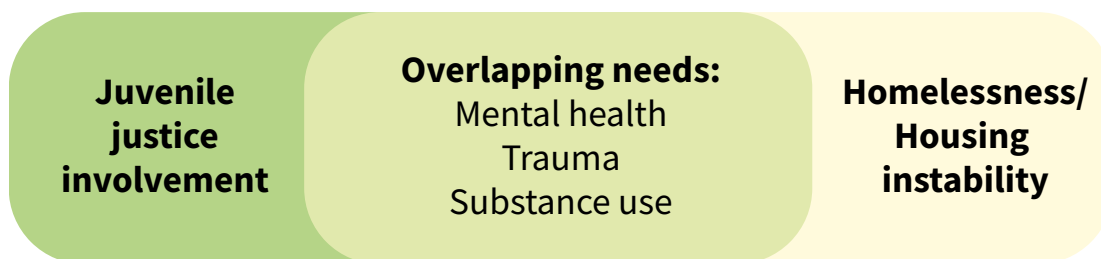


What are evidence-based interventions for addressing mental health and preventing justice-system involvement in youth who are experiencing homelessness?

A research overview compiled by Sarah Mason, University of Texas Austin with the support of Project LINK staff

- Mental health problems are prevalent, ranging from 9.4% to 15% in U.S. children and adolescents,¹ and often co-occur with disruptive behaviors that could increase the likelihood of involvement with the juvenile justice system.²
- Mental health challenges and housing instability are often interconnected. For example, youth experiencing homelessness report disproportionately high rates of mental health difficulties compared with their housed peers.^{3,4}
- Youth experiencing both homelessness and juvenile justice involvement may have overlapping needs related to mental health, trauma, substance use, and housing stability.⁵



Diversion programs are an opportunity to connect youth with services

[Diversion programs](#), like the program used in Hays County, allow youth who commit offenses to be directed away from more formal juvenile justice system involvement. This term remains inconsistently defined across research studies, making it hard to know exactly which types of programs have the best outcomes in a specific context.

Examples of diversionary programs specifically related to mental health:

(from the National Institute of Justice's [CrimeSolutions Clearinghouse](#))

Front-End Diversion Initiative	
CrimeSolutions Rating	Promising
Program summary	
<p>The Front-End Diversion Initiative (FEDI) seeks to divert juveniles with mental health needs from adjudication in the juvenile justice system by using specialized supervision and case management. FEDI was originally implemented in four Texas probation departments: in Bexar, Dallas, Lubbock, and Travis Counties. The primary diversion strategy was the use of specialized juvenile probation officers. The efforts of the initiative supported the development, implementation, and evaluation of the use of specialized juvenile probation officers.</p>	
Evaluation outcomes	
<p>Juveniles who participated in the program were less likely to face adjudication compared with those who only received traditional supervision while on probation.⁸</p>	

Special Needs Diversionary Program	
CrimeSolutions Rating	Promising
Program summary	
<p>The Special Needs Diversionary Program (SNDP) was designed for juvenile with mental illness who have committed an offense. Developed in 2001 in North Texas, SNDP provides mental health treatment in conjunction with specialized probation supervision to juveniles who display low levels of conduct and mental health disorders, with the aim of rehabilitating and preventing them from falling further into the criminal justice system. The SNDP program offers mental health services (including individual and group therapy), probation services (including life skills, mentoring, and anger management), and parental education and support.</p>	
Evaluation outcomes	
<p>Juveniles who participated in the program had fewer rearrests within one year, compared with juveniles in the comparison group.⁹</p>	

Other mental health interventions for justice-involved youth

The [Office of Juvenile Justice and Delinquency Prevention's \(OJJDP's\) Model Programs Guide \(MPG\)](#) has identified many prevention programs and practices that can improve youth mental health- and delinquency-related outcomes.

These include: **school-based programs, family-based interventions, cognitive-behavioral therapy, trauma-focused treatment, and multi-system approaches.**

Meta-analytic evidence specifically points to the usefulness of **cognitive-behavioral therapy** and **trauma-focused treatment**. For example, two meta-analyses report that [Cognitive Behavioral Therapy for Anger-Related Problems in Children and Adolescents](#) effectively reduced aggression and anger expression and improves self-control, problem-solving, and social competencies.^{10,11} Another meta-analysis found that [Trauma-Focused Interventions](#) effectively reduced trauma symptoms and externalizing behaviors, such as aggression and criminal behavior, compared to youth who did not receive treatment.¹²

Cognitive behavioral therapy:

A therapeutic approach that helps youth change thought patterns and behaviors associated with delinquency, aggression, and violence. Can also strengthen self-control, problem-solving, and social skills.

Trauma-focused treatment:

Therapeutic interventions specifically designed for youth who have experienced traumatic events, such as abuse. Designed to help youth process traumatic experiences and reduce related symptoms.

