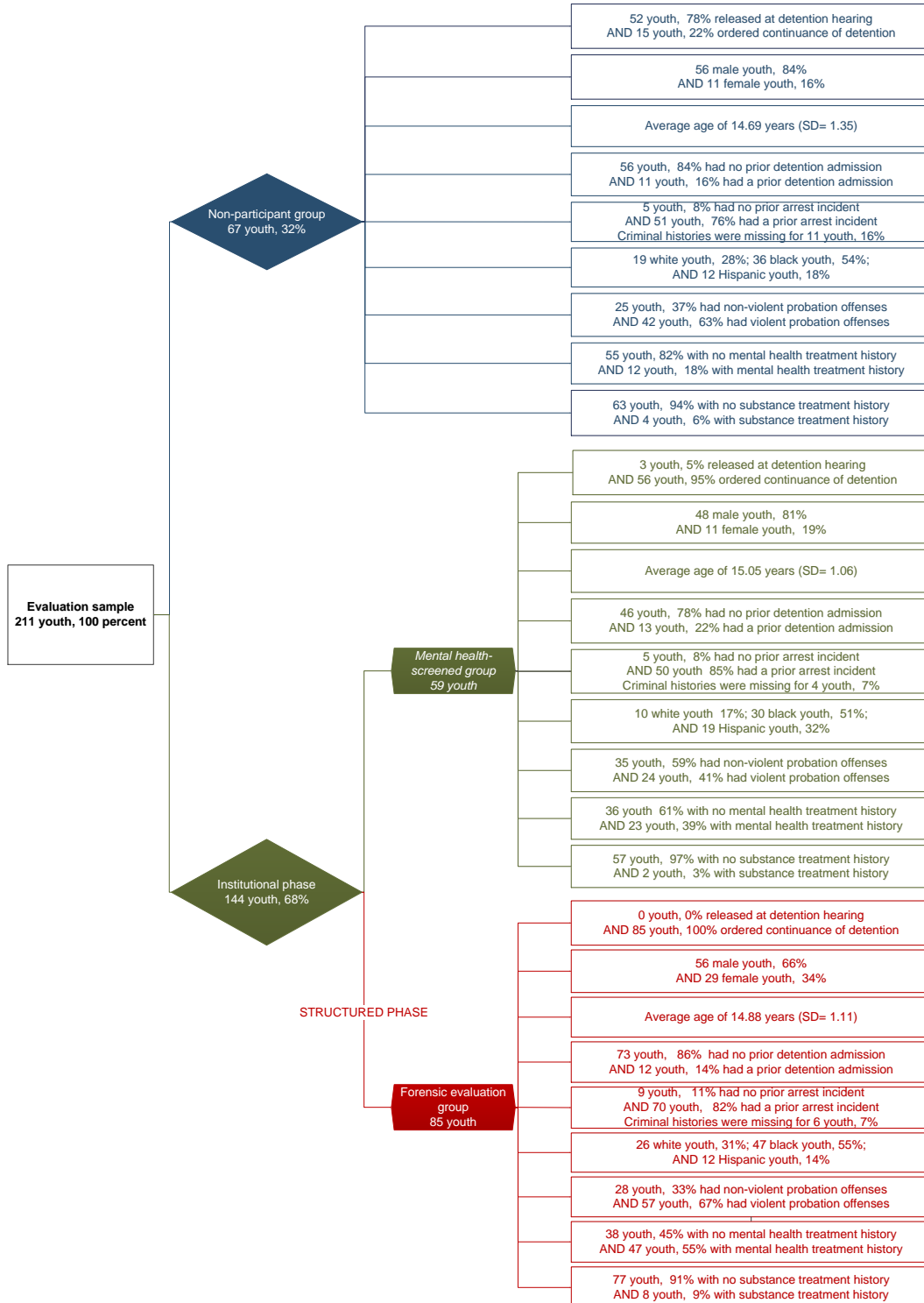
- Five percent were released from RVDC into the community at their detention hearing (n= 3). The average time detained for the probation offense was 17 days (SD= 17 days) ranging from 1 to 104 days.
- Eighty-one percent were male (n= 48).
- Average age of 15.05 years old (SD= 1.06).
- Twenty-two percent had a prior detention admission (n= 13).
- Eighty-five percent had a prior arrest incident (n= 50).
- Fifty-one percent were black (n= 30), 17 percent were white (n= 10), and 32 percent were Hispanic (n= 19).
- Forty-one percent were detained at RVDC and sentenced to probation for a violent-related offense (n= 24).
- Thirty-nine percent had a mental health treatment history (n= 23).
- Three percent had a substance treatment history (n= 2).

The characteristics of the forensic evaluation group included (n= 85):

- There were no youth released from RVDC into the community at their detention hearing (n= 0). The average time detained for the probation offense was 17 days (SD= 20 days) ranging from 3 to 168 days.
- Thirty-four percent were male (n= 29).
- Average age of 14.88 years old (SD= 1.11).
- Fourteen percent had a prior detention admission (n= 12).
- Eighty-two percent had a prior arrest incident (n= 70).
- Fifty-five percent were black (n= 47), 31 percent were white (n= 26), and 14 percent were Hispanic (n= 12).
- Sixty-seven percent were detained at RVDC and sentenced to probation for a violent-related offense (n= 57).
- Fifty-five percent had a mental health treatment history (n= 47).
- Nine percent had a substance treatment history (n= 8).

Figure 16 provides number and percent of sampled youth by characteristics and program participation.

**Figure 16**  
**Sampled youth characteristics by program participation (n= 211)**



## Evaluation sample conditions of probation

All sampled youth were supervised in the community by a probation officer (n= 211, 100 percent). Two-thirds were sentenced to formal probation (n= 139, 66 percent), but one-third received continuance under supervision (n= 72, 34 percent). Formal probation is for youth adjudicated delinquent and continuance under supervision is for youth whose cases are petitioned to court, but have not been formally adjudicated.

Of the evaluation sample (n= 211), 66 percent had at least one of the following conditions of probation ordered by their juvenile court judge at sentencing (n= 139):

- Substance treatment (n= 82, 39 percent).
- Anger management (n= 67, 32 percent).
- Counseling (n= 66, 31 percent).
- Psychiatric treatment (n= 36, 17 percent).

Of the 139 youth who had at least one probation condition judicially imposed, more than two-thirds had formal probation as their type of supervision (n= 101, 72 percent). *Table 13* provides the number and percent of sampled youth by judicially imposed probation condition and type of probation supervision.

**Table 13**  
**Judicially imposed probation condition by type of probation supervision (n= 211)**

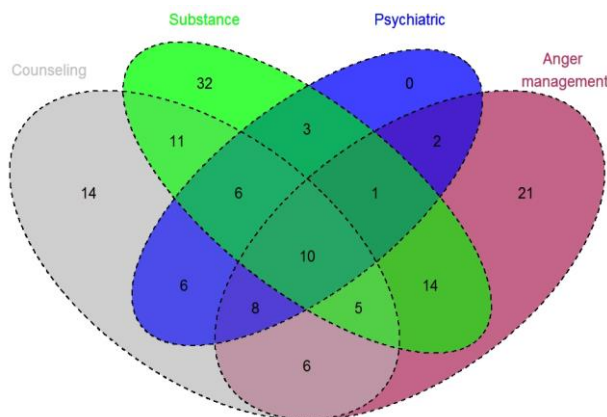
Judicially imposed condition of probation	Type of probation supervision					
	Continuance under supervision		Formal		Total	
	n	percent	n	percent	n	percent
No	34	47%	38	53%	72	100%
Yes	38	27%	101	72%	139	100%
<b>Total</b>	<b>72</b>	<b>34%</b>	<b>139</b>	<b>66%</b>	<b>211</b>	<b>100%</b>

Juvenile court judges imposed a total of 251 conditions of probation across the 139 youth. Sixty-seven youth had only one condition of probation with 48 percent ordered to just substance treatment (n= 32). Forty-two youth had two conditions of probation with 33 percent ordered to substance treatment and anger management (n= 14). Twenty youth had three conditions of probation with 36 percent ordered to anger management, counseling, and psychiatric treatment (n= 8). Ten youth were ordered all four conditions of probation. Seventy-two youth were ordered none of the four conditions of probation.

*Figure 17* provides a Venn diagram of the evaluation sample's judicially imposed conditions of probation.



**Figure 17**  
**Judicially imposed conditions of probation (valid n= 139)**

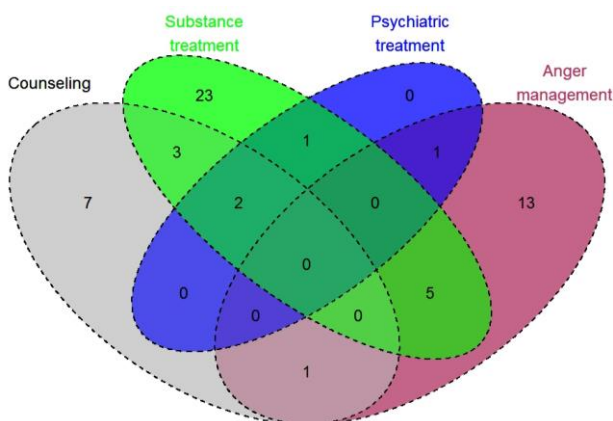


Although, 66 percent had at least one condition of probation imposed (n= 139), 29 percent did not complete as ordered (n= 41). Probation officers reported using written and verbal reports from service providers, youths, or youths’ family members when determining completion of conditions of probation. Of those who completed at least one condition of probation, services included (n= 98, 71 percent):

- Substance treatment (82 youth ordered, and 60 youth, 73 percent completed).
- Anger management (67 youth ordered, and 36 youth, 54 percent completed).
- Counseling (66 youth ordered, and 19 youth, 29 percent completed).
- Psychiatric treatment (36 youth ordered, and 9 youth, 25 percent completed).

Altogether, 56 evaluation sample youth (40 percent) completed all judicially imposed conditions of probation as ordered. For example, although 10 youth had all four conditions of probation judicially imposed, none completed all four services ordered by the judge. *Figure 18* shows a Venn diagram of the probation conditions that were actually completed as judicially ordered.

**Figure 18**  
**Completed judicially imposed conditions of probation (valid n= 56)**



## Conditions of probation by DPCC program participation

Type of probation sentence was compared by DPCC program participation (*Table 14*). Thus, the evaluation sample was divided into three subgroups—Non-participant group (n= 67, 32 percent), mental health-screened group (n= 59, 28 percent), and forensic evaluation group (n= 85, 40 percent). A chi-square test revealed type of probation sentence varied by DPCC program participation:  $X^2(2, N= 211) = 12.82, p= .002$ . The forensic evaluation group was most likely sentenced formal probation (n= 65, 77 percent) compared to the group of non-participants (n= 33, 49 percent) and mental health-screened group (n= 41, 70 percent).

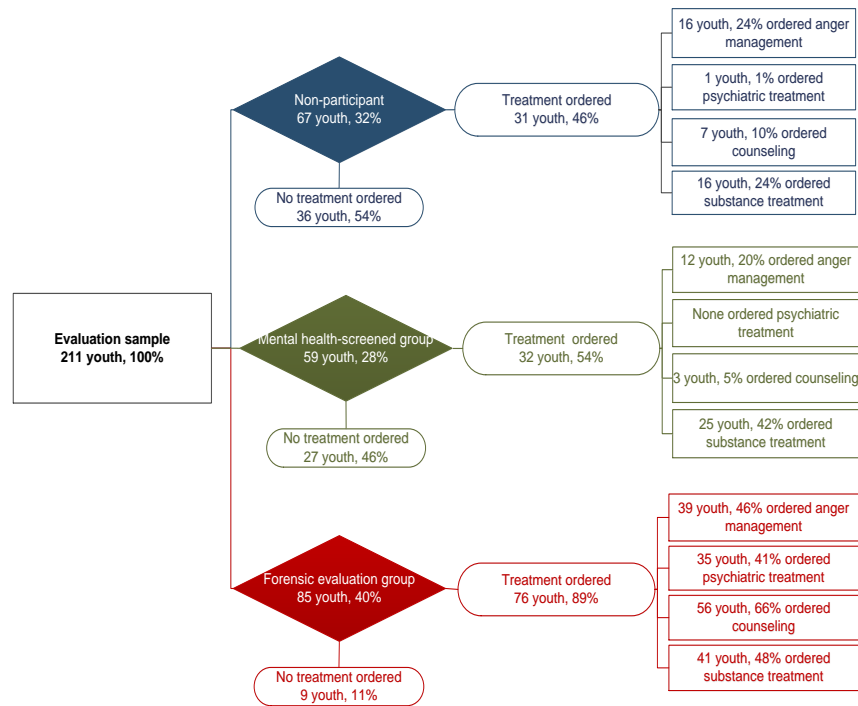
**Table 14**  
**Type of probation sentence by DPCC program participation (n= 211)**

Type of probation sentence	Non-participant		Mental health-screened		Court-ordered evaluation	
	n	percent	n	percent	n	percent
Continuance under supervision	34	51%	18	30%	20	23%
Formal probation	33	49%	41	70%	65	77%
<b>TOTAL</b>	<b>67</b>	<b>32%</b>	<b>59</b>	<b>28%</b>	<b>85</b>	<b>40%</b>

Conditions of probation regarding community-based treatment services were also compared by DPCC program activities of screening mental health needs and completing court-ordered forensic evaluations. The forensic evaluation group had double the number of youth with conditions of probation (n= 76, 89 percent) than the mental health-screened group (n= 32, 54 percent) and the non-participant group (n= 31, 46 percent). Interestingly, about two-thirds of the forensic evaluation group (n= 52, 61 percent) completed at least one condition of probation as judicially imposed compared to about one-third of the non-participant group (n= 21, 31 percent) and the mental health-screened group (n= 25, 42 percent). These findings suggest court-ordered forensic evaluations may have influenced linkage to community-based treatment services through conditions of probation.

*Figure 19* provides the number and percent of the evaluation sample by DPCC program participation having each of the four conditions of probation imposed for community-based treatment services, while *Figure 20* provides completion rates for those four conditions of probation.

**Figure 19**  
**Judicially imposed probation conditions by program participation (n= 211)**



**Figure 20**  
**Completed judicially imposed probation conditions by program participation (n= 211)**

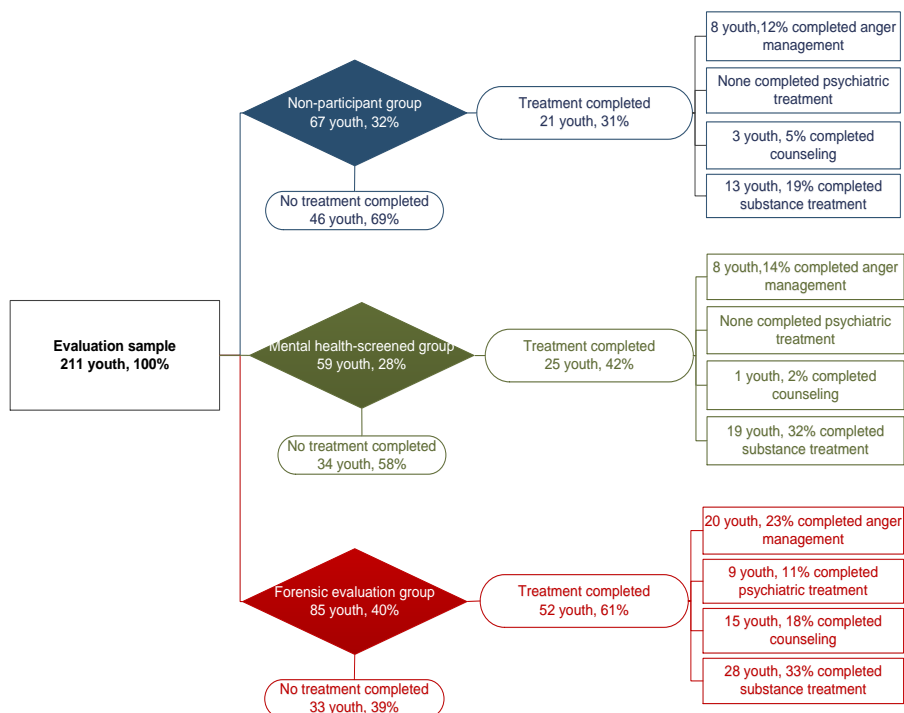


Figure 21 shows the numbers of youth who completed a treatment condition of probation for: a) those referred based on the rehabilitative plan developed from a court-ordered forensic evaluation versus b) those otherwise assigned to that treatment condition by probation or juvenile justice judge.

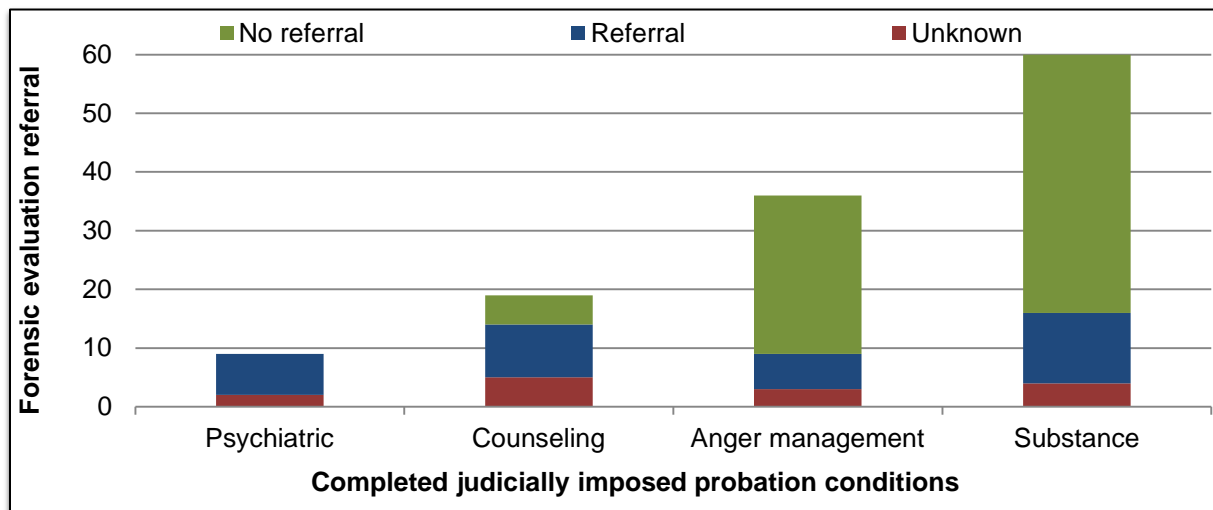
Of the nine youth in the entire evaluation sample who completed psychiatric treatment, 78 percent had a referral from a forensic evaluation (n= 7).

Of the 19 evaluation sample youth who completed counseling, 47 percent had a referral from a forensic evaluation (n= 9).

Of the 36 youth in the entire evaluation sample who completed anger management, 17 percent had a referral from a forensic evaluation (n=6).

Of the 60 evaluation sample youth who completed substance treatment including an assessment, 20 percent had a referral from a forensic evaluation (n= 12).

