A Blueprint for Change:

Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System

Over 2.3 million youth are arrested each year. Of these, approximately 600,000 are processed through juvenile detention centers and more than 100,000 are placed in secure juvenile correctional facilities (Sickmund, 2004). Until the last decade, there was a lack of data and information available documenting the degree to which youth involved with the juvenile justice system were experiencing mental illness. New research has expanded our collective understanding of the nature and prevalence of mental disorders among the juvenile justice population and has provided the field with a more precise assessment of the problem.

It is now well established that the majority of youth involved with the juvenile justice system have mental health disorders. For example, we now know that youth in the juvenile justice system experience substantially higher rates of mental disorder than youth in the general population. Studies consistently document that anywhere from 65% to 70% of youth in the juvenile justice system meet criteria for a diagnosable mental health disorder (Skowyra & Cocozza, in press; Teplin et al., 2002; Wasserman, Ko, & McReynolds, 2004). Further, recent estimates suggest that approximately 25% of youth experience disorders so severe that their ability to function is significantly impaired (Skowyra & Cocozza, in press).

In a recent mental health prevalence study conducted by the National Center for Mental Health and Juvenile Justice on youth in three different types of juvenile justice settings, over 70% of youth were found to meet criteria for at least one mental health disorder. Disruptive disorders (including conduct disorder) were most common, followed by substance use disorders, anxiety disorders, and mood disorders. When conduct disorder was removed from the analysis, over 66% of youth still met criteria for some other mental health disorder. Even when conduct disorder and substance use disorders were removed from the analysis, almost half of the youth (45.5%) still met criteria for a mental health disorder (Skowyra and Cocozza, in press).

Many youth with mental health needs are detained or placed in the juvenile justice system for relatively minor, non-violent offenses but end up in the system simply because of a lack of community-based mental health treatment. A survey of families with children who have a brain disorder, conducted by the National Alliance for the Mentally Ill (2001), found that 36% of respondents reported having to place their children in the juvenile justice system in order to access mental health services that were otherwise unavailable to them. More recently, a report issued by Congress in July 2004 documented the inappropriate use of detention for youth with mental health needs and found that in 33 states, youth were reported held in detention with no charges at all—they were simply awaiting mental health services (US House of Representatives, 2004).

The growing crisis surrounding

these youth is highlighted by a series of recent independent reports and media accounts. Investigations by the US Department of Justice into the conditions of confinement in juvenile detention and correctional facilities throughout the country have repeatedly found a failure on the part of the facilities to adequately address the mental health needs of youth in their care (US Department of Justice, 2005). In addition, media inquiries and reports have documented the mental health crisis within the juvenile justice systems in numerous states including New Jersey, Arizona, California, Michigan and Pennsylvania. This unprecedented exposure has put new public pressure on elected officials, policy makers, and practitioners to develop more effective responses.

As a result of this pressure and attention, significant energy has been directed to the development of new tools, programs, and resources to help the field better identify and respond to the mental health needs of youth with mental health needs. Emerging strategies include

• The wider use of standardized mental health screening and assessment procedures for justice-involved youth, such as the MAYSI-2 and the Voice DISC- IV;

• The increasing reliance on evidence-based and promising practices, such as Multi-Systemic Therapy and Functional Family Therapy, to treat mental disorders among youth in the juvenile justice system; and

• The development of collaborative programs and strategies, involving both juvenile justice and mental health agencies, across the country.

Yet, despite these trends and progress, until recently there had been no attempt made to systematically examine these existing efforts, summarizing what it is we now know about the best ways to identify and treat these disorders among youth at key stages of juvenile justice processing. A comprehensive package of this information could provide guidance and direction to the field.

A Blueprint for Change

Recognizing this need to summarize the state of knowledge in the field, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) launched its largest investment ever in mental health research in 2001. The result of this effort is a report entitled "Blueprint for Change: A Comprehensive Model for the Identification

and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System" (Skowyra & Cocozza, in press). This Comprehensive Model, developed by the National Center for Mental Health and Juvenile Justice, offers a conceptual and practical framework for juvenile justice and mental health systems to use when developing strategies and policies aimed at improving the mental health services for youth involved with the juvenile justice system. The model captures the existing activity in the field, examining the juvenile justice system as a continuum from intake to re-entry, identifying the best ways to respond to youth with mental disorders at key points of contact, and providing recommendations, guidelines, and examples for how best to do this.

