

## 6 KEY QUESTIONS about BEHAVIORAL HEALTH IN JUVENILE JUSTICE

October 2022

### Behavioral Health in the Juvenile Justice System

Data are a critical tool in the state courts' fight to address behavioral health needs in the legal system. At the level of individual cases, high-quality data are crucial for ensuring that young people's cases move through the juvenile justice system as efficiently and justly as possible and that their behavioral health needs are being fully addressed.

The [Behavioral Health Data Elements Guide](#) provides a framework for data collection and data analysis by state courts. Collecting and using the data elements laid out in this guide alongside other agencies and stakeholders in the legal and behavioral health systems will enable court leaders to better meet the needs of young people who are justice-involved and living with behavioral health conditions. These reforms will also reduce the strain that unmet behavioral health needs place on the juvenile justice system.

### What Questions Can We Answer with Data?

Data allows the courts to answer six key questions about how young people with behavioral health needs move through the juvenile justice system. This short report outlines the key questions. The full [Behavioral Health Data Elements Guide](#) describes the data elements needed to answer each key question and provides more detailed guidance on measurement and analysis.

## **1. WHAT ARE THE KEY CHARACTERISTICS OF YOUNG PEOPLE IN THE JUVENILE JUSTICE SYSTEM?**

Using data, the court can determine the important demographic characteristics of young people who are currently involved in the juvenile justice system. Key characteristics include important social identities, such as race, ethnicity, and gender. They can also include information about any barriers to accessing services, such as certain indicators of socioeconomic status, disability, housing status, and English language proficiency. This information is critical for ensuring full access to diversion programming, delivering culturally responsive behavioral health services, and examining court processes and outcomes for disparities and disproportionality.

## **2. HOW MANY YOUNG PEOPLE WHO ARE REFERRED TO THE JUVENILE COURT ARE ELIGIBLE FOR DIVERSION OR FOR SERVICES IN THE COMMUNITY? ARE DEFLECTION AND DIVERSION DECISIONS EQUITABLE?**

Using data about the behavioral health needs of young people in the juvenile justice system, courts can determine how many young people have been screened for behavioral health and how many have been identified as having a behavioral health need. The court can also determine if the rate at which young people are being deflected to community services or diverted to alternatives to prosecution is sufficient. Deflection and diversion opportunities might include crisis intervention techniques that divert young people to services rather than detention or formal case processing, as well as competency policies that limit the number and types of violations for which competency to stand trial is assessed. This information is crucial for assessing any unmet opportunities for deflection and diversion, as well as for examining program capacity and budgetary needs. The court can also examine whether there are disparities or disproportionality in deflection and diversion decisions based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

## **3. HOW LONG DOES IT TAKE YOUNG PEOPLE TO MOVE THROUGH THE COMPETENCY EVALUATION, DETERMINATION, AND REMEDIATION STAGES? IS CASE PROCESSING EQUITABLE?**

Using core data about case processing, the court can determine how long it takes young people to move from competency referral to evaluation, from evaluation to competency determination, and from competency determination to remediation. This information is critical for evaluating remediation timelines and ensuring that young people have timely access to behavioral health services. The court can also examine

whether there are disparities or disproportionality in case processing based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

#### **4. HOW LONG ARE YOUNG PEOPLE WITH BEHAVIORAL HEALTH NEEDS DETAINED? IS LENGTH AND USE OF DETENTION EQUITABLE?**

Using these data elements, the court can determine how long young people with behavioral health needs are detained before their juvenile justice cases are heard. This information is critical for ensuring that young people's length of detention doesn't exceed the potential penalties for their charges. The court can also examine whether there are disparities or disproportionality in length of detention or use of detention based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

#### **5. HOW LONG DOES IT TAKE YOUNG PEOPLE WITH BEHAVIORAL HEALTH NEEDS TO COMPLETE DIVERSION OR ALTERNATIVE-TO-PROSECUTION PROGRAMMING? IS DIVERSION PROGRAMMING EQUITABLE?**

Using these data elements, the court can determine how long it takes young people to complete court diversion programs. This information is critical for establishing sensible, evidence-based timelines for programming and for examining program capacity and budgetary needs. The court can also examine whether there are disparities or disproportionality in diversion programming based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

#### **6. WHAT ARE THE SUCCESS RATES FOR JUVENILE DIVERSION PROGRAMS? ARE DIVERSION PROGRAM OUTCOMES EQUITABLE?**

Using these data elements, the court can evaluate whether programs are meeting their goals, both in terms of attendance and graduation rates and in terms of improved outcomes and reduced subsequent justice-system involvement. The court can also examine whether there are disparities or disproportionality in program outcomes based on demographic categories such as race, socioeconomic status, disability, limited English proficiency, and more.

For additional information, contact Andrea Miller, PhD, JD, NCSC Research Division at [amiller@ncsc.org](mailto:amiller@ncsc.org).

This document was developed under the Mental Health Initiative: Phase II Grant #SJI-20-P-054 from the State Justice Institute and approved by the Task Force Executive Committee. The points of view expressed do not necessarily represent the official position or policies of the State Justice Institute.