**Figure 21**  
**Completed judicially imposed probation conditions by**  
**forensic evaluation referral status (n= 211)**



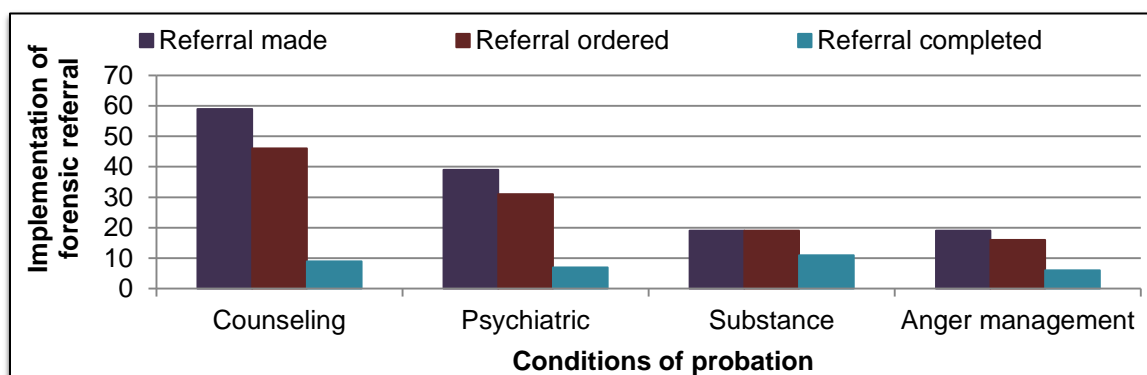
## Completed conditions of probation reflective of rehabilitative plans

Nearly all DPCC participants received at least one referral to a community-based treatment service included in their rehabilitative plan developed through the court-ordered forensic evaluation (n= 67, 93 percent), but for more than one-third (24 youth, 36 percent) at least one referral was never completed as a condition of probation. Of DPCC participants who completed at least one referral as a condition of probation, services included (n= 43, 64 percent):

- Counseling—59 youth were recommended counseling; 46 (78 percent) judicially ordered as a condition of probation, with nine youth, 15 percent completing as recommended;
- Psychiatric treatment—39 youth were recommended psychiatric treatment; 31 (79 percent) judicially ordered as a condition of probation, with seven youth, 18 percent completing as recommended;
- Substance treatment—19 youth were recommended substance treatment; 19 youth (100 percent) judicially ordered as a condition of probation with 11 youth, 58 percent completing as recommended;
- Anger management—19 youth were recommended anger management; 16 youth (84 percent) judicially ordered as a condition of probation, with six youth, 32 percent completing as recommended.

Figure 22 provides the extent to which DPCC participant referrals to community-based treatment services were implemented as conditions of probation, and ultimately completed.

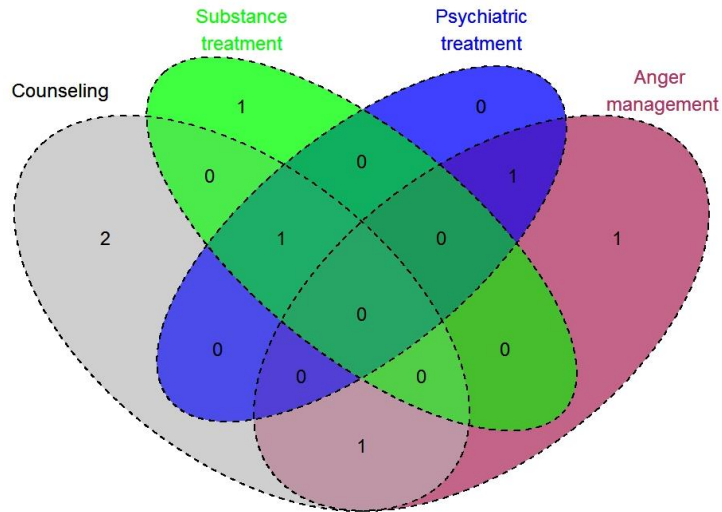
**Figure 22**  
**Implementation of forensic evaluation referrals**  
**through conditions of probation (valid n= 72)**



Altogether, only seven of the 72 DPCC participants (10 percent) completed all judicially imposed conditions of probation that matched exactly to their rehabilitative plan developed through the court-ordered forensic evaluation. For example, of the 13 DPCC participants only recommended counseling as a condition of probation by RVDC mental health staff, two youth completed only counseling as a condition of probation. Further, there were five DPCC participants who were not referred to any community-based treatment service, with none having any judicially imposed as a condition of probation. Figure 23 provides the extent to which the

forensic evaluation group youth had *all* their forensic evaluation recommendations implemented as recommended by RVDC mental health staff.

**Figure 23**  
**Forensic evaluation referrals completed as probation conditions (valid n= 7)**

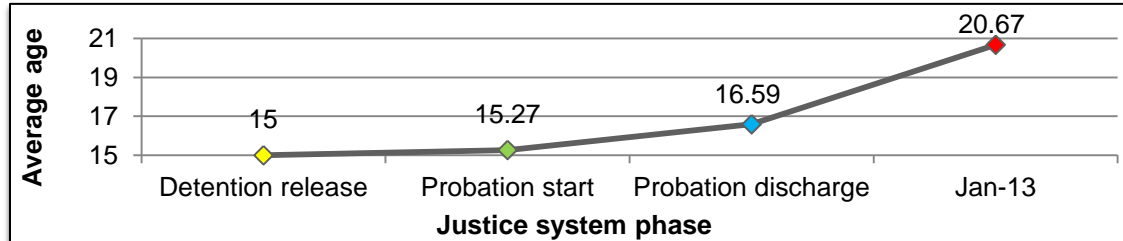


Probation officers were asked during the stakeholder interview whether community-based treatment services met youth needs and responses varied. Some mentioned barriers including transportation, lack of parental cooperation, and access to psychotropic medications.

## Justice system outcomes

ICJIA researchers tracked probation compliance, subsequent detention admissions, and rearrests to measure impact of the Detention to Probation Continuum of Care (DPCC) program. Probation compliance included how youth were discharged, such as successfully completed and technical violations including breaking curfew or failing to attend school. ICJIA researchers also obtained arrest and detention histories of sampled youth in January 2013 to formulate two measures of post-detention recidivism among DPCC clients and also tracked the number of days to recidivate. The amount of follow-up time ranged from three years and six months to slightly more than nine years (mean= 5 years 6 months, SD= 10.72 months) from the release dates of DPCC clients (*Figure 24*). On average, youth were 15 years of age when released from RVDC and nearly 21 years old at the follow-up period.

**Figure 24**  
**Age of evaluation sample by justice system phase (n= 211)**



### *Probation discharge*

About two-thirds of the evaluation sample youth were discharged successfully from probation early or as scheduled (n= 141, 67 percent). For some, probation discharge status was unknown, as their supervision was transferred to and closed by another jurisdiction (n= 17, 8 percent). As expected, sampled youth who successfully completed probation early or as scheduled were more compliant with sentencing conditions (n= 141, mean= 0.40 violations, SD= 0.88) compared to those discharged as unsuccessful (n= 53, mean= 1.77 violations, SD= 1.67). Those who were successfully discharged from probation early or as scheduled had about one less technical violation than those discharged unsuccessfully. An independent *t*-test revealed the mean difference of 1.37 violations was highly significant ( $t= -5.70$ ,  $df= 63.29$ ,  $p < 0.001$ , two-tailed).

Probation officers reported verifying youth compliance with conditions of probation by obtaining written or verbal reports from service providers, youths, or youths' family members. Some probation officers obtained verification of compliance weekly, others monthly depending on the youth's YASI risk assessment level and compliance with conditions of probation,

Of the evaluation sample (n= 211), 34 percent violated at least one sentencing condition (n= 71). Reasons for the violations included:

- Failing drug tests, or not attending school or treatment (n= 38, 18 percent).

- Failing to comply with probation officer's reasonable requests, such as refraining from spending time with delinquent friends (n= 25, 12 percent).
- Failing to reside with parents or report to probation as directed (n= 20, 10 percent).
- Breaking curfew (n= 14, 7 percent).
- Failing to pay fines or complete community service (n= 3, 1 percent).

### **Subsequent detention admission**

Of the evaluation sample (n= 211), 67 percent did not have subsequent detention admissions after release from RVDC (n= 142), but 33 percent did (n= 69). Altogether, youth (n= 211) averaged 0.69 (SD= 1.38) subsequent detention admissions ranging from 0 to 8. However, the extent to which sampled youth were actually detained as adults may be undercounted.

Information to include adult detentions was missing because of uncertainties regarding length of time before release on bond. For example, if a youth was 17 years old when detained for their probation offense at RVDC, but was rearrested a year later and detained at Will County Jail, the subsequent admission was unknown. A paired t-test revealed sampled youth with subsequent detention admissions were slightly younger (n= 69, mean= 14.39 years, SD= 1.19) than those without (n= 142, mean=15.10 years, SD= 1.11). The mean difference of 0.71 years was significant ( $t= 4.25$ ,  $df= 209$ ,  $p < 0.001$ , two-tailed).

On average, youth with subsequent detention admissions spent just less than one year in the community before being detained again (n= 69, mean= 317 days, SD= 287.49 days). Range was eight days to three years with a mode of 216 days.

### **Rearrests**

Most sampled were rearrested (n= 150, 71 percent), while few were not (n= 44, 21 percent). For 8 percent of sampled youth criminal history records could not be matched, so it is unknown whether they were rearrested (n= 17). Of available records, the sample averaged 3.42 (SD= 4.04) rearrests ranging from 0 to 25 (n= 194). They averaged nearly two years in the community before being arrested again (637 days, SD= 570.48 days). Range was seven days to seven years and six months with a mode of 19 days.

### **Rearrests by offense class**

Rearrests were examined by offense class, felony, misdemeanor, and *Other*. Since several charges can occur per arrest incident, ICJIA researchers applied an internal hierarchy to obtain the most serious offense. Among those with rearrests, analyses revealed 40 percent were due to felony offenses such as burglary (n= 84); 62 percent resulted from misdemeanor offenses including domestic battery (n= 130), and 22 percent occurred because of *Other* offenses with one being driving without a license (n= 47).

Misdemeanor offenses were most common (mean= 1.96, SD= 2.46) ranging from 0 to 14. Felony offenses averaged 0.93 (SD= 1.43) and ranged from 0 to 7. Rearrests with *Other* as the most serious charge occurred least often (mean= 0.52, SD=1.40) and had a range between 0 and 12.



Figure 26 provides the average number of rearrests among the sampled youth by offense class.

**Figure 26**  
**Rearrests by offense class (valid n= 194)**



### First rearrest by offense class

A total of 150 youth were rearrested and 53 percent had a misdemeanor offense as the most serious charge of their first rearrest, such as domestic battery or criminal trespass (n= 79). Slightly more than one-quarter were due to a felony offense including aggravated battery and burglary (n= 40, 27 percent). Less than one-quarter had their first rearrest for *Other* offense—driving without a license or ordinance violations (n= 31, 21 percent).

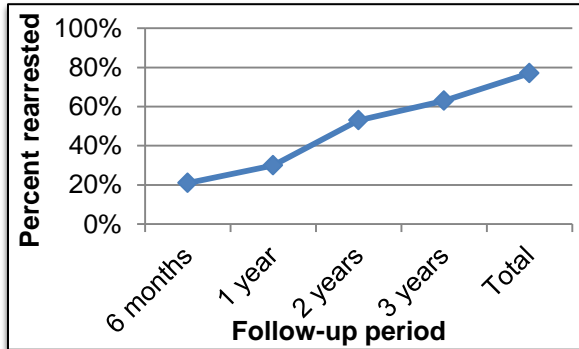
### Rearrests by follow-up period

- Nineteen percent were rearrested within six months of release from RVDC (n= 40). The sample as a whole had an average of less than one rearrest in that timeframe with a range from 0 to 4 (mean= 0.28, SD= 0.63).
- Twenty-eight percent were rearrested within one year of release from RVDC (n= 59). Altogether, sampled youth had an average of 0.53 arrests (SD= 0.98) in that timeframe with a range from 0 to 5.
- Forty-eight percent were rearrested within two years of release from RVDC (n= 120). The average number of rearrests was slightly more than one in that timeframe with a range from 0 to 11 (mean= 1.24, SD= 1.88).
- Fifty-eight percent were rearrested within three years of release from RVDC (n= 23). The number of rearrests was about two in that timeframe with a range from 0 to 16 (mean= 1.90, SD= 2.64).
- Seventy-one percent were rearrested within the entire follow-up period (n= 150). The average number of rearrests was more than three in that timeframe with a range from 0 to 25 (mean= 3.42, SD= 4.04).

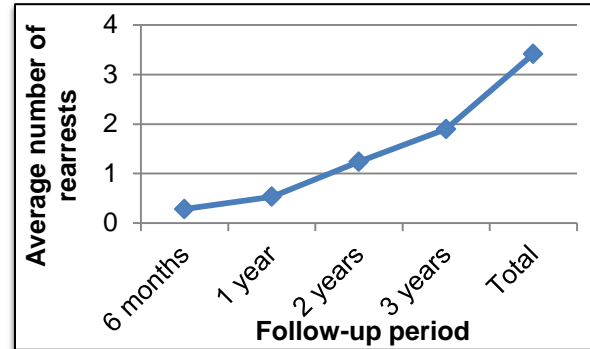
Figure 27 provides the percent of evaluation sample youth rearrested by follow-up period.

Figure 28 provides the average number of rearrests by follow-up period (cumulative).

**Figure 27**  
Percent rearrested by follow-up period (valid n= 194)



**Figure 28**  
Number of rearrests by follow-up period (valid n= 194)



### Rearrest rate

Sampled youth had a rearrest rate of 0.59 (SD= 0.71) per year. This was calculated by dividing youths' total number of rearrests by their follow-up period (*Table 15*).

**Table 15**  
Rearrest rate per year across entire follow-up period (valid n= 194)

Rearrest rate	n	Percent	Minimum	Maximum	Mean	Median	SD
	194	92%	0.00	4.53	0.59	0.37	0.71

### Evaluation sample reoffending by characteristics

Rearrests were compared by evaluation sample characteristics (n= 194, *Table 16*).

**Table 16**  
Characteristics by reoffending (valid n= 194)

Characteristics		Rearrest rate		Rearrest				Total	
				No		Yes			
		mean	SD	n	percent	n	percent	n	percent
<b>Gender</b>	Female	0.34	0.38	10	21%	38	79%	48	25%
	Male	0.69	0.79	34	23%	112	77%	146	75%
<b>Race</b>	White	0.33	0.42	15	31%	33	69%	48	25%
	Black	0.72	0.83	22	21%	85	79%	107	55%
	Hispanic	0.59	0.62	7	18%	32	82%	39	20%
<b>Nature of offense</b>	Non-violent	0.59	0.60	13	15%	71	85%	84	43%
	Violent	0.60	0.81	31	28%	79	72%	110	57%
<b>HX of mental health TX</b>	No	0.65	0.79	26	23%	89	77%	115	59%
	Yes	0.53	0.62	18	23%	61	77%	79	41%
<b>HX of substance TX</b>	No	0.60	0.72	40	22%	140	78%	180	93%
	Yes	0.59	0.81	4	29%	10	71%	14	7%
<b>Total</b>		<b>0.60</b>	<b>0.72</b>	<b>44</b>	<b>23%</b>	<b>150</b>	<b>77%</b>	<b>194</b>	<b>100%</b>

The percent of female youth rearrested was slightly higher (n= 38, 79 percent) than that of male youth (n= 112, 77 percent), but the difference was not significant:  $\chi^2(1, N = 194) = 0.12, p = 0.725$ ). However, female youth had a rearrest rate that was about half of males (0.34 compared to 0.69) and this difference of 0.30 was significant: ( $t= 2.50, df= 94.92, p= 0.014$ , two-tailed).

Eighty-two percent of Hispanic youth were rearrested (n= 32) while 79 percent of black (n= 85) and 69 percent of white youth (n= 33) were rearrested, but the difference was not significant:  $\chi^2(2, N = 194) = 2.78, p = 0.249$ ). Conversely, black youth had the highest rearrest rate (mean= 0.72, SD= 0.80) compared to white (mean= 0.33, SD= 0.32) and Hispanic youth (mean= 0.59, SD= 0.61). A one-way ANOVA suggested sampled youth rearrest rates were significantly different by race: ( $F(2, 191) = 5.59, p = 0.004$ ).

The nature of offense, violent or non-violent, related to rearrest:  $\chi^2(1, N = 194) = 4.38, p = 0.036$ ). Youth on probation for a non-violent offense were more likely rearrested (n= 71, 85 percent) compared to those with a violent offense (n= 79, 72 percent), but the rate of rearrest did not differ (mean= 0.60, SD= 0.60 and mean= 0.60, SD= 0.78, respectively): ( $t= 0.07, df= 192, p= 0.941$ , two-tailed).

History of mental health treatment did not relate to rearrest;  $\chi^2(1, N = 194) = 0.001, p = 0.977$ ). Seventy-seven percent of sampled youth with a history of mental health treatment were rearrested (n= 61, 77 percent), as were those without a history (n= 89, 77 percent). Furthermore, youth with a history of mental health treatment had a lower rate of rearrest (n= 79, mean= 0.52, SD= 0.62) than those without a history (n= 115, mean= 0.64, SD= 0.76), but an independent *t*-test revealed the mean difference of 0.12 was not significant: ( $t= 1.15, df= 192, p= 0.252$ , two-tailed). In addition, history of substance treatment did not relate to rearrest:  $\chi^2(1, N = 194) = 0.299, p = 0.585$ ); although, 71 percent of sampled youth with a history of substance treatment were rearrested (n= 10) and 78 percent of those without a history were rearrested (n= 140). Furthermore, the rate of rearrest was the same among sampled youth with a history of substance treatment (n= 14, mean= 0.59, SD= 0.81) and those without a history of substance treatment (n= 180, mean= 0.60, SD= 0.70): ( $t= 0.02, df= 192, p= 0.986$ , two-tailed).

Sampled youth rearrested (n= 150, 71 percent) averaged more prior detention admissions and arrests than those who were not rearrested (Table 17).

**Table 17**  
**Prior justice system involvement by rearrest (valid n= 194)**

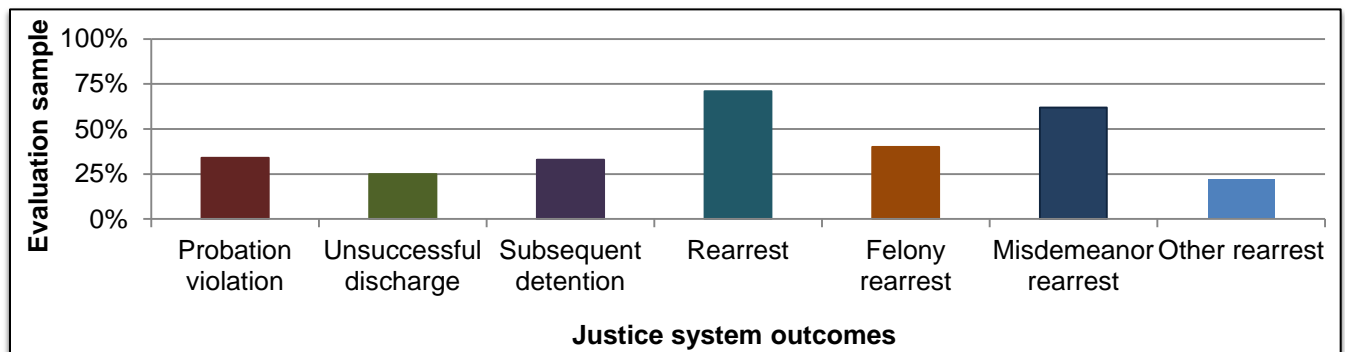
Rearrest	n	%	Detention admission		Arrests	
			mean	SD	Mean	SD
No	44	23%	0.14	0.51	1.36	0.81
Yes	150	77%	0.39	1.13	2.06	2.50
<b>Total</b>	<b>194</b>	<b>100%</b>	<b>0.35</b>	<b>1.05</b>	<b>1.90</b>	<b>2.25</b>

- The number of prior detention admissions was significantly more among those rearrested (n= 150, mean= 0.39) and those not rearrested (n= 44, mean= 0.14): ( $t= 2.92, df= 190.36, p= 0.004$ , two-tailed).