Underlying Principles. The Model is centered around a set of Underlying Principles that represent the foundation of a juvenile justice system that is committed and responsive to the mental health needs of youth in its care. These Principles represent the essential elements necessary to create a "model" system and address a range of issues including

• The importance of diverting youth with mental disorders, whenever possible and when matters of public safety allow, into evidence-based treatment in a community setting;

• The need for families to be full partners in the development of treatment plans and decisions for their children;

• The fact that multiple systems share responsibility for these youth and that all responses developed should be collaborative in nature; and

• The need for services to be developmentally appropriate and sensitive to issues of gender, ethnicity, race, age, sexual orientation, socio-economic status, and faith.

Cornerstones. From the Principles emerged four Cornerstones that provide a framework for putting the underlying principles into practice. The Cornerstones reflect areas of improvement that are most critical for enhancing the delivery of mental health services: Collaboration, Identification, Diversion and Treatment. The Comprehensive Model includes a discussion of each Cornerstone, as well as detailed recommended actions that provide direction on how to implement strategies consistent with the Cornerstone. A brief summary of each Cornerstone is presented below.

Collaboration. In order to appropriately respond and effectively provide services to youth with mental health needs, the juvenile justice and mental health systems should collaborate in all areas and at all critical intervention points.

Despite the large numbers of youth with mental health needs in the juvenile justice system, service delivery

for these youth is often fragmented and inconsistent, and operates without the benefit of a clear set of guidelines specifying responsibility for the population. An effective response to this problem must include the development of collaborative approaches involving both the mental health and juvenile justice systems. The recommended actions for this Cornerstone stress that the juvenile justice and mental health systems engage in joint strategic planning, funding, and evaluation activities; that family members be included in all collaborative efforts; and that cross-training be provided to help systems learn about each other.

Identification. The mental health needs of youth should be systematically identified at all critical stages of juvenile justice processing.

The development of a sound screening and assessment capacity is critical in order to effectively identify and ultimately respond to mental heath treatment needs. Screening and assessment should be routinely performed at a youth's earliest point of contact with the system, and standardized instruments should be used. Further, the results of mental health assessments and risk assessments should be linked to help guide decisions about a youth's suitability and need for diversion to community-based services. The recommended actions for this Cornerstone propose that the mental health screening process include the administration of an emergency mental health screen as well as a general mental health screen, that mental health assessments be administered to any youth whose mental health screen indicates a need for further assessment, and that policies protecting the confidentiality of pre-adjudicatory screening information be in place.

Diversion. Whenever possible, youth with identified mental health needs should be diverted into effective community-based treatment.

Many youth end up in the juvenile justice system for behavior brought on by or associated with their mental health disorder. Some of these youth are charged with serious offenses; many, however, are in the system for relatively minor, non-violent offenses. Mental health experts agree that it is preferable to treat youth with mental disorders outside of juvenile correctional settings (Koppelman, 2005). However, a youth's mental illness and level of risk to community safety must be considered when determining whether a youth can be diverted into community-based treatment. The recommended actions for this Cornerstone advocate that procedures be in place to identify youth appropriate for diversion to treatment, that effective community-based services be available to diverted youth, and that diversion mechanisms and programs be instituted at key decision-making points within the juvenile justice continuum.