There is also a large evidence base for [family-based interventions and engagement](#). These programs focus on addressing patterns of interaction and communication in families of youth who exhibit behavioral problems. Some programs also use additional components, such as behavioral parent training, child social-skills training, and family therapy. Examples of evidence-based interventions include:

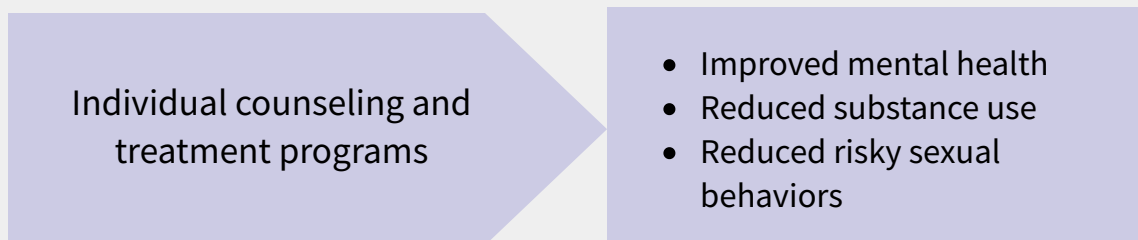
- [Functional Family Therapy](#) (CrimeSolutions Rating: **Effective**)
- [Multidimensional Family Therapy](#) (CrimeSolutions Rating: **Promising**)
- [Brief Strategic Family Therapy](#) (CrimeSolutions Rating: **Promising**)

Interventions for youth experiencing homelessness

Research on interventions specifically addressing the mental health needs of youth experiencing both homelessness and juvenile justice involvement remains limited. Thus, the following section draws on broader literature examining interventions for youth experiencing homelessness. Such interventions encompass a range of approaches, including treatments specifically targeting mental health and broader, multicomponent programs that integrate mental health support with other services such as housing assistance, case management, substance-use treatment, and family support. Consequently, mental health is addressed both as a primary intervention target and as one of several outcomes within broader interventions.

In a systematic review of 54 different interventions for youth homelessness:¹³

- **Individual counseling and treatment programs** targeting mental health and health-risk behaviors represented the largest body of evidence. These programs demonstrated improvements in mental health, as well as reductions in substance use and sexual risk behaviors.



- Improvements in mental health outcomes were also reported within several other intervention categories, including homelessness prevention, family strengthening, non-housing case management, economic and employment programs, and outreach and service connection programs. Transitional, supportive, and subsidized housing programs did not report improvements in mental health.
- These findings suggest that mental health can be addressed through both targeted therapeutic interventions and broader programs designed to address the multifaceted needs of youth experiencing homelessness.

Other systematic reviews of interventions for homeless youth have identified **cognitive-behavioral therapy** and **family-based interventions** as effective programs for reducing depression and substance use.^{14,15}

- Motivational interviewing, skill-building programs, and case management yielded inconsistent effects on mental health and substance use when compared with services as usual.

Key takeaways and recommendations

Although the broader literature identifies promising diversion, mental health, and homelessness interventions, less is known about which approaches—or combinations of services—are most effective for this population.

Some recommendations include:

- **Divert youth early to reduce deeper juvenile justice system involvement.** Evidence suggests that diversion, particularly police-led and pre-arrest approaches, can reduce subsequent justice-system contact compared with traditional processing. However, reducing recidivism does not necessarily mean that a program improves mental health.
- **Connect diversion to evidence-based mental health treatment.** Diversion alone may not address the underlying mental health needs associated with justice-system contact. Cognitive-behavioral therapy and family-based interventions may be particularly effective at improving mental health and behavioral outcomes for youth experiencing homelessness.
- **Address other areas alongside mental health needs.** Youth experiencing homelessness often face multi-faceted, overlapping challenges that cannot be resolved through mental health treatment alone. Integrating housing assistance, case management, and connections to community-based services may help address barriers to treatment access and engagement.
- **Use individualized and coordinated approaches.** The evidence supports considering interventions that respond to youths' individual needs, including mental health symptoms, substance use, family relationships, and housing circumstances. Coordination across juvenile justice, behavioral health, housing, and community organizations can help connect youth with appropriate services.
- **Prioritize accessible, sustained engagement in services.** Youth experiencing homelessness may encounter barriers to participating in traditional treatment programs. Flexible service delivery, outreach, and ongoing support are important considerations when designing interventions for youth who lack stable housing or consistent access to care.



This brief was completed at the request of an Indiana policymaker and is part of a project funded by the William T. Grant Foundation and is a joint effort of the HEDCO Institute for Evidence-Based Educational Practice at the University of Oregon and Johns Hopkins University. All information provided is the viewpoints of the brief authors and do not reflect the official views of the University of Oregon, Johns Hopkins, or Project LINK. For more information, please email linkproject@uoregon.edu.