- The number of prior arrests was significantly more among those rearrested (n= 150, mean= 2.06) than those not rearrested (n= 44, mean= 1.36): ( $t= 2.13$ ,  $df= 160.73$ ,  $p= 0.034$ , two-tailed).

The percent of evaluation sample youth by justice system outcomes of probation compliance and subsequent detention admissions and arrests is provided in *Figure 29*.

**Figure 29**  
**Evaluation sample justice system outcomes (n= 211)**



- Thirty-four percent violated at least one condition of probation (n= 71).
- Sixty-seven percent completed probation early or as scheduled (n= 141).
- Thirty-three percent had a subsequent detention admission (n= 69).
- Seventy-one percent were rearrested (n= 150).
- Forty percent had felony rearrests (n= 84).
- Sixty-two had misdemeanor rearrests (n= 130).

*Table 18* shows the number and percent of sampled youth by justice system outcomes (n= 211).

**Table 18**  
**Evaluation sample justice system outcomes (n= 211)**

Outcome variables		n	percent
Violated condition of probation	No	140	66%
	Yes	71	34%
Probation discharge status	Scheduled/Early termination	141	67%
	Unsuccessful	53	25%
	Unknown	17	8%
Subsequent detention admission	No	142	67%
	Yes	69	33%
Rearrest	No	44	21%
	Yes	150	71%
	Unknown	17	8%
Felony rearrest	No	110	52%
	Yes	84	40%
	Unknown	17	8%
Misdemeanor rearrest	No	64	30%
	Yes	130	62%
	Unknown	17	8%
Other rearrest	No	147	70%
	Yes	47	22%
	Unknown	17	8%
<b>Total</b>		<b>211</b>	<b>100%</b>

A majority of sampled youth did not violate a condition of probation (n= 140, 66 percent), were successfully discharge from probation as scheduled or had an early termination (n= 141, 67 percent), and did not have a subsequent detention admission (n= 142, 67 percent). Nevertheless, a majority were rearrested (n= 150, 71 percent) and were more likely to have a rearrest for a misdemeanor offense compared to a felony offense (n= 130, 62 percent and n= 84, 40 percent, respectively).

### Justice system outcomes by risk assessment levels

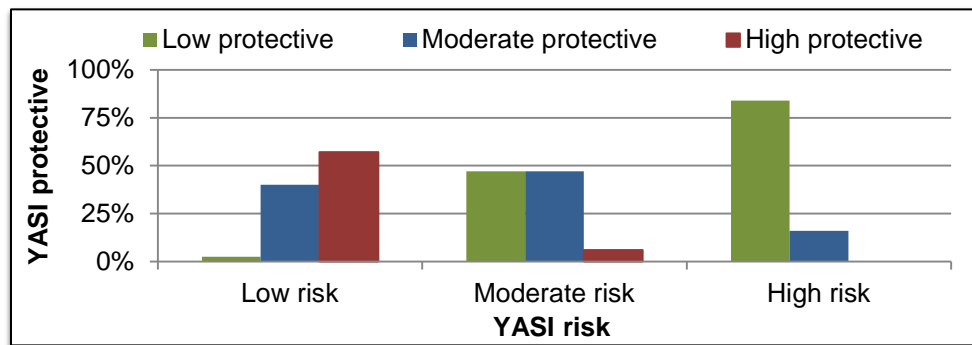
For 88 percent of the sampled youth, their probation officer assessed risk of reoffending at intake by administering the Youth Assessment and Screening Instrument (YASI) (n= 186). The tool captures youth risk and protective factors through 88 questions grouped into 10 sections—legal history (14 questions), family (16 questions), school (13 questions), community and peers (8 questions), alcohol and drugs (3 questions), mental health (7 questions), attitudes (12 questions), skills (7 questions), employment (4 questions), and use of free time (4 questions). Risk and protective factors are characteristics, experiences, and circumstances that research has shown influence likelihood of delinquency. For example, a mental health problem is a risk factor, whereas academic achievement is a protective factor. Risk and protective scores consisting of three levels—*Low*, *Moderate*, and *High* were calculated based on youth responses, which then can guide case management and resources.

Nearly all categorized as *High* risk had *Low* protective scores (n= 16, 84 percent). More than half of *Low* risk youth had *High* protective scores (n= 48, 57 percent). Of the *Moderate* risk youth, about half had *Low* protective scores (n= 39, 47 percent) or *Moderate* protective scores (n= 39,

47 percent). There were no sampled youth with *High* protective scores among those classified as *High* risk.

Figure 25 provides the interaction between YASI risk assessment levels and protective scores.

**Figure 25**  
**YASI risk assessment levels and protective scores (valid n= 186)**



#### YASI risk assessment levels among sampled youth

Of the evaluation sample youth (n= 186), more than one-third had *Low* risk (n= 84, 40 percent) or *Moderate* risk (n= 83, 39 percent). Few had *High* risk (n= 19, 9 percent) or risk was unknown (n= 25, 12 percent).

Table 19 provides the number and percent of sampled youth by YASI risk assessment levels.

**Table 19**  
**YASI risk assessment levels (n= 211)**

YASI risk assessment levels	n	percent
Low	84	40%
Moderate	83	39%
High	19	9%
Unknown	25	12%
<b>Total</b>	<b>211</b>	<b>100%</b>

#### YASI risk assessment levels by DPCC program participation

YASI risk assessment levels were compared by DPCC program participation (Table 20). YASI risk levels were the same across the group of non-participants, mental health-screened group, and forensic evaluation group:  $X^2(4, N= 186) = 4.68, p= .322$ . Thus, the forensic evaluation group (n= 85) was no more likely to have high risk than the non-participant (n= 67) and mental health-screened (n= 59) groups.

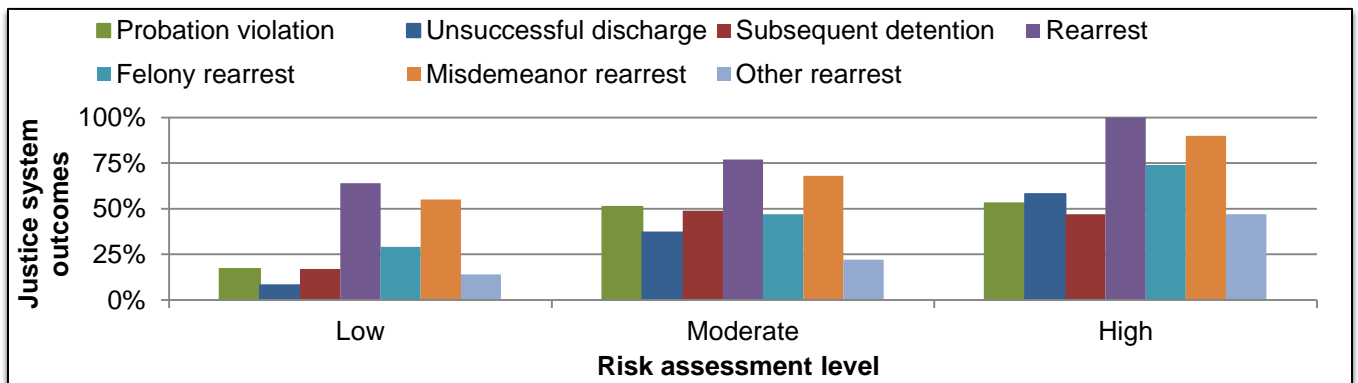
**Table 20**  
**YASI risk assessment levels by DPCC program participation (n= 211)**

YASI risk	Non-participant		Mental health-screened		Forensic evaluation	
	n	percent	n	percent	n	percent
Low	29	43%	20	34%	35	41%
Moderate	19	28%	31	52%	33	39%
High	6	9%	5	8%	8	9%
Unknown	13	19%	3	5%	9	11%
<b>TOTAL</b>	<b>67</b>	<b>32%</b>	<b>59</b>	<b>28%</b>	<b>85</b>	<b>40%</b>

- Although, the mental health-screened group had the smallest percent of youth with *Low* risk (34 percent) compared to the non-participant (43 percent) and forensic evaluation (41 percent) groups, it was not statistically significant.
- Of the mental health-screened group, slightly more than half had *Moderate* risk (n= 31, 52 percent) compared to about one-third of the non-participant (n= 19, 28 percent) and forensic evaluation (n= 33, 39 percent) groups.
- The distribution of *High* risk youth was similar across DPCC program participation groups.

Youth Assessment Screening Instrument (YASI) risk scores were obtained for many in the sample (n= 186, 88 percent). The three levels of YASI risk assessment—*Low*, *Moderate*, and *High* were compared by justice system outcomes of probation compliance and subsequent events of detention stays and arrests (*Figure 30*).

**Figure 30**  
**Justice system outcomes by YASI risk assessment level (valid n= 186)**



- Seventeen percent of *Low* risk youth violated a condition of probation (n= 14) compared to 51 percent of *Moderate* risk (n= 42) and 53 percent of *High* risk (n= 10).
- Eighty-three percent of *Low* risk youth (n= 70) successfully completed probation early or scheduled, but 51 percent of *Moderate* risk (n= 48) and 37 percent of *High* risk did (n= 7).

- Forty-nine percent of *Moderate* risk (n= 41) and 47 percent of *High* risk (n= 9) had subsequent detention stays, which was a higher proportion than *Low* risk (n= 14, 17 percent).
- All *High* risk youth were rearrested (n= 19, 100 percent), but 77 percent of *Moderate* risk (n= 64) and 64 percent of *Low* risk were rearrested (n= 54).
- Seventy-four percent of *High* risk youth had felony rearrests (n= 14), versus 47 percent of *Moderate* risk (n= 39) and 29 percent of *Low* risk (n= 27).
- Fifty-five percent of *Low* risk youth (n= 46) had misdemeanor rearrests, which was the lowest rate compared to *Moderate* risk (56 youth, 68 percent) and *High* risk (17 youth, 90 percent).

Table 21 shows the number and percent of sampled youth by justice system outcomes and YASI risk assessment level.

**Table 21**  
**Justice system outcomes by YASI risk assessment level (valid n= 186)**

Outcome variables		YASI risk assessment level					
		Low		Moderate		High	
		n	percent	n	percent	n	percent
<b>Violated condition of probation</b>	No	70	83%	41	49%	9	47%
	Yes	14	17%	42	51%	10	53%
<b>Probation discharge status</b>	Scheduled/Early termination	70	83%	48	58%	7	37%
	Unsuccessful	7	8%	31	37%	11	58%
	Missing	7	8%	4	5%	1	5%
<b>Subsequent detention admission</b>	No	70	83%	42	51%	10	53%
	Yes	14	17%	41	49%	9	47%
<b>Rearrest</b>	No	23	27%	14	17%	0	0%
	Yes	54	64%	64	77%	19	100%
	Missing	7	8%	5	6%	0	0%
<b>Felony rearrest</b>	No	53	63%	39	47%	5	26%
	Yes	24	29%	39	47%	14	74%
	Missing	7	8%	5	6%	0	0%
<b>Misdemeanor rearrest</b>	No	31	37%	22	26%	2	10%
	Yes	46	55%	56	68%	17	90%
	Missing	7	8%	5	6%	0	0%
<b>Other rearrest</b>	No	65	77%	60	72%	10	53%
	Yes	12	14%	18	22%	9	47%
	Missing	7	8%	5	6%	0	0%
<b>TOTAL</b>		<b>84</b>	<b>45%</b>	<b>83</b>	<b>45%</b>	<b>19</b>	<b>10%</b>

*Rearrest by follow-up period and risk assessment level*

The three levels of YASI risk assessment—*Low*, *Moderate*, and *High* were compared by rearrests across the follow-up period. Higher risk assessment levels related to increased rearrests over time. *Figure 31* provides percent of sampled youth rearrested by YASI risk assessment levels and follow-up period and *Figure 32* provides their average number of rearrests.

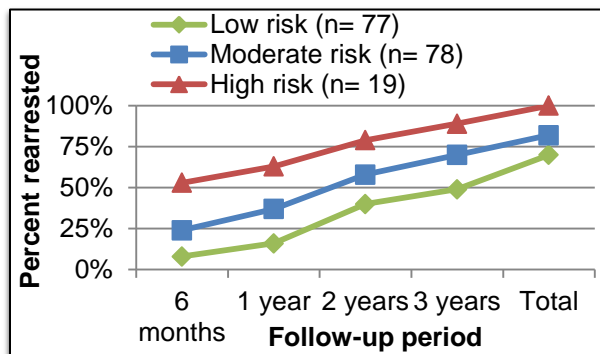
- Eight percent of *Low* risk youth were rearrested within six months (n= 6) compared to 24 percent of *Moderate* risk (n= 18) and 53 percent of *High* risk (n= 10). *Low* risk youth



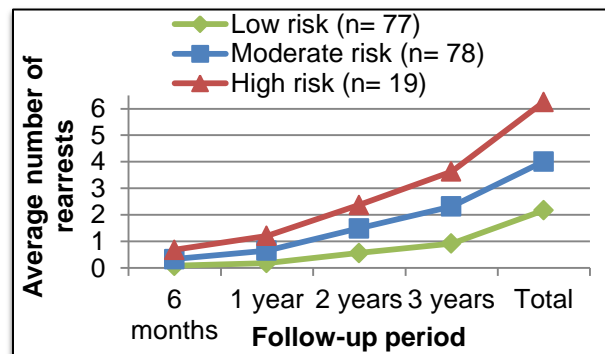
averaged 0.08 (SD= 0.27) rearrests within six months (n= 77) while *Moderate* risk (n= 78) averaged 0.33 (SD= 0.70) and *High* risk (n= 19) averaged 0.68 (SD= 0.75).

- Sixty-three percent of *High* risk youth were rearrested within one year (n= 12) compared to 37 percent of *Moderate* risk (n= 29) and 16 percent of *Low* risk (n= 12). *Low* risk youth averaged 0.18 (SD= 0.45) rearrests within one year (n= 77) while *Moderate* risk (n= 78) averaged 0.65 (SD= 1.05) and *High* risk (n= 19) averaged 1.21 (SD= 1.13).
- Seventy-nine percent of *High* risk youth (n= 15) were rearrested within two years compared to 58 percent of *Moderate* risk (n= 45) and 40 percent of *Low* risk (n= 31). *Low* risk averaged 0.56 (SD= 0.90) rearrests within two years (n= 77) while *Moderate* risk (n= 78) averaged 1.49 (SD= 2.04) and *High* risk (n=19) averaged 2.37 (SD= 1.92).
- Forty-nine percent of *Low* risk youth were rearrested within three years (n= 38) compared to 70 percent of *Moderate* risk (n= 55) and 89 percent of *High* risk (n= 17). *Low* risk youth averaged 0.92 (SD= 1.60) rearrests within three years (n= 77) while *Moderate* risk (n= 78) averaged 2.32 (SD= 2.92) and *High* risk (n= 19) averaged 3.63 (SD= 2.59).
- All *High* risk youth were rearrested within the follow-up period (n= 19) compared to 82 percent of *Moderate* risk (n= 64) and 70 percent of *Low* risk (n= 54). *Low* risk youth averaged 2.17 (SD= 2.86) rearrests within the follow-up period (n= 77) while *Moderate* risk (n= 78) averaged 4.01 (SD= 4.40) and *High* risk (n= 19) averaged 6.26 (SD= 4.24).

**Figure 31**  
Percent rearrested by follow-up period and risk assessment level (valid n= 194)



**Figure 32**  
Number of rearrests by follow-up period and risk assessment level (valid n= 194)



The sample's overall rearrest rate was compared by YASI risk assessment levels (Table 22). *High* risk youth had a higher rearrest rate (n= 19, mean= 1.09, SD= 0.51) than those with *Moderate* risk (n= 78, mean= 0.69, SD= 0.78) or *Low* risk (n= 77, mean= 0.38, SD= 0.78).

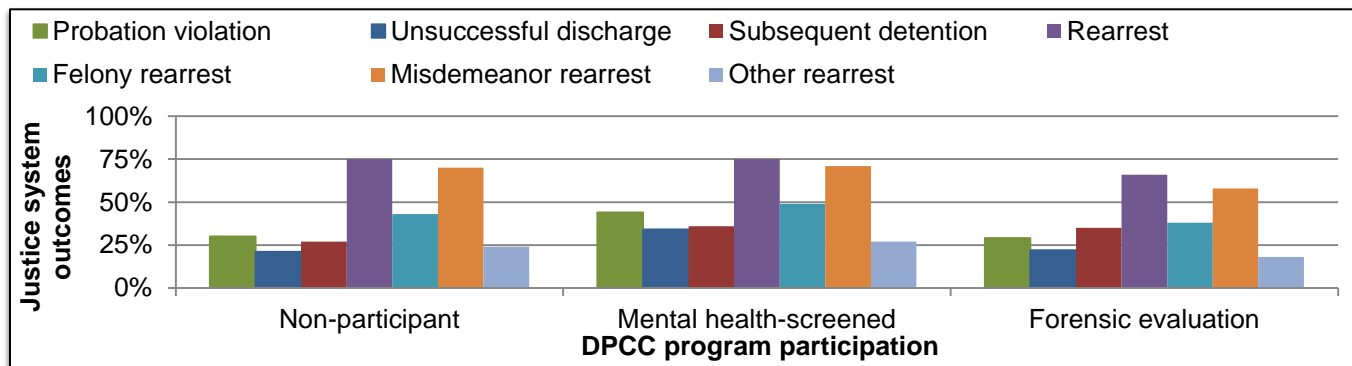
**Table 22**  
Rearrest rate by risk assessment levels (valid n= 194)

Outcome variable	Low (n= 77)		Moderate (n= 78)		High (n= 19)	
	mean	SD	mean	SD	mean	SD
Rearrest rate	0.38	0.51	0.69	0.78	1.09	0.72

## Justice system outcomes by DPCC program participation

Figure 33 provides an illustration of the DPCC program impact on evaluation sample youth justice system outcomes of probation compliance and subsequent detention admissions and arrests.

**Figure 33**  
Justice system outcomes by DPCC program participation (n= 211)



- The mental health-screened group violated their probation conditions most often (n= 26 youth, 44 percent), followed by the group of non-participants group (n= 20, 30 percent) and the forensic evaluation group (n= 25, 29 percent).
- The mental health-screened group were most often unsuccessfully discharged from probation (n= 20, 34 percent), followed by the non-participant group (n= 14, 21 percent) and the forensic evaluation group (n= 19, 22 percent).
- The number of subsequent detention admissions was the same between the mental health-screened group and the forensic evaluation group— and higher than the non-participant group (35 percent and 27 percent, respectively).
- The forensic evaluation group (n= 85) had the fewest youth rearrested (66 percent compared to 75 percent).
- The mental health screen group had the most youth rearrested for a felony offense (n= 29 49 percent).

The number and percent of evaluation sample youth by justice system outcomes and DPCC program participation is provided in *Table 23*.

