

**An evaluation of a family court diversion program for delinquent youth
with chronic mental health needs**

Ph.D Dissertation

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Abstract

This study evaluates a diversion program in an urban family court. It applied an established treatment methodology, multisystemic therapy (MST), to a population of delinquent youth with serious emotional disturbances (SED). MST's underpinnings are in Bronfenbrenner's (1977) social ecology model, and has been effective in reducing recidivism in antisocial and delinquent youth (Henggeler et al., 1996). This study extends MST by combining it with targeted case management (TCM). This service combination is due to funding source limitations because of scarce mental health resources. That combination is both a focus and a limitation of the study. Delinquent youth with SED presenting in the St. Louis Family Court from July 1, 1999, to December 31, 2001, were randomly assigned to either MST/TCM or a control group. Official records and self-report data were collected, and then merged with treatment data and family court referral information.

The study examined the MST/TCM program participation effects on recidivism. Such recidivism was measured both as whether or not referred and by the number of referrals to the family court. Logistic regression and multiple regression analysis examined the program effect on recidivism while controlling for demographic, clinical, home environment and past juvenile court referral variables. The amount and type of MST services were analyzed for any possible program group effects.

Participation in the MST/TCM program decreased the odds of a re-referral to the family court, but successful completion of the MST program did not significantly reduce recidivism. In addition, program participation did not reduce the number of re-referrals. Therefore, the overall the application of MST to an SED delinquent youth population was not successful. Parental history of mental illness decreased the odds of a re-referral, but alternative explanations are offered that may lessen this outcome. Higher MST crisis minutes amounts provided to participants and their families increased the re-referral odds. Implications of these findings are compared to other MST studies. Implications for the life-course perspective theory are also discussed. Future research directions are highlighted.