Methods

Findings presented in this brief come from a literature review of academic peer-reviewed studies. Given the rapid nature of this search, other relevant studies may exist. In addition, please note that we did not use formal statistical methods for summarizing results and exploring reasons for differences in findings across studies.

References

1. Bitsko R. H., Claussen A.H., Lichstein J., et al. (2022) Mental Health Surveillance Among Children — United States, 2013–2019. *MMWR Supplements*, 71, 1-42. <http://dx.doi.org/10.15585/mmwr.su7102a1>
2. Basto-Pereira, M., & Farrington, D. P. (2022). Developmental predictors of offending and persistence in crime: A systematic review of meta-analyses. *Aggression and Violent Behavior*, 65, 101761. <https://doi.org/10.1016/j.avb.2022.101761>
3. Barry, R., Anderson, J., Tran, L., Bahji, A., Dimitropoulos, G., Ghosh, S. M., Kirkham, J., Messier, G., Patten, S. B., Rittenbach, K., & Seitz, D. (2024). Prevalence of mental health disorders among individuals experiencing homelessness: A systematic review and meta-analysis. *JAMA Psychiatry*, 81(7), 69–699. <https://doi.org/10.1001/jamapsychiatry.2024.0426>
4. Grattan, R. E., Tryon, V. L., Lara, N., Gabrielian, S. E., Melnikow, J., & Niendam, T. A. (2022). Risk and resilience factors for youth homelessness in western countries: A systematic review. *Psychiatric Services*, 73(4), 425-438. <https://doi.org/10.1176/appi.ps.202000133>
5. Almquist, L., & Walker, S. C. (2022). Reciprocal associations between housing instability and youth criminal legal involvement: A scoping review. *Health & Justice*, 10(1), 15. <https://doi.org/10.1186/s40352-022-00177-7>
6. Mercer, G., Hunkin, H., Figueroa, F., Day, A., Pilkington, R. M., & Malvaso, C. G. (2026). Popular but poorly defined: A scoping review of youth diversion schemes. *Australian Journal of Social Issues*, 61(1), 114-126. <https://doi.org/10.1002/ajs4.70084>
7. Schwalbe, C. S., Gearing, R. E., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review*, 32(1), 26-33. <https://doi.org/10.1016/j.cpr.2011.10.002>
8. Colwell, B., Villarreal, S. F., & Espinosa, E. M. (2012). Preliminary outcomes of a pre-adjudication diversion initiative for juvenile justice involved youth with mental health needs in Texas. *Criminal Justice and Behavior*, 39(4), 447-460. <https://doi.org/10.1177/0093854811433571>
9. Cuellar, A. E., McReynolds, L. S., & Wasserman, G. A. (2006). A cure for crime: Can mental health treatment diversion reduce crime among youth?. *Journal of Policy Analysis and Management*, 25(1), 197-214. <https://doi.org/10.1002/pam.20162>
10. Sukhodolsky, D. G., Kassinove, H., & Gorman, B. S. (2004). Cognitive-behavioral therapy for anger in children and adolescents: A meta-analysis. *Aggression and Violent Behavior*, 9(3), 247-269. <https://doi.org/10.1016/j.avb.2003.08.005>
11. Hoogsteder, L. M., Stams, G. J. J., Figge, M. A., Changoe, K., Van Horn, J. E., Hendriks, J., & Wissink, I. B. (2015). A meta-analysis of the effectiveness of individually oriented cognitive behavioral treatment (CBT) for severe aggressive behavior in adolescents. *The Journal of Forensic Psychiatry & Psychology*, 26(1), 22-37. <https://doi.org/10.1080/14789949.2014.971851>
12. Hoogsteder, L. M., Ten Thijs, L., Schippers, E. E., & Stams, G. J. J. (2022). A meta-analysis of the effectiveness of EMDR and TF-CBT in reducing trauma symptoms and externalizing behavior problems in adolescents. *International Journal of Offender Therapy and Comparative Criminology*, 66(6-7), 735-757. <https://doi.org/10.1177/0306624x211010290>
13. Morton, M. H., Kugley, S., Epstein, R., & Farrell, A. (2020). Interventions for youth homelessness: A systematic review of effectiveness studies. *Children and Youth Services Review*, 116, 105096. <https://doi.org/10.1016/j.childyouth.2020.105096>
14. Wang, J. Z., Mott, S., Magwood, O., Mathew, C., Mclellan, A., Kpade, V., Gaba, P., Kozloff, N., Pottie, K., & Andermann, A. (2019). The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review. *BMC Public Health*, 19(1), 1528. <https://doi.org/10.1186/s12889-019-7856-0>
15. Noh, D. (2018). Psychological interventions for runaway and homeless youth. *Journal of Nursing Scholarship*, 50(5), 465-472. <https://doi.org/10.1111/jnu.12402>