**Table 23**  
**Justice system outcomes by DPCC program participation (n= 211)**

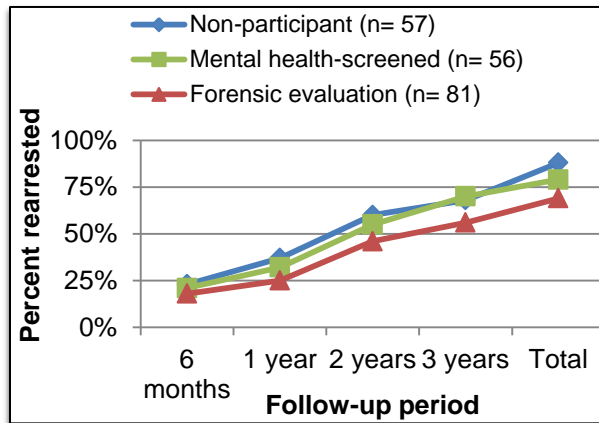
Outcome variables		Non-participant		Mental health-screened		Forensic evaluation	
		n	percent	N	percent	n	percent
<b>Violated condition of probation</b>	No	47	70%	33	56%	60	71%
	Yes	20	30%	26	44%	25	29%
<b>Probation discharge status</b>	Scheduled/early termination	49	73%	33	56%	59	69%
	Unsuccessful	14	21%	20	34%	19	22%
	Missing	4	6%	6	10%	7	8%
<b>Subsequent detention admission</b>	No	49	73%	38	64%	55	65%
	Yes	18	27%	21	36%	30	35%
<b>Rearrest</b>	No	7	10%	12	20%	25	29%
	Yes	50	75%	44	75%	56	66%
	Missing	10	15%	3	5%	4	5%
<b>Felony rearrest</b>	No	28	42%	27	46%	49	58%
	Yes	29	43%	29	49%	32	38%
	Missing	10	15%	3	5%	4	5%
<b>Misdemeanor rearrest</b>	No	10	15%	14	24%	32	38%
	Yes	47	70%	42	71%	49	58%
	Missing	10	15%	3	5%	4	5%
<b>Other rearrest</b>	No	41	61%	40	68%	66	78%
	Yes	16	24%	16	27%	15	18%
	Missing	10	15%	3	5%	4	5%
<b>TOTAL</b>		<b>67</b>	<b>32%</b>	<b>59</b>	<b>28%</b>	<b>85</b>	<b>40%</b>

**Rearrests by follow-up period and DPCC program participation**

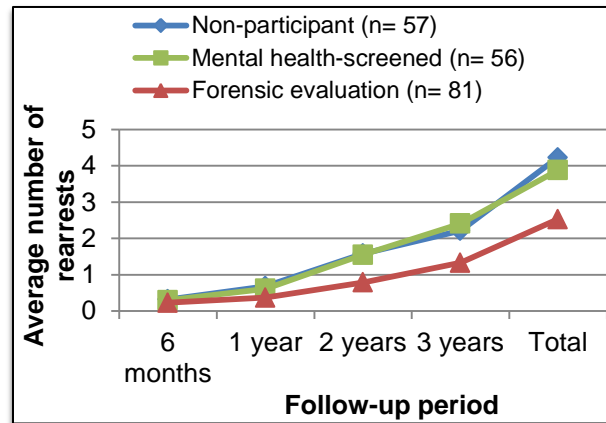
The percent of sampled youth rearrested, as well as their average number of rearrests within six months of RVDC release was similar across DPCC program participation, but as the follow-up period increased, findings suggested sampled youth who received a court-ordered forensic evaluation were less likely to reoffend than those who did not.

*Figure 34* provides percent of sampled youth rearrested by DPCC program participation and follow-up period and *Figure 35* provides their average number of rearrests.

**Figure 34**  
**Percent rearrested by DPCC**  
**program participation and follow-up**  
**period (valid n= 194)**



**Figure 35**  
**Number of rearrests by DPCC**  
**program participation and follow-up**  
**period (valid n= 194)**



### Six months

The group of non-participants had the highest percent rearrested within six months (n= 13, 23 percent), followed by the mental health-screened group (n= 12, 21 percent), and forensic evaluation group (n= 15, 18 percent). A chi-squared test revealed no significant difference between any two groups compared:  $\chi^2 = 0.41$ ,  $df = 2$ ,  $p = 0.82$ ).

The non-participant group averaged 0.32 (SD= 0.66) rearrests within six months (n= 57) which was similar to the mental health-screened group who averaged 0.30 (SD= 0.71) rearrests (n= 56). The forensic evaluation group had the least amount of rearrests within six months (n= 81, mean= 0.23, SD= 0.55). A one-way ANOVA suggested differences among sampled groups rearrests within six months were not significant ( $F(2, 191) = 0.27$ ,  $p = 0.71$ ).

### One year

Non-participants had the highest percent rearrested within one year (n= 21, 37 percent), followed by the mental health-screened group (n= 18, 32 percent), and forensic evaluation group (n= 20, 25 percent). A chi-squared test revealed no significant difference:  $\chi^2 = 2.44$ ,  $df = 2$ ,  $p = 0.29$ ).

The non-participant group averaged 0.68 (SD= 1.15) rearrests within one year (n= 57), the mental health-screened group averaged 0.61 (SD= 1.09) rearrests (n= 56). The forensic evaluation group had the least amount of rearrests within one year (n= 81, mean= 0.37, SD= 0.73). A one-way ANOVA suggested differences among sampled groups rearrests within one year were not significant ( $F(2, 191) = 3.75$ ,  $p = 0.14$ ).

### Two years

Non-participants had the highest percent rearrested within two years (n= 34, 60 percent), followed by the mental health-screened group (n= 31, 55 percent), and forensic evaluation group (n= 37, 46 percent). A chi-squared test revealed no significant difference between any two groups compared:  $\chi^2 = 2.86$ ,  $df = 2$ ,  $p = 0.24$ ). Even though a 14% difference is large, a 33% difference would have been required to be considered statistically significant.

The non-participant group averaged 1.58 (SD= 2.19) rearrests within two years (n= 57), the mental health-screened group averaged 1.55 (SD= 2.25) rearrests (n= 56). The forensic evaluation group had the least amount of rearrests within two years (n= 81, mean= 0.79, SD= 1.14). A one-way ANOVA suggested differences among sampled groups rearrests within two years were significant ( $F(2, 191) = 28.45$ ,  $p = 0.02$ ). Employing the Bonferroni post-hoc test, significant differences were found between the non-participant group and the forensic evaluation group ( $p = .04$ ), and between the forensic evaluation group and the mental health-screened group ( $p = .05$ ). There was no significant difference between the non-participant group and the mental health-screened group ( $p = 1.00$ ).

### Three years

The mental health-screened group had the highest percent rearrested within three years (n= 39, 70 percent) compared to the non-participant group (n= 39, 68 percent) and forensic evaluation group (n= 45, 56 percent). A chi-squared test revealed no significant difference between any two groups compared:  $\chi^2 = 3.71$ ,  $df = 2$ ,  $p = 0.16$ ).

The non-participant group averaged two rearrests within three years of release from RVDC (n= 57, mean= 2.21, SD= 2.71) and so did the mental health-screened group (n= 56, mean= 2.41, SD= 3.23). The forensic evaluation group had one less rearrest within three years (n= 81, mean= 1.33, SD= 1.96). A one-way ANOVA suggested differences among sampled groups rearrests within three years was significant ( $F(2, 191) = 46.11$ ,  $p = 0.03$ ). Employing the Bonferroni post-hoc test, a significant difference was found between the forensic evaluation group and the mental health-screened group ( $p = .05$ ). There was no significant difference between the non-participant group and the forensic evaluation group ( $p = 0.16$ ), or between the non-participant group and the mental health-screened group ( $p = 1.00$ ).

### Overall

The non-participant group had the highest percent rearrested by the end of the follow-up period (n= 50, 88 percent) compared to the mental health-screened group (n= 44, 79 percent) and forensic evaluation group (n= 56, 69 percent). A chi-squared test revealed a significant difference:  $\chi^2 = 6.66$ ,  $df = 2$ ,  $p = 0.04$ ).

The non-participant group averaged four rearrests within the follow-up period (n= 57, mean= 4.23, SD= 4.06) as did the mental health-screened group (n= 56, mean= 3.88, SD= 4.74). The forensic evaluation group had the least amount of rearrests within the follow-up period (n= 81, mean= 2.53, SD= 3.31). A one-way ANOVA suggested the difference between sampled groups rearrests within the follow-up period was significant ( $F(2, 191) = 112.85$ ,  $p = 0.03$ ).

### Rearrest rate by DPCC program participation

The evaluation sample rearrest rate was also compared by DPCC program participation (*Table 24*). The group of non-participants and mental health-screened group averaged about one rearrest per year (mean= 0.71). The forensic evaluation group had less than half of a rearrest per year (n= 81, mean= 0.43, SD= 0.55).

**Table 24**  
Rearrest rate by DPCC program participation (valid n= 194)

Outcome variable	Non-participant (n= 57)		Mental health-screened (n= 56)		Forensic evaluation (n= 81)	
	mean	SD	mean	SD	mean	SD
Rearrest rate	0.71	0.68	0.71	0.88	0.43	0.55

### Rearrest rate by full DPCC program participation

The evaluation sample rearrest rate was further compared by *full* DPCC program participation (*Table 25*). This allowed ICJIA researchers to measure the extent to which DPCC program fidelity impacted subsequent arrests. Thus, the forensic evaluation group was divided into two subgroups based on the implementation of the rehabilitative plan.

Only seven of the 72 (10 percent) DPCC participants completed all imposed conditions of probation that matched exactly to their rehabilitative plan developed through the forensic evaluation. These youth had an even lower rearrest rate than their fellow DPCC participants who did not have their rehabilitative plan implemented exactly as recommended by mental health staff (average of 0.27 compared to 0.47).

Further analysis (chi-square test) comparing YASI risk scores by *full* DPCC program participation groups revealed significant differences between groups:  $\chi^2 = 8.96$ ,  $df = 3$ ,  $p = 0.03$ ). For instance, of the *true* DPCC participants (n= 7), one (14 percent) had *Moderate/High* YASI.

**Table 25**  
Rearrest rate by true DPCC program participation (valid n= 181)

Outcome variable	Non-participant (n= 57)		Mental health-screened (n= 56)		Forensic evaluation (n= 61)		Full DPCC participant Forensic evaluation (n= 7)	
	mean	SD	mean	SD	mean	SD	mean	SD
Rearrest rate	0.71	0.68	0.71	0.88	0.47	0.59	0.27	0.16
YASI Moderate/High risk	n	%	n	%	n	%	n	%
	25	46%	36	64%	35	60%	1	14%

The forensic evaluation group and the mental health-screened group had a majority of youth with *Moderate/High* risk, but the rearrest rates had a mean difference of 0.24.

## Youth characteristics and DPCC program participation as predictive factors for reoffending

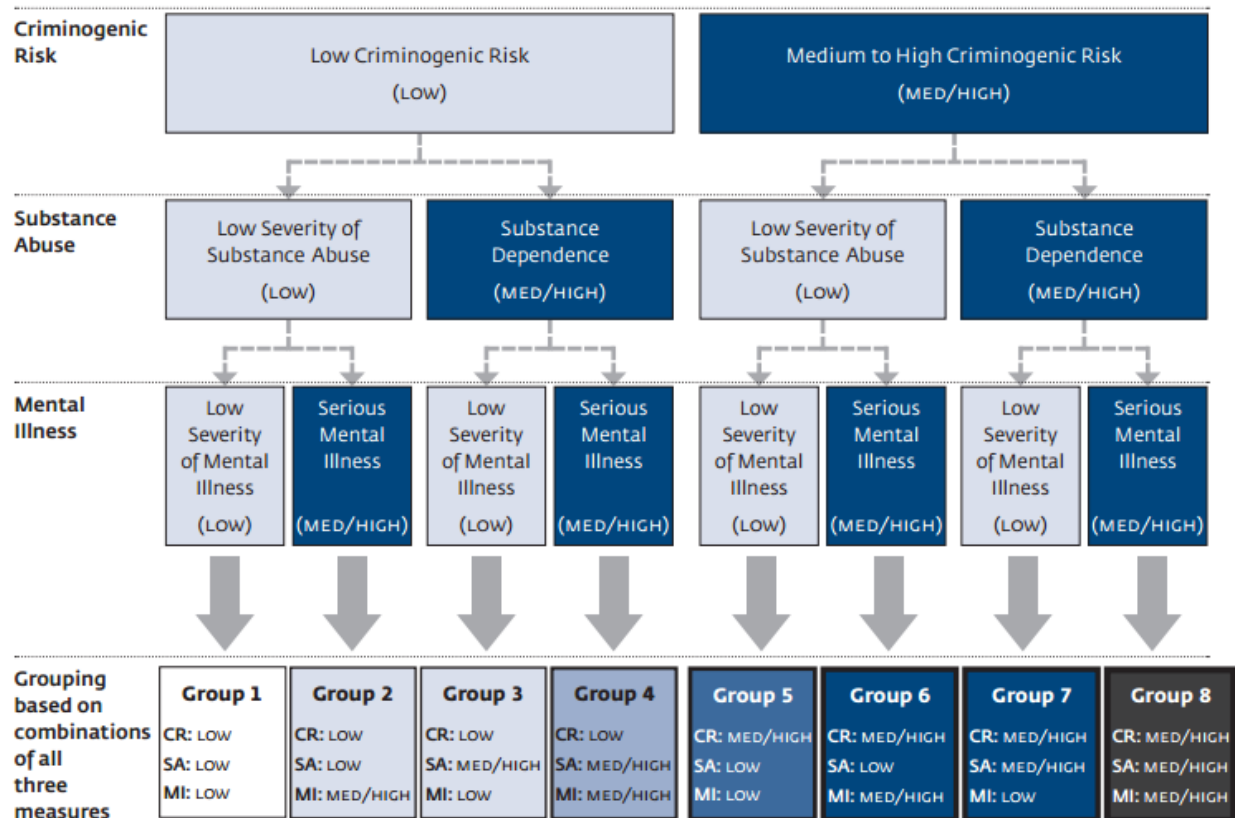
To further explore youth characteristics and DPCC program participation on the justice system outcomes of rearrest a multiple linear regression analysis was conducted. A total of 193 cases were analyzed. Predictor variables included gender, race, offense, age, history of mental health treatment, history of substance treatment, prior detention admission, prior arrests, and DPCC program participation. The continuous variables of age and prior detention and arrests were centered so the intercept could be interpreted. The dependent variable of rate of rearrest was not normally distributed due to one case being an outlier. The full model significantly predicted rate of rearrest:  $R^2 = 0.21$ ,  $F(11, 181) = 4.30$ ,  $p < .001$ . *Appendix L* provides unstandardized and standardized regression coefficients, the  $t$  statistic, significant values, and confidence intervals for each of the predictor variables.

While controlling for each variable, the values of the coefficients revealed youth who received forensic evaluations had a 0.22 lower rearrest rate than the non-participant group (95% CI -0.44—0.00); male youth had a 0.28 higher rearrest rate than females (95% CI 0.07—0.48); black youth had a 0.35 higher rearrest rate than whites (95% CI 0.13—0.56); Hispanic youth had a 0.24 higher rearrest rate than whites (95% CI -0.04—0.51); and for each prior arrest it was associated with an increase in the rate of rearrest by a factor of 0.09 (95% CI 0.04—0.13).

## Enrollment of moderate/high risk youth with mental health needs

The Council of State Governments (CSG) Justice Center developed a framework for reducing recidivism and increasing rehabilitation by classifying the justice system population into eight groups based on risk of criminal activity, substance abuse treatment needs, and mental health treatment needs (*Figure 36*) (Osher, D’Amora, Plotkin, Jarrett, & Eggleston, 2012).

**Figure 36**  
**Risk/behavioral health needs groupings**



This evaluation referred to the eight risk/behavioral health needs framework groupings to measure the extent to which the DPCC program served juvenile justice system-involved youth with *Moderate/High* risk of reoffending and behavioral health needs. In order to classify this evaluation sample into the eight subgroups, ICJIA researchers used YASI risk assessment levels and psychiatric diagnoses indicated by RVDC mental health staff. However, this information was available for only half of the evaluation sample youth (n= 105, 50 percent). Psychiatric diagnoses were not available for evaluation sample youth released from RVDC without being screened by mental health staff.

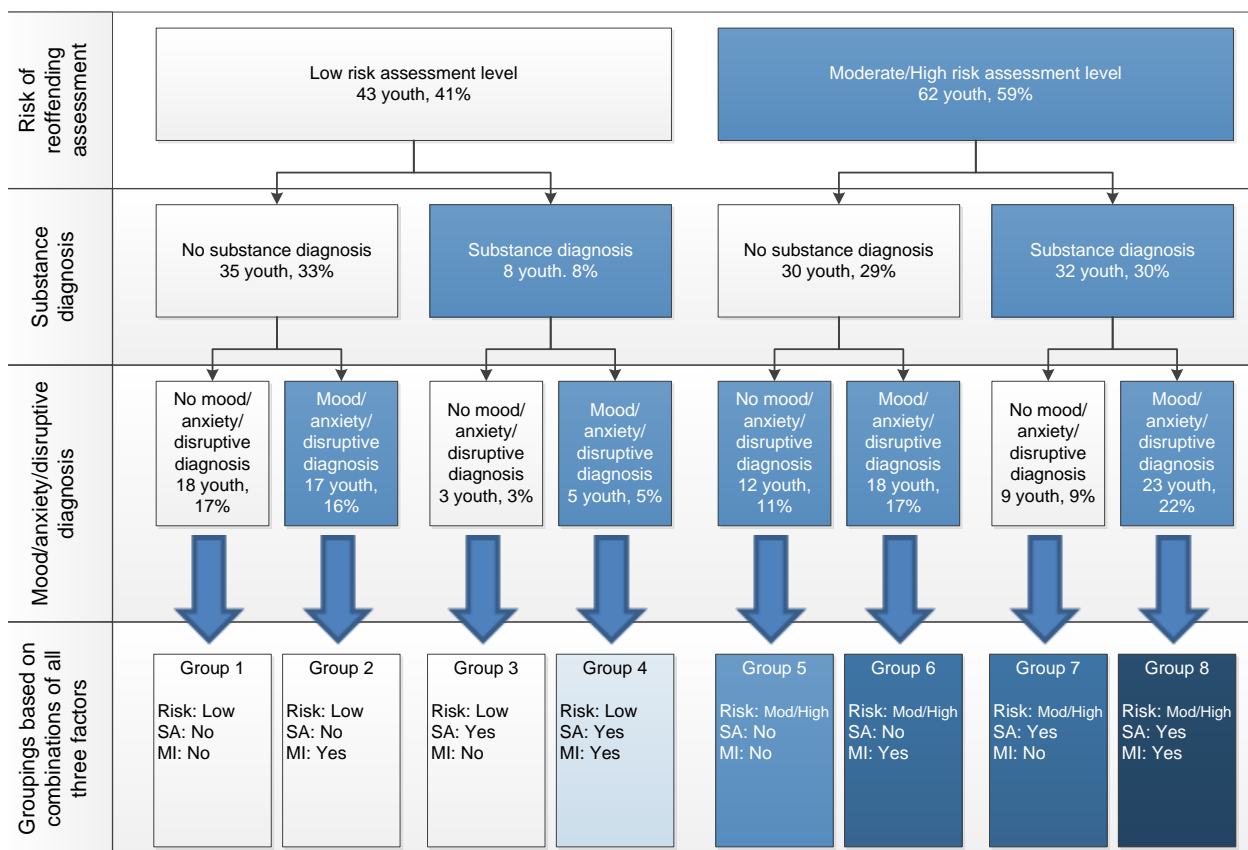
YASI risk scores were used to define risk of reoffending consisting of two levels: 1) *Low* and 2) *Moderate/High*. Some evaluation sample youth had a *Low* risk assessment level (n= 43, 41 percent) while a majority had a *Moderate/High* risk assessment level (n= 62, 59 percent).