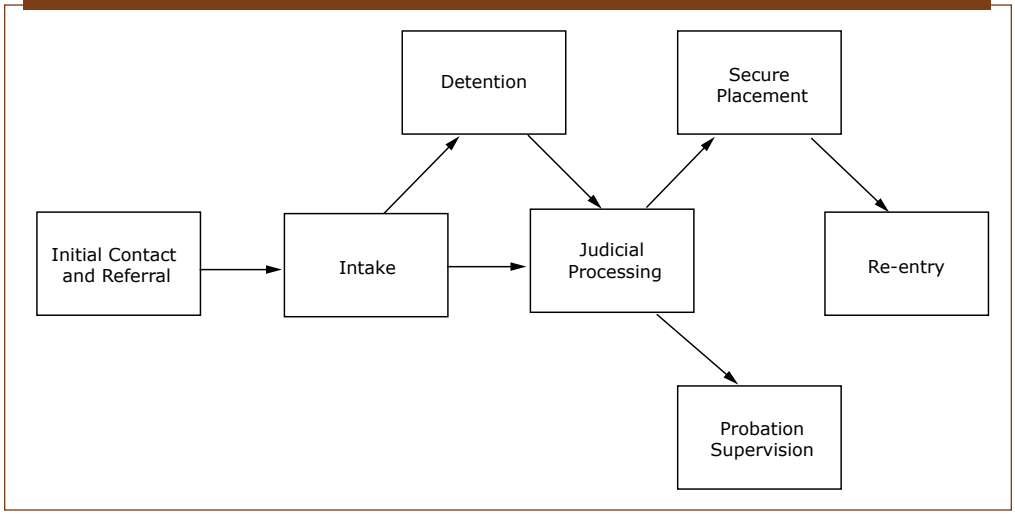
Treatment. Youth with mental health needs in the juvenile justice system should have access to effective treatment to meet their needs.

Enormous advances have been made in this area over the last decade and there are now evidence-based interventions that are well-documented and proven effective for treating mental disorders among youth. Currently, however, the vast majority of mental health services and programs available to treat youth involved with the juvenile justice system are not evidence-based. The recommended actions for this Cornerstone advise increasing the availability and application of evidence-based services for youth in the juvenile justice system, regardless of the setting or level of care; sharing responsibility between the juvenile justice and mental health systems for providing services; involving families as fully as possible in the treatment of their children; and providing services that are trauma-informed and gender responsive.

Critical Intervention Points

The Cornerstones of the Model were then applied to the juvenile justice processing continuum to identify places within the entire continuum—from intake to re-entry—where opportunities exist to make better decisions about mental health needs and treatment. Seven Critical Intervention Points (Figure 1) were identified where the Cornerstones could be addressed or implemented. For each Intervention Point, the Model discusses what happens to youth at that point in the processing and reviews

FIGURE 1. CRITICAL INTERVENTION POINTS



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the mental health issues associated with each point.

Program Examples

Over 50 programs are highlighted in the Model, providing illustrations of how communities across the country have taken steps to develop or enhance services at key stages of juvenile justice processing. Among these programs are two that are the focus of articles within this journal. One program is the FIT Program, which provides integrated individual and family services to youth who are transitioning from incarceration back into the community. The other program is the Integrated Co-Occurring Treatment Model, which serves as both a diversion program and a re-entry program for youth with mental health and substance use disorders involved with the Akron, Ohio juvenile court.

What Happens Next?

The Model represents the first-ever systematic, comprehensive review of the ways in which mental health service delivery strategies can be strengthened within the juvenile justice system. While the document is targeted to state and county administrators and program directors from the juvenile justice and mental health systems, any community stakeholder can benefit from the information and examples provided. The Model offers a blueprint for how mental health issues can be better addressed within the juvenile justice system as a whole. By focusing on a series of critical intervention points, the Model also allows jurisdictions to consider implementing individual components of the Model as a first step in improving their systems.

The premise is not complicated: Stronger partnerships between the juvenile justice and mental health systems can result in better screening and assessment mechanisms at key points of juvenile justice system contact, enhanced diversion opportunities for youth with mental health needs to be treated in the community, and increased access to effective mental health treatment. The Model provides a detailed blueprint for how communities can achieve these goals. What it cannot do, however, is actually effect the change. That must come from the leaders in the juvenile justice and mental health fields who have been struggling to develop solutions for these youth. The Model provides a tool to move forward. The energy, hard work and political will to make this happen must come from them.

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This article was excerpted from a 2006 Research and Program Brief produced by the National Center for Mental Health and Juvenile Justice entitled "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System." For a copy of the Research and Program Brief or further information, please visit the National Center for Mental Health and Juvenile Justice website at www.ncmhjj.com.