Substance abuse severity and mental illness severity variables, as derived from the mental health screening, were each defined by two factors—1) met diagnostic criteria and 2) did not meet diagnostic criteria. More than one-third met diagnostic criteria for a substance disorder (n= 40, 38 percent), but slightly less than two-thirds did not (n= 65, 62 percent). More than half met diagnostic criteria for a psychiatric disorder (n= 63, 60 percent) while some did not (n= 42, 40 percent).

Figure 37 shows an illustration of sampled youth by the eight risk/behavioral health needs framework groupings.

**Figure 37**  
**Sampled youth by risk/behavioral health needs groupings (valid n= 105)**



- Seventeen percent were classified into Group 1—*Low* risk, No substance diagnosis, No mood/anxiety/disruptive diagnosis (n= 18). These youth may be least likely to need community-based treatment services and have continued justice system-involvement.
- Twenty-two percent were classified into Group 8—*Moderate/High* risk, Substance diagnosis, Mood/anxiety/disruptive diagnosis (n= 23). These youth may be most likely to need community-based treatment services and have continued justice-system involvement.

## Risk/mental health needs groupings by DPCC program participation

The risk/behavioral health needs framework groupings (as indicated by the mental health screen) were compared by DPCC program participation (*Table 26*).

**Table 26**  
**Risk/behavioral health needs groupings**  
**by DPCC program participation (valid n= 105)**

Risk/behavioral health needs groupings		Mental health-screened		Forensic evaluation	
		n	percent	n	percent
Group 1	Low risk, No SA diagnosis, No MI diagnosis	9	22%	9	14%
Group 2	Low risk, No SA diagnosis, MI diagnosis	5	12%	12	19%
Group 3	Low risk, SA diagnosis, No MI diagnosis	0	0%	3	5%
Group 4	Low risk, SA diagnosis, MI diagnosis	0	0%	5	8%
Group 5	Moderate/High risk, No SA diagnosis, No MI diagnosis	7	17%	5	8%
Group 6	Moderate/High risk, No SA diagnosis, MI diagnosis	6	15%	12	19%
Group 7	Moderate/High risk, SA diagnosis, No MI diagnosis	7	17%	2	3%
Group 8	Moderate/High risk, SA diagnosis, MI diagnosis	7	17%	16	25%
<b>TOTAL</b>		<b>41</b>	<b>39%</b>	<b>64</b>	<b>61%</b>

Group 1 may benefit the least from the DPCC program due to their *Low* risk, No substance diagnosis, and No mood/anxiety/disruptive diagnosis (n= 18). These youth made up a larger percent of the mental health-screened group than the forensic evaluation group (22 percent and 14 percent, respectively).

Group 8 may benefit the most from the DPCC program due to their *Moderate/High* risk, Substance diagnosis, and Mood/anxiety/disruptive diagnosis (n= 23). These youth made up a larger percent of the forensic evaluation group than the mental health-screened group (25 percent and 17 percent, respectively).

## **DPCC participant completion of appropriate community-based treatment services by risk/mental health needs groupings**

This section describes DPCC program participants' referrals to community-based care and their implementation while taking into account their risk and behavioral health needs.

DPCC program participants included in Group 1—*Low* risk, no substance abuse diagnosis, no mental illness diagnosis had the following referrals to community-based treatment services (n= 9):

- Forty-four percent were recommended counseling by RVDC mental health staff (n= 4); of whom all had it judicially imposed as a condition of probation (n= 4). However, only two completed counseling as sentenced (22 percent).
- No youth in Group 1 received a recommendation for psychiatric treatment (n= 0), nor were any judicially ordered it as a condition of probation (n= 0).
- RVDC mental health staff recommended one youth in Group 1 to anger management. This youth had anger management judicially imposed as a condition of probation and completed it as sentenced.
- No youth in Group 1 received a recommendation for substance treatment (n= 0), but two had it judicially ordered as a condition of probation (n= 2). However, none completed substance treatment as sentenced (n= 0).

Forensic evaluation group participants included in Group 8—*Moderate/High* risk, substance diagnosis, mental illness diagnosis had the following referrals to community-based treatment service (n= 16):

- Ninety-four percent were recommended counseling by RVDC mental health staff (n= 15) with 75 percent having it judicially imposed as a condition of probation (n= 12). However, only two completed counseling as sentenced (15 percent).
- RVDC mental health staff recommended psychiatric treatment for 69 percent (n= 11). Half had psychiatric treatment judicially imposed as a condition of probation (n= 8, 50 percent) with one who completed it as sentenced (7 percent).
- Thirty-one percent were recommended anger management (n= 5) and 50 percent had it imposed as a condition of probation (n= 8). Two completed anger management as ordered (13 percent).
- Forty-four percent were recommended substance treatment (n= 7) and 81 percent had it judicially imposed as a condition of probation (n= 13). Three-quarters completed substance treatment as a condition of probation (n= 12, 75 percent).

*Table 27* provides the number and percent of youth in the forensic evaluation group by community-based treatment service referrals, judicial orders, and completion of related probation conditions.

**Table 27**  
**DPCC participant completion of appropriate community-based treatment services**  
**by risk/mental health needs groupings (valid n= 64)**

Community-based treatment service	Risk/mental health needs groupings								Total
	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	
<b>Counseling</b>									
Recommended	n= 4, 44%	n= 11, 92%	n= 2, 67%	n= 4, 80%	n= 5, 100%	n= 9, 75%	n= 2, 100%	n= 15, 94%	n= 52, 81%
Ordered	n= 4, 44%	n= 10, 83%	n= 2, 67%	n= 4, 80%	n= 3, 60%	n= 7, 58%	n= 2, 100%	n= 12, 75%	n= 44, 69%
Completed	n= 2, 22%	n= 2, 17%	n= 1, 33%	n= 2, 40%	n= 0, 0%	n= 0, 0%	n= 0, 0%	n= 2, 15%	n= 9, 15%
<b>Psychiatric</b>									
Recommended	n= 0, 0%	n= 8, 67%	n= 1, 33%	n= 4, 80%	n=1, 20%	n= 8, 67%	n= 0, 0%	n= 11, 69%	n= 33, 52%
Ordered	n= 0, 0%	n= 7, 58%	n= 1, 33%	n= 3, 60%	n=1, 20%	n= 8, 67%	n= 0, 0%	n= 8, 50%	n= 28, 44%
Completed	n= 0, 0%	n= 0, 0%	n= 1, 33%	n= 0, 0%	n=0, 0%	n= 4, 36%	n= 0, 0%	n= 1, 7%	n= 6, 10%
<b>Anger management</b>									
Recommended	n= 1, 11%	n= 2, 17%	n= 1, 33%	n= 1, 20%	n= 1, 20%	n= 7, 58%	n= 0, 0%	n= 5, 31%	n= 18, 28%
Ordered	n= 1, 11%	n= 5, 42%	n= 3, 100%	n= 3, 60%	n= 2, 40%	n= 9, 75%	n= 0, 0%	n= 8, 50%	n= 31, 48%
Completed	n= 1, 11%	n= 4, 33%	n= 1, 50%	n= 3, 60%	n= 1, 20%	n= 3, 25%	n= 0, 0%	n= 2, 13%	n= 15, 24%
<b>Substance</b>									
Recommended	n= 0, 0%	n= 0, 0%	n= 3, 100%	n= 4, 80%	n= 0, 0%	n= 1, 8%	n= 1, 50%	n= 7, 44%	n= 16, 25%
Ordered	n= 2, 22%	n= 0, 0%	n= 3, 100%	n= 5, 100%	n= 2, 40%	n= 4, 33%	n= 2, 100%	n= 13, 81%	n= 16, 48%
Completed	n= 0, 0%	n= 0, 0%	n= 1, 33%	n= 3, 60%	n= 1, 20%	n= 2, 17%	n= 2, 100%	n= 12, 75%	n= 21, 33%
<b>Any community-based treatment service</b>									
Recommended	n= 4, 44%	n= 12, 100%	n= 3, 100%	n= 5, 100%	n= 5, 100%	n= 12, 100%	n= 2, 100%	n= 16, 100%	n= 59, 92%
Ordered	n= 8, 44%	n= 11, 92%	n= 3, 100%	n= 5, 100%	n= 5, 100%	n= 11, 92%	n= 2, 100%	n= 15, 94%	n= 57, 89%
Completed	n= 2, 22%	n= 6, 50%	n= 1, 33%	n= 4, 80%	n= 2, 40%	n= 8, 67%	n= 2, 100%	n= 13, 81%	n= 38, 59%
Total number of DPCC participants	n= 9	n= 12	n= 3	n= 5	n= 5	n= 12	n= 2	n= 16	n= 64

## Sampled youth justice system outcomes by risk/mental health needs groupings

Group 1—*Low* risk, No substance abuse diagnosis, No mental illness diagnosis (n= 18)

- Twenty-two percent violated a condition of probation (n= 4).
- Seventeen percent had an unsuccessful probation discharge status (n= 3).
- Seventeen percent had a subsequent detention admission (n= 3).
- Sixty-one percent were rearrested (n= 11).
- Thirty-three had a felony rearrest (n= 6).
- Fifty percent had a misdemeanor rearrest (n= 9).
- The average rearrest rate was 0.21 (SD= 0.16).

Group 8—*Moderate/High* risk, Substance diagnosis, mental illness diagnosis (n= 23)

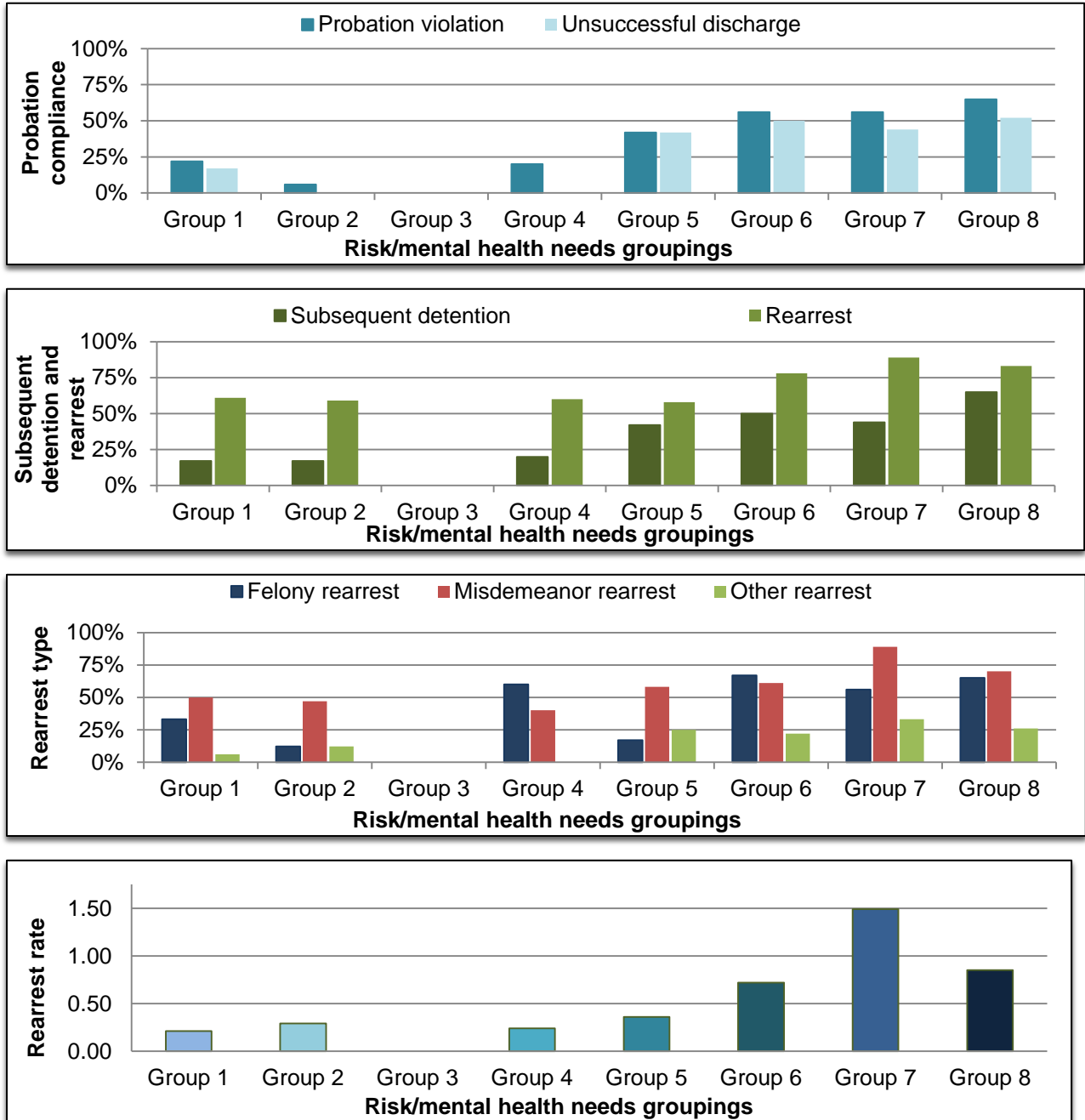
- Sixty-five percent violated a condition of probation (n= 15).
- Fifty-two percent had unsuccessful probation discharge status (n= 12).
- Sixty-five percent had a subsequent detention admission (n= 15).
- Eighty-three percent were rearrested (n= 19).
- Sixty-five percent had a felony rearrest (n= 15).
- Seventy percent had a misdemeanor rearrest (n= 16).
- The average rearrest rate was 0.85 (SD= 0.75).

*Figure 38* illustrates evaluation sample justice system outcomes by risk/mental health needs groupings, which reveals that those with higher risk and mental health needs are more likely to have subsequent arrests and detention admissions and ultimately could benefit from appropriate community-based treatment services.

- Group 8—*Moderate/High* risk, Substance diagnosis, Mood/anxiety/disruptive diagnosis (n= 23) had the highest percent with a subsequent detention admission (n= 15, 65 percent) and a probation violation (n= 15, 65 percent). Of these youth, 15 were recommended by RVDC mental health staff to receive counseling as indicated by their rehabilitative plan developed through a court-ordered forensic evaluation, but two completed it as a judicially imposed condition of probation (*See Table 26*).
- Group 6—*Moderate/High* risk, No substance diagnosis, Mood/anxiety/disruptive diagnosis (n= 18) had the highest percent rearrested during the follow-up period for a felony offense (n= 12, 67 percent). Of these youth, nine were recommended by RVDC mental health staff to receive counseling as indicated by their rehabilitative plan developed through a court-ordered forensic evaluation, but none completed it as a judicially imposed condition of probation (*See Table 26*).
- Group 7—*Moderate/High* risk, Substance diagnosis, No mood/anxiety/disruptive diagnosis (n= 9) had the highest rearrest rate at 1.50 subsequent arrests per year during the follow-up period, and the highest percent rearrested for a misdemeanor offense (n= 8, 89 percent). Of these youth, two were recommended by RVDC mental health staff to receive counseling as indicated by their rehabilitative plan developed through a court-

ordered forensic evaluation, but neither completed it as a judicially imposed condition of probation (See Table 26).

**Figure 38**  
**Sampled youth justice system outcomes by risk/mental health needs groupings (valid n= 105)**



# Implications for policy and practice

River Valley Detention Center (RVDC) mental health staff developed the Detention to Probation Continuum of Care (DPCC) program based on key components of the *Blueprint for Change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system* (Blueprint for Change) (Skowyra & Coccozza, 2006) and the *Intensive Aftercare Program* (IAP) (Wiebush, Wagner, McNulty, Wang, & Le, 2005), two important resources for evidence-based programming. The DPCC program follows the Blueprint for Change and IAP models by identifying detained youth mental health needs upon detention center admission and providing appropriate referrals to community-based treatment services upon release. These DPCC program activities aimed to reduce youth offending and justice-system costs by targeting higher risk youth, maintaining small caseload size, increasing frequency of contacts, structuring surveillance and casework activities, and offering a wider array of treatment (Wiebush, et. al., 2005). The DPCC program also follows the Council of State Governments (CSG) Justice Center’s framework for reducing recidivism and increasing rehabilitation by classifying the justice system population into eight groups based on risk of criminal activity, and substance abuse and mental health treatment needs (Osher, D’Amora, Plotkin, Jarrett, & Eggleston, 2012). Identifying justice system-involved youth risk and mental health needs allows judicial orders to be tailored resulting in increased compliance with sentencing conditions, and reduced subsequent arrests and ultimately justice-system costs. It is unclear whether the DPCC program reduced justice system costs, as it was not addressed in this evaluation. However, ICJIA researchers estimated the 2011 DPCC program cost to be \$146.19 per participant (\$50,000 annual cost/estimated 342 youth detained at RVDC and ultimately sentenced to probation) (See Appendix A). Future evaluation should include a cost-benefit analysis.

## Targeting higher risk youth with mental health needs

Risk scores among sampled youth did not vary by DPCC program participation; the percent of youth with *High* risk was the same across the forensic evaluation group, mental health-screened group, and the group of non-participants (See Table 20). Ideally however, RVDC youths’ YASI score would be determined and mental health screen conducted prior to detention hearing so juvenile court judges could use that information to order forensic evaluations for youth with *High* risk and mental health needs—thus maximizing effectiveness of limited financial resources. This recommendation may not be feasible due to time constraints, as detention hearing occurs within 40 hours of RVDC admission. Another opportunity to administer these screening tools would be after release from detention but prior to the adjudication hearing. This would ensure that RVDC youth in need of community-based treatment services are not overlooked due to lesser amounts of time detained, and that DPCC program activities are conducted in the least-restrictive manner.

## **Addressing barriers to community-based treatment services**

The forensic evaluation group was offered a wider array of community-based treatment services in the form of judicially ordered conditions of probation as indicated by the forensic evaluation, compared to the mental health-screened group and the group of non-participants (*See Figure 19*). The group of non-participants was often released at detention hearing and ordered a continuance under supervision. These youth were not likely to have structured surveillance and case work activities, as did the forensic evaluation and mental health-screened groups who had a higher percent of youth adjudicated delinquent and sentenced to formal probation (*See Table 14*). However, very few within the forensic evaluation group completed all community-based treatment services recommended by RVDC mental health staff as conditions of probation due to barriers that included lack of parental cooperation, transportation, and access to psychotropic medications (*See Figure 23*).

These barriers must be addressed so that the DPCC program can meet its goals of reducing offending behavior and juvenile justice system costs. RVDC mental health staff should therefore provide therapeutic services including counseling and psychotropic medication upon release from detention to ensure court-ordered forensic evaluation recommendations for community-based treatment are completed. Expanding services upon release from detention would increase the likelihood of DPCC participants receiving structured surveillance and casework activities that are individualized and tailored based on risk and mental health needs.

The forensic evaluation group was least likely to be rearrested compared to the mental health screened group and the group of non-participants (*See Table 23*). However, the forensic evaluation group and the mental health-screened group were more likely to have subsequent detention admissions compared to the group of non-participants (*See Table 23*). These findings may suggest detention was utilized so that youth could receive otherwise non-available mental health services; especially since the forensic evaluation group was just as compliant with conditions of probation as the group of non-participants (*See Table 23*), and history of mental health treatment was more prevalent among the forensic evaluation group compared to the group of non-participants (*Table 6*). More research should explore how access to appropriate community-based services reduces subsequent detention admissions.

## **Developing integrated case management**

Integrated case management recording is key to successful implementation of the DPCC program, as it allows for program activities of identification of youth with mental health needs, increased supervision, structured case management, and linkage to a wide array of treatment services to be documented and evaluated. The DPCC program could benefit from a comprehensive database to record program activities. If DPCC stakeholders including RVDC mental health staff and Will and Kankakee county juvenile court judges and probation officers shared an integrated database that records appropriate measures of program implementation and impact, such as the one created for this evaluation, it could enhance program sustainability. DPCC stakeholders would not only be able to collaborate through shared information, but they could keep track of the extent to which program goals and objectives are met—ensuring juvenile justice system-involved youth with mental health needs are linked to appropriate services and do



not have subsequent justice system involvement including additional arrests and detention admissions. Key data necessary to measuring implementation and impact include:

- Risk scores based on validated assessment tool, such as YASI.
- Identified risk needs, and assets, such as those recorded on the mental health screen.
- Forensic evaluation report recommendations.
- Conditions of probation.
- Compliance with conditions of probation.
- Records of intensive supervision and treatment including how often sanctions and incentives are used, as well as amount of treatment hours completed.

# Conclusion

The influence of court-ordered forensic evaluations on juvenile justice system-involved youth outcomes was examined by evaluating the implementation and impact of the Detention to Probation Continuum of Care (DPCC) program. The DPCC program developed by River Valley Detention Center (RVDC) mental health staff in 2003 aimed to identify detained youth mental health needs, enhance compliance with conditions of probation, and reduce subsequent justice system involvement.

ICJIA researchers conducted stakeholder interviews and analyzed administrative files to better understand how identifying RVDC youth mental health needs and addressing them through appropriate community-based treatment services improved their justice system outcomes. Detention and probation data was collected on a sample of 211 youth who were detained at RVDC between 2003 and 2009 and discharged from probation between 2007 and 2009. Some of these sampled youth received a forensic evaluation conducted by RVDC mental health staff, as ordered by their juvenile court judge at the detention hearing.

Typical characteristics of the forensic evaluation group included history of abuse, problems within social environment, and psychiatric diagnosis; and less typical characteristics included enrollment at an alternative/therapeutic school and engagement in gang activity. The forensic evaluation group was generally compliant with conditions of probation and less likely rearrested than the group of non-participants and the mental health-screened group; although Youth Assessment Screen Instrument (YASI) risk levels were the same across the forensic evaluation group, group of non-participants, and the mental health-screened group. Past research indicates probationers with mental health needs are twice as likely to violate a condition of probation as those without (Dauphinot, 1997) and youth benefit from community-based treatment services upon their release from detention (Snyder & Sickmund, 2006). Thus, DPCC program activities including conducting mental health screens and forensic evaluations, and providing counseling and psychiatric services should continue upon release from detention to increase the likelihood that youth in need of community-based treatment services are linked to care. Further, the impact of the DPCC program can be maximized by enrolling a significantly larger percent of *Moderate/High* risk youth with mental health needs.

Collaboration between DPCC program stakeholders including RVDC mental health staff and Will and Kankakee county juvenile court judges and probation officers is key to program sustainability. Execution of DPCC program phases requires teamwork and integrated case management. For without it, true implementation of the DPCC program cannot be achieved. For example, RVDC mental health staff commonly referred the forensic evaluation group to counseling and psychiatric treatment, but they often completed anger management and substance treatment as conditions of probation. It is estimated that 10 percent of the forensic evaluation group actually completed all the recommendations made by RVDC mental health staff to appropriate community-based treatment services as conditions of probation. However, the impact of the DPCC program was still significant as the DPCC program goal of improving justice system outcomes was supported. Altogether, the potential to improve implementation of forensic evaluation referrals for appropriate community-based care is high.

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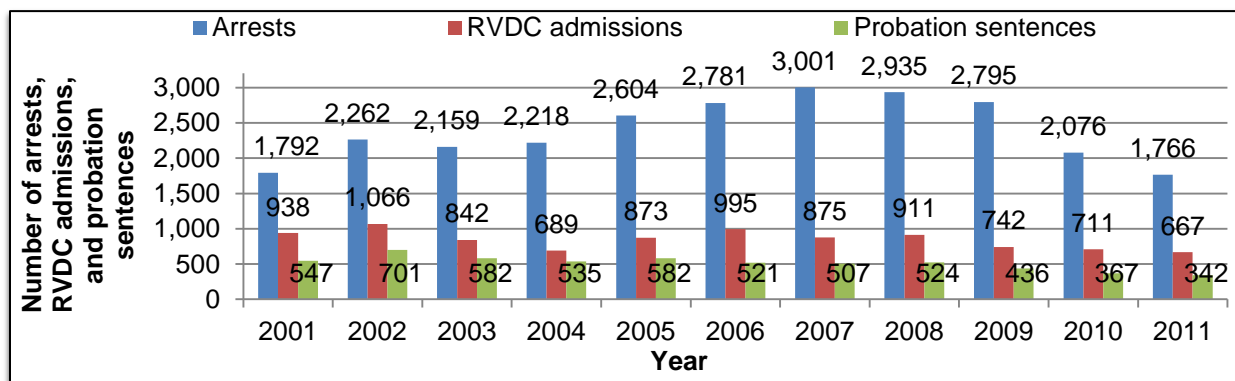
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# Appendix A: Estimated capacity of DPCC program

To date, Illinois does not have an integrated data system capturing the extent to which Will and Kankakee Counties' youth are arrested, detained at River Valley Detention Center (RVDC), and sentenced to probation, nor is there a central repository tracking their mental health needs and engagement in community-based treatment services. In order to estimate capacity trends of the Detention to Probation Continuum of Care (DPCC) program from 2001 to 2011, the number of youth admitted to RVDC annually was obtained, as well as yearly Will and Kankakee Counties arrests of youth and sentences of juvenile probation. Arrest data was extracted from Illinois State Police (ISP) Criminal History Record Information (CHRI) ad hoc database; probation data was acquired from the Administrative Office of Illinois Courts (AOIC) annual reports; and RVDC admissions was retrieved from the Juvenile Monitoring Information System (JMIS) managed by the Center for Prevention Research and Development (CPRD) within the Institute of Government and Public Affairs department at the University of Illinois.

In 2001, an estimated 52 percent of Will and Kankakee Counties arrests of youth resulted in RVDC admissions—nearly two-thirds of whom were likely sentenced probation. In 2011, an estimated 38 percent of Will and Kankakee Counties arrests of youth resulted in RVDC admissions—half of whom were likely sentenced probation. It is likely that the DPCC program's capacity declined since 2001, but peaked in 2004. The figure below provides the combined number of Will and Kankakee Counties arrests, RVDC admissions, and probation sentences by year.

**Number of Will and Kankakee Counties arrests and probation sentences, and RVDC admissions by year**



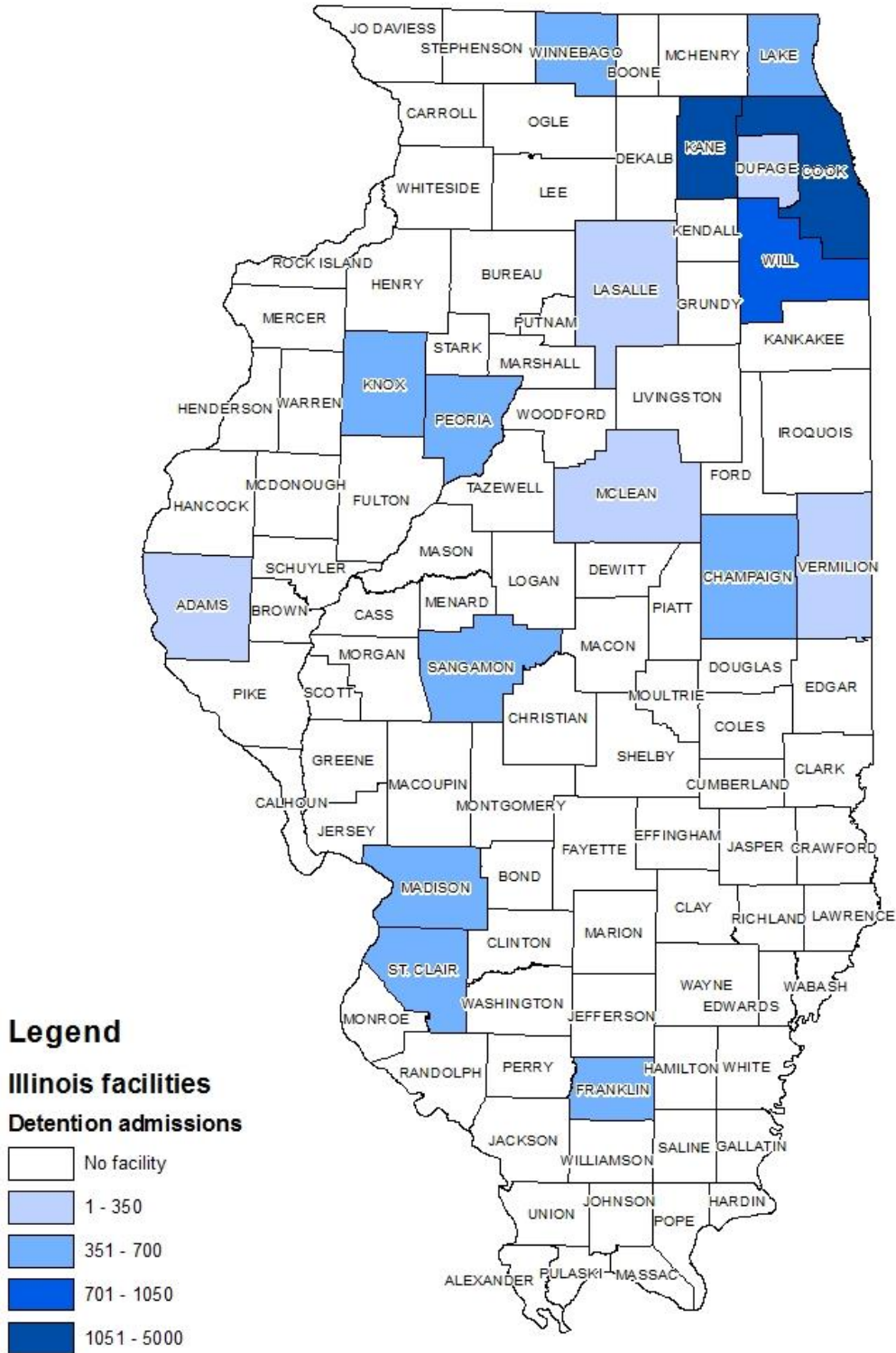
The number of Will and Kankakee Counties arrests of youth in 2011 returned to the level experienced in 2001 (just under 1,800 arrests) after a peak in 2006 (3,001 arrests). The number of RVDC admissions decreased 29 percent from 2001 (938 admissions) to 2011 (667 admissions). The number of Will and Kankakee Counties probation sentences decreased 37 percent from 2001 (547 probation sentences) to 2011 (342 probation sentences).

## Appendix B: List of Illinois' 2012 detention admissions by center

Detention center	Number of admissions	Percent of admissions
Adams County	205	2%
Champaign County	447	4%
Cook County	4,203	35%
DuPage County	13	0%
Franklin County	518	4%
Kane County	1,268	11%
Knox County	521	4%
Lake County	510	4%
LaSalle County	180	1%
Madison County	533	4%
McLean County	338	3%
Peoria County	629	5%
Sangamon County	387	3%
St. Clair County	604	5%
Vermilion County	299	2%
Will County—River Valley Detention Center	763	6%
Winnebago County	584	5%
<b>Total</b>	<b>12,002</b>	<b>100%</b>

Note. Dupage County's detention center closed in 2012.

# Appendix C: Map of Illinois' 2012 detention admissions by center





# Appendix D: Detention screening tool

Minor: \_\_\_\_\_  
Screener: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

REFER TO POINT VALUES PAGE

(SCORE EACH ITEM)

SCORE

<b>A.</b>	<b>Most Serious Alleged Current Offense.....0 – 12</b> (Choose only one item indicating the most serious charge) Charge: _____	_____
<b>B.</b>	<b>Additional Current Offenses</b> Two or more additional current felonies.....3 One additional felony.....2 One or more additional misdemeanors.....1 None.....0	_____
<b>C.</b>	<b>Prior Arrests</b> Two or more prior major offenses (those with 10 or 12 points).....5 One prior major felony; two or more other felonies.....3 One other felony.....2 Two or more prior misdemeanors; one prior misdemeanor weapons offense.....1 None.....0	_____
<b>D.</b>	<b>SUBTOTAL I (Sum of A, B, and C)</b>	_____
<b>E.</b>	<b>Risk of Failure to Appear</b> Active delinquent warrant/request for apprehension/delinquent offense while on court-ordered home detention.....12 Absconded from court-ordered residential placement or violated home detention.....8 Habitual absconder or history of absconding to avoid court appearances.....6 Prior delinquent warrant issued.....3 None of the above.....0	_____
<b>F.</b>	<b>SUBTOTAL II (Enter the larger of D or E)</b>	_____
<b>G.</b>	<b>Legal Status</b> On probation, parole, or supervision.....2 Pending court; pending prior referrals to S.A. for petition requests.....1 None of the above.....0	_____
<b>H.</b>	<b>Circumstances of Minor/Aggravating Factors (Increase by 0 to 3 points)</b> Strong gang affiliation; serious injury to victim; senior, very young or disabled victim, specific threats to witness/victim, victim resides in household.....0 – 3 Factor(s): _____	_____
<b>I.</b>	<b>SUBTOTAL III (Sum of F, G, and H)</b>	_____
<b>J.</b>	<b>Circumstances of Minor/Mitigating Factors (Decrease by 0 to 2 points)</b> No significant offense history; parents or guardian have a supervision plan.....0 – 2 Factor(s): _____	_____
<b>K.</b>	<b>TOTAL SCORE (difference of I – J)</b>	_____

**AUTO HOLD – ALL CHARGES IN THE 12 CATEGORY, WARRANT, OR REQUEST FOR APPREHENSION REGARDLESS OF MITIGATING FACTORS**

**SCORING:**

12 and up..... Detain  
7 to 11 .....Release (non-secure options can be utilized, if feasible and appropriate).  
0 to 6.....Release to parent or guardian or to a responsible adult relative.

**Screener:** If you are uneasy about the action prescribed by this instrument regarding this particular case, or if you are being subjected to pressure in the process of screening this referral, contact your supervisor for consultation prior to taking action.

**FINAL DECISION:**    ( ) DETAIN                    ( ) RELEASE W/ CONDITIONS                    ( ) RELEASE

# Appendix E: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

**RIVER VALLEY JUVENILE DETENTION CENTER  
MENTAL HEALTH INTAKE ASSESSMENT**

---

I understand that the purpose of this intake interview is to help the Mental Health Team get to know me to provide services and support to meet my needs, and I permit the Mental Health Team to provide counseling services to me.

I understand that counseling is voluntary, and I can terminate services at any time. I understand that my counselor may be required to discuss this Intake Assessment as part of my Probation or other court-imposed condition.

I understand that the State of Illinois requires that information concerning the physical or sexual abuse or neglect of a child, disabled person, or adult over the age of 65 must be reported to the appropriate agency for investigation.

I also understand that confidentiality may be broken if I present in imminent and serious danger of hurting myself or another person, or if the law requires such confidentiality to be broken.

If I have an emotional emergency or crisis, I understand I will be seen by a Mental Health professional. If I am taking psychotropic medication, a Mental Health professional will regularly check on me.

Psychological testing may be recommended or ordered by the Court. Testing involves assessment of intellectual, personality, academic and social functioning and abilities. Information gathered from testing will be written as a signed report. The supervising psychologist may be subpoenaed to testify concerning this evaluation.

I have the right to refuse testing; if I refuse, the referral source will be informed. Lack of testing may limit the effectiveness of my treatment. I understand I have the right to revoke my consent for testing at any time.

Results from the evaluation may be used in a non-identified format for future research.

By signing below, I am indicating that I have had the opportunity to ask questions and have had issues explained to me in terms I understand.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

*The following information is based on the resident's verbal report and the RVDC database records.*

Date of Intake: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ Housing Location: Blue/Green  
 Intake Clinician: \_\_\_\_\_ Supervising Licensed Psychologist: \_\_\_\_\_

**Identifying Information**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Race/Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Birth Place (town/county): \_\_\_\_\_  
 Current Residence: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 History of residential moves/ Lived with: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Living Arrangement and Family History**

Who lives in home? \_\_\_\_\_  
 Guardian + ages: \_\_\_\_\_  
 Guardians' Occupation(s) + hours at work: \_\_\_\_\_

Guardian's Marital Status: \_\_\_\_\_

**Siblings**

<u>Full</u>	<u>Step</u>	<u>Half</u>	<u>Age</u>	<u>Where resides:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Extent of Contact with Parent/Siblings not residing in home: \_\_\_\_\_

Lived in foster care? \_\_\_\_\_ If yes, when/length/reason: \_\_\_\_\_

Relationship with Guardians/Adults: \_\_\_\_\_

Relationship with Siblings: \_\_\_\_\_

Relationship with Extended Family/Other: \_\_\_\_\_

How would you describe your home life? \_\_\_\_\_

Home Discipline: Rules in home/how do you feel about rules/ punishment, if any/who gives punishment/all siblings disciplined same way? \_\_\_\_\_

Chores: \_\_\_\_\_

Allowance: \_\_\_\_\_ If yes, how spent? \_\_\_\_\_

Was DCFS ever involved with youth and/or family? \_\_\_\_\_

Reasons for DCFS involvement? \_\_\_\_\_

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

**Current/Previous History of Abuse**  
 Physical Abuse (by whom/frequency/most recent): \_\_\_\_\_  
 \_\_\_\_\_  
 Emotional Abuse (by whom/frequency/most recent): \_\_\_\_\_  
 \_\_\_\_\_  
 Sexual Abuse/Trauma (by whom/frequency/most recent): \_\_\_\_\_  
 \_\_\_\_\_  
 Is there an immediate threat to safety (assess for threat to self or other): \_\_\_\_\_  
 \*\*Was it reported to DCFS?  yes  no  
 Have you participated in any treatment related to the abuse? \_\_\_\_\_

**Educational History**  
 Name of Current School: \_\_\_\_\_  
 Type of School: LD/BD/Regular Grade Level: \_\_\_\_\_ Any skipped/repeated grades: \_\_\_\_\_  
 Difficulties with Subject(s): \_\_\_\_\_ Individualized Education Plan? \_\_\_\_\_  
 School & Grade: \_\_\_\_\_ Truancy (#/Where go): \_\_\_\_\_  
 Suspensions (#/Reasons): \_\_\_\_\_  
 Expulsions (#/Reasons): \_\_\_\_\_  
 School & Grade: \_\_\_\_\_ Truancy (#/Where go): \_\_\_\_\_  
 Suspensions (#/Reasons): \_\_\_\_\_  
 Expulsions (#/Reasons): \_\_\_\_\_  
 School & Grade: \_\_\_\_\_ Truancy (#/Where go): \_\_\_\_\_  
 Suspensions (#/Reasons): \_\_\_\_\_  
 Expulsions (#/Reasons): \_\_\_\_\_  
 School & Grade: \_\_\_\_\_ Truancy (#/Where go): \_\_\_\_\_  
 Suspensions (#/Reasons): \_\_\_\_\_  
 Expulsions (#/Reasons): \_\_\_\_\_  
 General Academic Performance: \_\_\_\_\_  
 General Behaviors at School: \_\_\_\_\_  
 Relationships with teachers and Dean: \_\_\_\_\_  
 Relationships with male/female peers: \_\_\_\_\_

**Employment History:**  
 Current Employment? \_\_\_\_\_ Duties/Responsibilities/Title: \_\_\_\_\_  
 Avg. hours/days per week? \_\_\_\_\_  
 Previous Employment? \_\_\_\_\_  
 Duties/Responsibilities/Title: \_\_\_\_\_  
 Currently Seeking Employment? \_\_\_\_\_

**Social History**  
 Age range of friends/peers: \_\_\_\_\_ Mostly male/female? \_\_\_\_\_  
 Best friend? \_\_\_\_\_ What do you like about him/her? \_\_\_\_\_  
 Describe friends' behavior /What do you do together? \_\_\_\_\_  
 Current leisure/recreation involvement: \_\_\_\_\_  
 Past leisure/recreation involvement: \_\_\_\_\_

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

## Sexual History

Do you have a romantic partner? Describe relationship: \_\_\_\_\_

Currently sexually active: \_\_\_\_\_ Number of partners: \_\_\_\_\_

Do you know about/practice safer sex/ STD testing? \_\_\_\_\_

Any children?/Pregnancies/miscarriages/abortions: \_\_\_\_\_

Who do your children live with? \_\_\_\_\_

Have you ever viewed pornography on a computer, phone, or magazine? \_\_\_\_\_ Pictures/videos

were of females, males, or both? \_\_\_\_\_ What age group were in the pictures/videos? \_\_\_\_\_

\_\_\_\_\_ How old were you when you started viewing this? \_\_\_\_\_

## Behavioral Concerns in the Community

Age when had first interaction with the law: \_\_\_\_\_

Reason for first interaction with the law: \_\_\_\_\_

Prior time spent in RVDC/IDJ? \_\_\_\_\_

On probation/parole? \_\_\_\_\_ Length/end date: \_\_\_\_\_ Name of P.O.? \_\_\_\_\_

Have any of your charges or violations been drug and/or alcohol related? \_\_\_\_\_

Describe/Explain History of...

Firesetting: \_\_\_\_\_

Animal Cruelty: \_\_\_\_\_

Sexual Offenses: \_\_\_\_\_

Property Damage: \_\_\_\_\_

Use of Weapons: \_\_\_\_\_

Theft/Stealing: \_\_\_\_\_

Bullying: \_\_\_\_\_

Gambling: \_\_\_\_\_

Most money won? \_\_\_\_\_ Most money lost? \_\_\_\_\_

Running Away: \_\_\_\_\_

Where run to? \_\_\_\_\_ How long on the run? \_\_\_\_\_

Violence to Others: \_\_\_\_\_

Did you ever start a fight to deliberately try to hurt the person? \_\_\_\_\_ Explain: \_\_\_\_\_

Did you ever become violent with the goal of getting something from the person? \_\_\_\_\_ Explain: \_\_\_\_\_

Gang activities/involvement: \_\_\_\_\_

Gang membership with: \_\_\_\_\_ Rank: \_\_\_\_\_

If you could have three wishes, what would they be?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

If you could change something about your life, what would it be and why? \_\_\_\_\_

Where do you see yourself in five years from now? \_\_\_\_\_

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

**Physical and Psychiatric Health History**

Current Medical, Health and/or Safety Risks: \_\_\_\_\_

Past Medical or Physical Problems/Conditions: \_\_\_\_\_

History of Head Injury/Trauma: \_\_\_\_\_

Developmental Milestones Met: \_\_\_\_\_

**Hospitalization History (Medical and Psychiatric):**

Dates/Length of Stay	Name of Hospital	Primary Reason	Effective?

**History of Mental Health Outpatient Treatment:**

Dates/Length	Name of Facility	Primary Reason	Effective?

**Current Medications (Non-psychiatric and Psychiatric):**

Name	Duration	Purpose	Compliance	Effective	Side Effects

**Past Medications (Non-psychiatric and Psychiatric):**

Name	Duration	Purpose	Compliance	Effective	Side Effects

**Family History**

Any family members with current or previous medical problems or conditions \_\_\_\_\_

Family history of hospitalizations (medical or psychiatric) \_\_\_\_\_

Family history of psychiatric diagnosis/problems/conditions or treatment: \_\_\_\_\_

Family History (or current) of drug use: \_\_\_\_\_

Family history of domestic violence: \_\_\_\_\_

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

## Substance Use History

Drug Use	Age First	Amount/Freq Beginning	Amount/Freq Normally	Amount/freq Last month	Date of last use	Method of use
Alcohol						
Cannabis						
Hash						
Amphetamines						
Ecstasy						
Crystal Meth						
Cocaine/Crack						
Hallucinogens						
Acid/LSD						
Shrooms						
Inhalants						
Huffing						
Whippets						
Opiates						
Heroin						
PCP						
Angel Dust						
Sedatives (ex: Xanax, Klonopin, sleeping pills)						
Prescription Name:						
Over-the-Counter Name:						
Tobacco						
K2/K3 or "Spice"						
Bath salts						
Other Substances						

**Additional Note:** Youth denied any other drug use.

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

Drug of Choice: \_\_\_\_\_ How Obtained: \_\_\_\_\_ Use alone/With others: \_\_\_\_\_ Last Used: \_\_\_\_\_

\_\_\_\_\_

Consequences of substance use:

<input type="checkbox"/> hangovers	<input type="checkbox"/> withdrawal symptoms	<input type="checkbox"/> sleep disturbance	<input type="checkbox"/> binges
<input type="checkbox"/> seizures	<input type="checkbox"/> medical conditions	<input type="checkbox"/> assaults	<input type="checkbox"/> school susp./expulsion
<input type="checkbox"/> blackouts	<input type="checkbox"/> tolerance changes	<input type="checkbox"/> suicidal impulse	<input type="checkbox"/> arrests
<input type="checkbox"/> overdose	<input type="checkbox"/> loss of control amount used	<input type="checkbox"/> relationship conflicts	
<input type="checkbox"/> other _____			

Level that drugs have or are currently interfering with functioning (school, family, friends): \_\_\_\_\_

Others concerned about your substance use? \_\_\_\_\_

Have you ever used more a substance than you wanted to? \_\_\_\_\_

History of Substance Use Treatment:

Dates: _____	Length: _____	Place: _____	Level of Tx: _____	Successfully Completed? _____
_____	_____	_____	_____	_____

Self-help Group Attendance? (AA, NA, CA, AI-Non, Alateen etc.) \_\_\_\_\_

Do you think you are an alcoholic? Yes No Maybe Do you think you are an addict? Yes No Maybe

**Suicide/Homicidal Ideation and Self-Injury:**

*"Have you felt that life wasn't worth living? Have you thought about harming or killing yourself? Have you felt tired of living or as though you would be better off dead? Have you felt like ending it all?"*

Suicidal Ideation:

Current: \_\_\_ no  
          \_\_\_ yes

If yes: plan: \_\_\_\_\_  
          means: \_\_\_\_\_  
          intent: \_\_\_\_\_

History of attempts: \_\_\_ no  
                          \_\_\_ yes

Explain: \_\_\_\_\_

Homicidal Ideation:

Current: \_\_\_ no  
          \_\_\_ yes

If yes: plan: \_\_\_\_\_  
          means: \_\_\_\_\_  
          intent: \_\_\_\_\_

History of attempts: \_\_\_ no  
                          \_\_\_ yes

Explain: \_\_\_\_\_

Self-Injurious Behaviors (Cutting, burning, self-tattoo, self-piercing)

Current: \_\_\_ no  
          \_\_\_ yes

If yes: behavior: \_\_\_\_\_  
          frequency: \_\_\_\_\_  
          method: \_\_\_\_\_

History: \_\_\_ no  
          \_\_\_ yes

Explain: \_\_\_\_\_

7



# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

## Cognitive Functioning

### Memory:

Recent: (Check 1 minute, 5 minute, 15 minute intervals)

**Ball      Airplane      Window      Tree**

1 minute recall: \_\_\_\_\_

5 minute recall: \_\_\_\_\_

15 minute recall: \_\_\_\_\_

### Judgment:

1. If you were in a crowded movie theater and were the first one to smell smoke and see fire, what should you do?
2. If you were in a department store and found a wallet containing \$ 50.00 in cash and several credit cards, what should you do?
3. If you were walking down the street and the person in front of you drops their cell phone, what should you do?

**Concentration:** Tell me the 12 months of the year starting with December and working backwards.

Months:      Dec Nov Oct Sept Aug Jul Jun May Apr Mar Feb Jan  
(response)      \_\_\_\_\_

## Mood/Affect

### Depression

Experiences of depressed mood:

Level of irritability/aggression:

Describe sleeping and eating habits/changes in weight:

Energy level:

### Mania

Agitated behavior (racing thoughts, pressured speech):

Labile mood:

Experiences of excess energy:

Changes in sleeping patterns:

Thrill seeking behaviors and/or grandiose thinking:

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

**Anxiety**

Level of worry during past few weeks:

Ability to control worry:

Interference with concentration:

Fidgety/restlessness:

**PTSD**

Event when perceived life in danger:

Dreams/nightmare experiences:

Memories (impact of memories):

Avoidance:

**Thought Disorders**

**Delusions:**

*"Now I am going to ask you about experiences that people sometimes have. Has it ever seemed like people were going out of his or her way to give you a hard time, or trying to hurt you? Did you ever feel that you were especially important in some way, or that you had special powers to do things that other people couldn't do? Did you ever believe that someone could read your mind? Have you ever received messages from people through the newspaper or TV?"*

- |                                      |                                    |                                      |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> none        | <input type="checkbox"/> reference | <input type="checkbox"/> grandiose   |
| <input type="checkbox"/> persecutory | <input type="checkbox"/> somatic   | <input type="checkbox"/> unspecified |

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\* RULE OUT** – If history of alcohol/substance abuse, assess whether experienced when using vs. not.

**Hallucinations:**

*"Did you ever hear things that other people couldn't hear, such as noises, or the voices of people whispering or talking? Did you ever have visions or see things that other people couldn't see? What about strange sensations in your body or on your skin? What about smelling or tasting things that other people couldn't smell or taste?"*

- |                                   |                                    |                                  |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> auditory | <input type="checkbox"/> olfactory | <input type="checkbox"/> tactile |
| <input type="checkbox"/> visual   | <input type="checkbox"/> none      |                                  |

Describe frequency/nature/duration: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\* RULE OUT** – If history of alcohol/substance abuse, assess whether experienced when using vs. not.

Quality of information during interview:

Is there anything you were unable to tell me due to feelings of shame or embarrassment? \_\_\_\_\_

Is there anything I did not ask you that you think would be important for me to know about? \_\_\_\_\_

\_\_\_\_\_

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

## Mental Status Examination

### Appearance:

Height: \_\_\_\_\_ short \_\_\_\_\_ medium \_\_\_\_\_ tall  
 Body Type: \_\_\_\_\_ average \_\_\_\_\_ thin \_\_\_\_\_ obese \_\_\_\_\_ stocky  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Appears Stated Age: \_\_\_\_\_ yes \_\_\_\_\_ younger \_\_\_\_\_ older  
 Grooming: \_\_\_\_\_ appropriate \_\_\_\_\_ meticulous \_\_\_\_\_ untidy \_\_\_\_\_ dirty

Odors (specify): \_\_\_\_\_

Identifying Marks (tattoos, scars, etc): \_\_\_\_\_

Obvious Physical Impairments: \_\_\_\_\_

Wears glasses/contact lenses/ color blind: \_\_\_\_\_

Hearing impairments/use of hearing aid: \_\_\_\_\_

### Observed Attitudes/Behavior: (check all apply)

<input type="checkbox"/> friendly	<input type="checkbox"/> disinterested	<input type="checkbox"/> critical	<input type="checkbox"/> anxious
<input type="checkbox"/> cooperative	<input type="checkbox"/> over-cooperative	<input type="checkbox"/> guarded	<input type="checkbox"/> suspicious
<input type="checkbox"/> defensive	<input type="checkbox"/> withdrawn	<input type="checkbox"/> pre-occupied	<input type="checkbox"/> rejecting
<input type="checkbox"/> fearful	<input type="checkbox"/> seductive	<input type="checkbox"/> provocative	<input type="checkbox"/> threatening
<input type="checkbox"/> impulsive	<input type="checkbox"/> agitated	<input type="checkbox"/> immature	<input type="checkbox"/> dependent
<input type="checkbox"/> hostile	<input type="checkbox"/> regressed	<input type="checkbox"/> passive	<input type="checkbox"/> manipulative
<input type="checkbox"/> dramatic	<input type="checkbox"/> distracted	<input type="checkbox"/> apprehensive	

**Level of Consciousness:**  alert  lethargic  hyper vigilant  confused  
**Speech:** **Level:**  loud  soft  normal  mute  
**Quality:**  normal  mumbled  slurred  pressured  
 stuttering  monotone  
**Rate:**  normal  fast  slow

**Thought Process:**  
 goal directed  concrete  incoherent  logical  
 tangential  poverty of speech  flight of ideas  slowed

**Orientation:**  person  place  time  purpose

**Impression of Overall Intellectual Functioning:**  average  above average  below average

**Judgment:**  good  fair  poor

**Insight:**  lacks  blames circumstances  blames self  
 minimizes  blames others  accepts difficulties  
 exaggerates problems  denies difficulties

### Sensory Impairment: (check all that apply)

<input type="checkbox"/> no impairment	<input type="checkbox"/> paranoia	<input type="checkbox"/> obsessions/compulsions
<input type="checkbox"/> hopelessness	<input type="checkbox"/> grandiosity	<input type="checkbox"/> helplessness
<input type="checkbox"/> guilt	<input type="checkbox"/> blaming	<input type="checkbox"/> worthlessness
<input type="checkbox"/> isolation	<input type="checkbox"/> illusions	<input type="checkbox"/> religiosity
<input type="checkbox"/> phobias	<input type="checkbox"/> somatic complaints	<input type="checkbox"/> self-deprecation
<input type="checkbox"/> magical thinking	<input type="checkbox"/> thoughts of revenge	<input type="checkbox"/> preoccupation
<input type="checkbox"/> fears of death	<input type="checkbox"/> illogical thinking	<input type="checkbox"/> sexual preoccupation
<input type="checkbox"/> thought insertion	<input type="checkbox"/> thoughts of running away	

Explain: \_\_\_\_\_

# Appendix E continued: Mental health screen

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

## **Diagnostic Formulation**

### **Provisional DSM-IV-TR Diagnostic Problem Areas:**

AXIS I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AXIS II \_\_\_\_\_  
\_\_\_\_\_

AXIS III \_\_\_\_\_

AXIS IV \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AXIS V (Current) \_\_\_\_\_

### **Integrated Assessment Summary (Provide a case formulation and preliminary treatment plan):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_



# Appendix F: Violent offenses

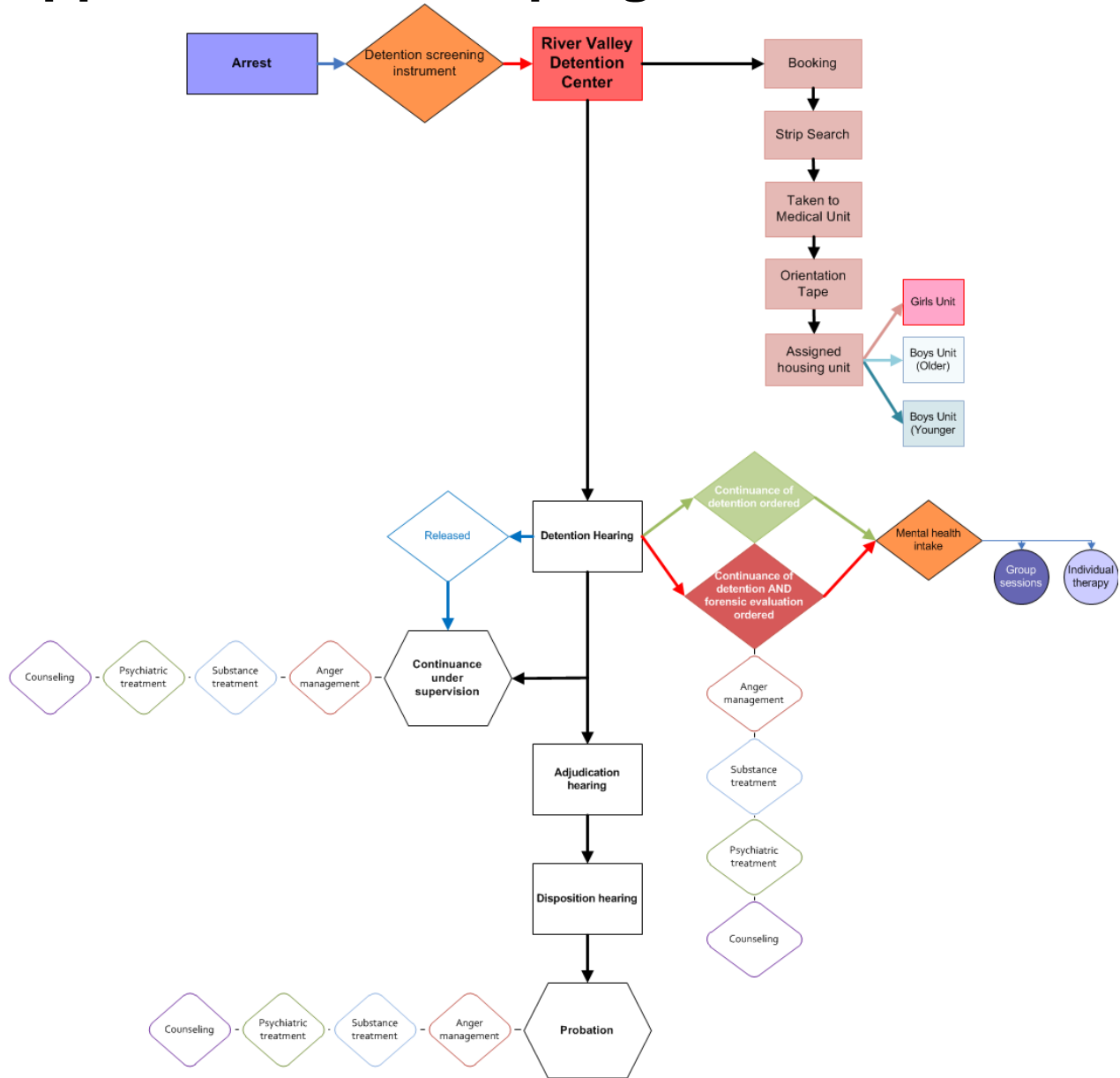
The following is a list of offenses categorized as violent according to the Rights of Crime Victims and Witnesses Act which defines a violent offense as any felony in which force or threat of force was used against the victim [725 ILCS 120/et seq.].

Description of offense	Statute
Solicitation for murder	720 ILCS 5/8-1
First degree murder	720 ILCS 5/9
Homicide of unborn child	720 ILCS 5/9-1.2
Second degree murder	720 ILCS 5/9-2
Involuntary manslaughter of unborn child	720 ILCS 5/9-2.1
Involuntary manslaughter or reckless homicide	720 ILCS 5/9-3
Involuntary manslaughter or reckless homicide of unborn child	720 ILCS 5/9-3.2
Drug induced homicide	720 ILCS 5/9-3.3
Concealment of homicidal death	720 ILCS 5/9-3.4
Kidnapping	720 ILCS 5/10-1
Aggravated kidnapping	720 ILCS 5/10-2
Unlawful restraint	720 ILCS 5/10-3
Aggravated unlawful restraint	720 ILCS 5/10-3.1
Forcible detention	720 ILCS 5/10-4
Child abduction	720 ILCS 5/10-5
Trafficking persons	720 ILCS 5/10-9
Indecent solicitation of a child	720 ILCS 5/11-6
Indecent solicitation of an adult	720 ILCS 5/11-6.5
Solicitation to meet a child	720 ILCS 5/11-6.6
Sexual exploitation of a child	720 ILCS 5/11-9.1
Custodial sexual misconduct	720 ILCS 5/11-9.2
Sexual misconduct with a disabled person	720 ILCS 5/11-9.5
Child pornography	720 ILCS 5/11-20.1
Aggravated child pornography	720 ILCS 5/11-20.3
Assault	720 ILCS 5/12-1
Aggravated assault	720 ILCS 5/12-2
Vehicular endangerment	720 ILCS 5/12-2.5
Battery	720 ILCS 5/12-3
Battery of an unborn child	720 ILCS 5/12-3.1
Domestic battery	720 ILCS 5/12-3.2
Aggravated domestic battery	720 ILCS 5/12-3.3
Aggravated battery	720 ILCS 5/12-4
Heinous battery	720 ILCS 5/12-4.1
Aggravated battery with a firearm	720 ILCS 5/12-4.2
Aggravated battery with a machine gun or silencer	720 ILCS 5/12-4.2-5
Aggravated battery of a child	720 ILCS 5/12-4.3
Aggravated battery of an unborn child	720 ILCS 5/12-4.4
Tampering with food drugs or cosmetics	720 ILCS 5/12-4.5
Aggravated battery of a senior citizen	720 ILCS 5/12-4.6
Drug induced infliction of great bodily harm	720 ILCS 5/12-4.7
Infected domestic animals	720 ILCS 5/12-4.8
Drug-induced infliction of aggravated battery to a child athlete	720 ILCS 5/12-4.9
Reckless conduct	720 ILCS 5/12-5-A
Intimidation	720 ILCS 5/12-6

# Appendix F: Violent offenses

Description of offense	Statute
Compelling organization membership of persons	720 ILCS 5/12-6.1
Aggravated intimidation	720 ILCS 5/12-6.2
Interfering with report of domestic violence	720 ILCS 5/12-6.3
Criminal street gang recruitment	720 ILCS 5/12-6.4
Compelling confession by force or threat	720 ILCS 5/12-7
Hate crime	720 ILCS 5/12-7.1
Educational intimidation	720 ILCS 5/12-7.2
Stalking	720 ILCS 5/12-7.3
Aggravated stalking	720 ILCS 5/12-7.4
Cyber stalking	720 ILCS 5/12-7.5
Cross-burning	720 ILCS 5/12-7.6
Threatening public officials	720 ILCS 5/12-9
Home invasion	720 ILCS 5/12-11
Vehicular invasion	720 ILCS 5/12-11.1
Criminal sexual assault	720 ILCS 5/12-13
Aggravated criminal sexual assault	720 ILCS 5/12-14
Predatory criminal sexual assault of a child	720 ILCS 5/12-14.1
Criminal sexual abuse	720 ILCS 5/12-15
Aggravated criminal sexual abuse	720 ILCS 5/12-16
Criminal transmission of HIV	720 ILCS 5/12-16.2
Criminal abuse or neglect of an elderly person or person with disability	720 ILCS 5/12-21
Child abandonment	720 ILCS 5/12-21.5
Endangering the life or health of a child	720 ILCS 5/12-21.6
Violation of an order of protection	720 ILCS 5/12-30
Inducement to commit suicide	720 ILCS 5/12-31
Ritual mutilation	720 ILCS 5/12-32
Ritualized abuse of a child	720 ILCS 5/12-33
Female genital mutilation	720 ILCS 5/12-34
Robbery	720 ILCS 5/18-1
Armed robbery	720 ILCS 5/18-2
Vehicular hijacking	720 ILCS 5/18-3
Aggravated vehicular hijacking	720 ILCS 5/18-4
Aggravated robbery	720 ILCS 5/18-5
Arson	720 ILCS 5/20-1
Aggravated arson	720 ILCS 5/20-1.1
Residential arson	720 ILCS 5/20-1.2
Place of worship arson	720 ILCS 5/20-1.3
Aggravated DUI with bodily injury	625 ILCS 5/11-501-D-1-C
	625 ILCS 5/11-501-D-1-E
	625 ILCS 5/11-501-D-1-F
	625 ILCS 5/11-501-D-1-J
Aggravated discharge of a firearm	720 ILCS 5/24-1.2

# Appendix G: DPCC program flow





# Appendix H: Sample characteristics predictive of mental health screen

Appendix H provides coefficients, the Wald statistic, associated degrees of freedom, and probability values for each of the predictor variables.

**Appendix H**  
**Sampled youth characteristics predictive of mental health screen (n= 194)**

Predictor	$\beta$	S.E. $\beta$	Wald	df	p-value	$e^\beta$ (odds ratio)	95% confidence interval for $e^\beta$	
							Lower	Upper
Constant	-3.46	2.22	2.43	1	0.120	0.03		
Gender (reference: Female)	-0.49	0.43	1.29	1	0.250	0.61	0.27	1.42
Race (reference: White)			3.31	2	0.190			
Black	0.63	0.43	2.11	1	0.150	1.87	0.80	4.36
Hispanic	0.94	0.54	3.04	1	0.080*	2.57	0.89	7.41
Offense (reference: Non-violent)	-0.14	0.34	0.17	1	0.680	0.87	0.44	1.70
Age	0.25	0.14	3.21	1	0.070*	1.29	0.98	1.70
HX of mental health TX (reference: None)	1.45	0.41	12.49	1	0.001***	4.28	1.91	9.60
HX of substance TX (reference: None)	-0.36	0.69	0.27	1	0.600	0.69	0.18	2.70
Prior detention admission (reference: None)	-0.39	0.48	0.68	1	0.410	0.67	0.26	1.72
Prior arrest incident (reference: None)	0.12	0.54	0.05	1	0.820	1.13	0.39	3.29
<b>Model fit statistics</b>								
Chi-Square goodness-of-fit test: $X^2 = 21.90, df = 9, p = 0.009$								
Hosmer & Lemeshow test: $X^2 = 8.43, df = 8, p = 0.39$								
Nagelkerke $R^2 = 0.15$								

- \* Significant at  $p < 0.10$
- \*\* Significant at  $p < 0.05$
- \*\*\* Significant at  $p < 0.001$

The values of the coefficients revealed Hispanic youth were 2.57 times as likely to have a mental health screen than whites (95% CI 0.89—7.41); youth with histories of mental health treatment were 4.28 times as likely to have a mental health screen than those without such history (95% CI 1.91—9.60); and for each year of age it was associated with an increase in the odds of having a mental health screen by a factor of 1.29 (95% CI 0.98—1.70).

# Appendix I: Characteristics predictive of forensic evaluation

Appendix I provides coefficients, the Wald statistic, associated degrees of freedom, and probability values for each of the predictor variables.

**Appendix I**  
**Sampled youth characteristics predictive of forensic evaluation (n= 194)**

Predictor	$\beta$	S.E. $\beta$	Wald	df	p-value	$e^\beta$ (odds ratio)	95% confidence interval for $e^\beta$	
							Lower	Upper
Constant	-0.80	2.15	0.14	1	0.710	0.45		
Gender (reference: Female)	-0.63	0.37	2.84	1	0.090*	0.53	0.26	1.11
Race (reference: White)			2.70	2	0.260			
Black	-0.12	0.39	0.09	1	0.760	0.89	0.41	1.91
Hispanic	-0.79	0.52	2.32	1	0.130	0.45	0.16	1.25
Offense (reference: Non-violent)	0.69	0.33	4.34	1	0.040**	1.99	1.04	3.81
Age	0.03	0.14	0.05	1	0.820	1.03	0.79	1.35
HX of mental health TX (reference: None)	1.05	0.34	9.59	1	0.002**	2.85	1.47	5.52
HX of substance TX (reference: None)	0.71	0.67	1.12	1	0.290	2.04	0.55	7.57
Prior detention admission (reference: None)	-0.64	0.47	1.82	1	0.180	0.53	0.21	1.34
Prior arrest incident (reference: None)	-0.11	0.50	0.05	1	0.820	0.53	0.21	1.34
<b>Model fit statistics</b>								
Chi-Square goodness-of-fit test: $X^2= 29.51, df = 9, p \leq 0.001$								
Hosmer & Lemeshow test: $X^2= 4.14, df = 8, p = 0.840$								
Nagelkerke $R^2 = 0.19$								

\* Significant at  $p < 0.10$

\*\* Significant at  $p < 0.05$

\*\*\* Significant at  $p < 0.001$

The values of the coefficients revealed male youth were 47 percent less likely to have a forensic evaluation than female youth (95% CI 0.26—1.11); youth with violent probation offenses were 1.99 times as likely to have a forensic evaluation than non-violent offenders (95% CI 1.04—3.81); and youth with histories of mental health treatment were 2.85 times as likely to have a forensic evaluation than those without (95% CI 1.47—5.52).

# Appendix J: DPCC program participant characteristics by mental health staff forensic evaluation referrals

Counseling 59 youth referred	Anger management 19 youth referred	Psychiatric 39 youth referred	Substance 19 youth referred
Gender 38 male youth, 64%; 21 female youth, 36%	Gender 9 male youth, 47%; 10 female youth, 53%	Gender 23 male youth, 59%; 16 female youth, 41%	Gender 11 male youth, 58%; 8 female youth, 42%
Age at detention hearing Average of 14.80 years (SD= 1.17)	Age at detention hearing Average of 14.53 years (SD= 1.26)	Age at detention hearing Average of 14.97 years (SD= 1.09)	Age at detention hearing Average of 14.79 years (SD= 0.98)
Prior detentions Average of 0.20 (SD= 0.61)	Prior detentions Average of 0.31 (SD= 0.82)	Prior detentions Average of 0.18 (SD= 0.45)	Prior detentions Average of 0.16 (SD= 0.37)
Prior arrests Average of 1.61 (SD= 1.54)	Prior arrests Average of 1.72 (SD= 1.53)	Prior arrests Average of 1.72 (SD= 1.61)	Prior arrests Average of 2.00 (SD= 2.25)
Race 18 white youth, 30%; 32 black youth, 54%; 9 Hispanic youth 15%	Race 4 white youth, 21%; 12 black youth, 63%; 3 Hispanic youth 16%	Race 15 white youth, 38%; 22 black youth, 56%; 2 Hispanic youth 5%	Race 8 white youth, 42%; 10 black youth, 53%; 1 Hispanic youth 5%
Nature of offense 42 youth, 71% violent-related	Nature of offense 17 youth, 89% violent-related	Nature of offense 30 youth, 77% violent-related	Nature of offense 14 youth, 74% violent-related
Mental health treatment history 38 youth, 64%	Mental health treatment history 11 youth, 58%	Mental health treatment history 31 youth, 79%	Mental health treatment history 13 youth, 68 percent
Substance treatment history 8 youth, 14%	Substance treatment history 1 youth, 5%	Substance treatment history 5 youth, 13%	Substance treatment history 2 youth, 10%

# Appendix J continued: DPCC program participant supplemental characteristics by mental health staff forensic evaluation referrals

Counseling 59 youth referred	Anger management 19 youth referred	Psychiatric 39 youth referred	Substance 19 youth referred
Presence of psychiatric disorder 48 youth, 81% met diagnostic criteria	Presence of psychiatric disorder 17 youth, 89% met diagnostic criteria	Presence of psychiatric disorder 37 youth, 95% met diagnostic criteria	Presence of psychiatric disorder 19 youth, 100% met diagnostic criteria
School-type 35 youth enrolled in regular, 78% AND 10 youth enrolled in alternative, 22%	School-type 12 youth enrolled in regular, 80% AND 3 youth enrolled in alternative, 20%	School-type 26 youth enrolled in regular, 84% AND 5 youth enrolled in alternative, 16%	School-type 13 youth enrolled in regular, 81% AND 3 youth enrolled in alternative, 19%
Gang activity 27 youth reported none, 61% AND 17 youth reported activity, 39%	Gang activity 7 youth reported none, 48% AND 8 youth reported activity, 53%	Gang activity 19 youth reported none, 63% AND 11 youth reported activity, 37%	Gang activity 8 youth reported none, 50% AND 8 youth reported activity, 50%
Educational problem identified 32 youth, 56%	Educational problem identified 9 youth, 47%	Educational problem identified 22 youth, 58%	Educational problem identified 14 youth, 74%
Primary support group problem identified 37 youth, 65%	Primary support group problem identified 13 youth, 68%	Primary support group problem identified 28 youth, 74%	Primary support group problem identified 11 youth, 58%
Social environmental problem identified 18 youth, 32%	Social environmental problem identified 5 youth, 26%	Social environmental problem identified 10 youth, 26%	Social environmental problem identified 5 youth, 26%
Intellectual functioning 4 youth Below average, 15% AND 23 youth Average/Above, 85%	Intellectual functioning 3 youth Below average, 37% AND 5 youth Average/Above, 63%	Intellectual functioning 5 youth Below average, 25% AND 15 youth Average/Above, 75%	Intellectual functioning 2 youth Below average, 20% AND 8 youth Average/Above, 80%
Judgment 6 youth Poor, 21%; 18 youth Fair, 62%; AND 5 youth Good, 17%	Judgment 0 youth Poor, 0%; 7 youth Fair, 78%; AND 2 youth Good, 22%	Judgment 4 youth Poor, 21%; 13 youth Fair, 68%; AND 2 youth Good, 10%	Judgment 3 youth Poor, 27%; 7 youth Fair, 64%; AND 1 youth Good, 9%
Children's Global Assessment Score Average of 48.46 (SD= 5.13)	Children's Global Assessment Score Average of 47.89 (SD= 3.97)	Children's Global Assessment Score Average of 46.84 (SD= 4.47)	Children's Global Assessment Score Average of 46.74 (SD= 4.43)

*Note.* Supplemental characteristics were not always known for each DPCC program participant. Thus, percentages reflect available records.

# Appendix K: Supplemental characteristics predictive of forensic evaluation

Appendix K provides coefficients, the Wald statistic, associated degrees of freedom, and probability values for each of the predictor variables.

**Appendix K**  
**Supplemental characteristics predictive of forensic evaluation**  
**(Structural phase valid n= 91)**

Predictor	$\beta$	S.E. $\beta$	Wald	df	p-value	$e^\beta$ (odds ratio)	95% confidence interval for $e^\beta$	
							Lower	Upper
Constant	-0.51	3.04	0.03	1	0.860	0.60		
School-type (reference: Regular)	-2.32	0.71	14.00	1	0.000**	0.10	0.02	0.35
CGAS score	0.00	0.06	0.00	1	0.950	1.00	0.90	1.12
Psychiatric diagnosis (reference: None)	1.59	0.73	5.46	1	0.020**	4.92	1.28	22.66
Gang activity (reference: None)	-1.32	0.61	5.30	1	0.020**	0.27	0.07	0.83
Primary support problem (reference: None)	1.23	0.61	4.50	1	0.003**	3.43	1.10	12.19
Educational problem (reference: None)	-0.45	0.63	0.53	1	0.470	0.64	0.18	2.15
Social problem (reference: None)	3.69	1.17	16.92	1	0.000**	40.14	5.41	602.56
<b>Model fit statistics</b>								
Likelihood ratio test = 43.14, $df = 7, p \leq 0.001$								

\* Significant at  $p < 0.10$

\*\* Significant at  $p < 0.05$

The values of the coefficients revealed those enrolled in alternative/therapeutic schools were 90 percent less likely to have a forensic evaluation than youth attending regular schools (95% CI 0.02—0.35); youth who met diagnostic criteria for at least one psychiatric disorder were 4.92 times as likely to have a forensic evaluation than youth found not meeting diagnostic criteria (95% CI 1.28—22.66); youth who had gang involvement were 73 percent less likely to have a forensic evaluation than those who had no gang involvement (95% CI 0.07—0.83); youth who had primary support group problems were 3.43 times as likely to have a forensic evaluation than youth who did not have primary support group problems (95% CI 1.10—12.19); and youth who had social environmental problems were much more likely to have a forensic evaluation than those who did not (95% CI 5.41—602.56).

# Appendix L: Multiple linear regression analysis of rearrest rate

Appendix L provides unstandardized and standardized regression coefficients, the *t* statistic, significant values, and confidence intervals for each of the predictor variables.

**Appendix L**  
**Multiple linear regression analysis of rearrest rate (n= 193)**

Predictor	Unstandardized coefficients		Standardized coefficients	<i>t</i>	<i>p</i> -value	95% confidence interval for B	
	B	S.E.	β			Lower	Upper
Constant	0.20	0.16		1.23	0.220	-0.12	0.51
Gender (reference: Female)	0.28	0.10	0.18	2.66	0.009**	0.07	0.48
Race (reference: White)							
Black	0.35	0.11	0.27	3.17	0.002**	0.13	0.56
Hispanic	0.24	0.14	0.15	1.71	0.090*	-0.04	0.51
Offense (reference: Non-violent)	0.07	0.09	0.06	0.77	0.440	-0.11	0.25
Age	0.03	0.04	0.06	0.79	0.430	-0.04	0.10
HX of mental health TX (reference: None)	0.05	0.10	0.04	0.49	0.630	-0.15	0.24
HX of substance TX (reference: None)	0.04	0.17	0.02	0.24	0.810	-0.30	0.38
Prior detention stays	-0.01	0.05	-0.02	-0.25	0.800	-0.11	0.08
Prior arrest incident	0.09	0.02	0.29	3.82	0.001***	0.04	0.13
DPCC program participation (reference: Non-participant)							
Mental health screen	-0.12	0.12	-0.08	-1.02	0.310	-0.36	0.11
Forensic evaluation	-0.22	0.11	-0.17	-1.96	0.050**	-0.44	0.00
<b>Model fit statistics</b>							
R-squared= 0.21							
Adjusted R-squared= 0.16							

\* Significant at  $p < 0.100$   
 \*\* Significant at  $p < 0.050$   
 \*\*\* Significant at  $p < 0.001$

The values of the coefficients revealed youth who received a forensic evaluation had a 0.22 rate of rearrest lower than the non-participant group (95% CI -0.44—0.00); male youth had a 0.28 rate of rearrest higher than females (95% CI 0.07—0.48); black youth had a 0.35 rate of rearrest higher than whites (95% CI 0.13—0.56); Hispanic youth had a 0.24 rate of rearrest higher than whites (95% CI -0.04—0.51); and for each prior arrest it was associated with an increase in the rate of rearrest by a factor of 0.09 (95% CI 0.04—0.13).



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