A Roadmap for Change:

How Juvenile Justice Facilities Can Better Serve Youth with Mental Health Issues

Over the past decade, the juvenile crime rate has dropped significantly and the number of youth in the "deep end" of the system (i.e., those committed to correctional agencies and placed in residential facilities) has decreased. These positive advances in the juvenile justice system are bringing a vulnerable population into sharp focus: adolescents suffering from mental illness. System officials around the U.S. report that what was once a mix of low-, moderate- and high-risk youth placed in juvenile correctional facilities is now a population of mostly high-risk youth. Studies consistently find that 65 to 70% of youth in such placements have at least one diagnosable mental health issue.[1]

In many jurisdictions, juvenile facilities fail to meet the needs of youth with mental health issues. Despite residents' histories of trauma and victimization, facility staff continue to utilize traditional punitive correctional approaches proven to be ineffective, as opposed to strength-based, therapeutic interventions. In the face of research showing that half of all suicides in juvenile facilities occur while youth are held in isolation, 46% of juvenile correctional facilities still report using room confinement for more than four hours to control behavior.[2] Many facilities also lean on the use of force as a behavior management strategy, physically restraining youth and applying chemical agents (e.g., pepper spray) to resolve incidents rather than adequately engaging in de-escalation and conflict resolution techniques. These practices aggravate residents' trauma-based disorders and damage relationships between staff and youth.

The reality for youth of color in residential placements is even starker. A population already overrepresented in the juvenile justice system, youth of color are more likely to be diagnosed with conduct disorders or antisocial behavior than their white counterparts.[3] Youth of color needing treatment for mental health issues are half as likely to be screened into treatment as white youth, and their diagnoses may be more likely to be impacted by racial differences in presentation or clinician biases. This disparity leaves many youth of color placed in facility "Special Management Units" designed to control their behavior, often lacking access to mental health treatment services. Youth of color in custody typically have less access to formal outpatient services and are less likely to take advantage of those services post-release.[4] Even if youth are inclined to resume services, practical and cultural factors like transportation costs and community stigma around mental illness often prevent youth from utilizing services after release.[5]

Unfortunately, the primary experts on any given youth – their families – are often not adequately encouraged and supported to engage in the youth's treatment process at the facility and upon community re-entry. Across the board, family engagement in juvenile justice is linked to better youth outcomes. One study even found a correlation between family visitation at facilities and youth's positive behavior and educational progress.[6] Yet system staff and providers often drive treatment planning and service delivery without ensuring that families have a meaningful role at the table. This practice has especially negative consequences for youth with mental health issues. Family engagement helps ensure that the full context of an adolescent's behavior is available for consideration in treatment planning, raising the likelihood that services are tailored to the youth's unique needs. It also empowers families and gives them the skills to support the youth upon re-entry.

Despite these significant challenges, there is hope. Over the years, the field has developed a number of

tools, resources, and approaches that can enhance the way youth with mental health issues are served in residential settings. Validated screening and assessment tools such as the Massachusetts Youth Screening Instrument (MAYSI-2, http://www.nysap.us/MAYSI2.html) and the Global Appraisal of Individual Needs (GAIN, http://gaincc.org) have become a standard part of intake and ongoing assessments that greatly inform case planning and service delivery. The impact of trauma on youth and staff is now better understood, and many facilities are reshaping their practices – through staff training and multi-disciplinary collaboration – to better address the needs of youth and staff. Re-entry planning and support have also gained national attention as practice areas necessary to a youth's long-term success.

Structural frameworks that actively support practices that address mental health issues are also becoming more prevalent, such as the Youth in Custody Practice Model (YICPM),[7] an evidence-based framework for residential juvenile facilities. Developed and operated by the Council of Juvenile Correctional Administrators and the Center for Juvenile Justice Reform, the YICPM provides agencies with guidance to develop blueprints to create more comprehensive methods of care for youth in custody.

The largest challenge still remains: shaping an approach in our residential care facilities that is sensitive to the needs of youth with mental health issues, from initial contact to community reintegration. Following are some strategies and recommendations to assist in making that vision a reality.

1. Strengthen programming and policies around evidence-based practices aimed toward rehabilitation and positive youth development.

The general purposive shift in juvenile justice from being a primarily punitive system to a primarily rehabilitative one has proved to be tremendously successful. The philosophy is there, and the structural and operational elements have begun to follow. This often takes the shape of policies that put a comprehensive case planning system front and center for staff and youth alike, providing transparency as well as a sense of engagement and care. Further building and supporting staff capacity and efficacy around the practices that bring these policies to life to a greater degree is essential.

This move from punitive to rehabilitative practice is most readily seen in jurisdictions like Oregon, Massachusetts, and Missouri that have embraced core tenets of positive youth development. The highly regarded "Missouri Approach" to juvenile treatment, for example, includes a continuum of mental health services that is responsive to youths' needs, and "group systems" that incorporate therapeutic intervention techniques and experiential group projects into programming (http://missouriapproach.org).

2. Engage and empower families to play an active role in their children's treatment.

Family engagement and empowerment must be a fundamental element of juvenile justice practice. Staff should support youth to define for themselves who constitutes family, including "fictive kin" who may not be related by blood or through marriage but nevertheless support the youth. Facility visitation policies must accommodate family members' schedules, and staff must regularly encourage families to participate meaningfully in treatment planning (even by videoconference if in-person attendance is not possible). Staff's interactions with families should be strength-based, and families should have opportunities to receive needed services, voice their concerns, and share their insights on how to enhance service delivery and approaches.

3. Create facility environments that are safe and conducive for learning and personal growth.

The facility's physical environment can play a big role in creating an atmosphere for learning and personal growth. Physical plants that evoke a correctional feel (e.g., sterile hallways and common areas, concrete beds, little natural light) send a message to youth about how they are valued and the type of behavior that is expected from them. For all youth, including those with mental illness, we must craft a different message. Even in challenging physical plants, staff can take relatively simple and low-cost measures to enhance the environment, such as hanging artwork, painting walls calming colors, installing carpet and area rugs to reduce noise, and adding more comfortable furniture to common spaces and visitation rooms.

4. Break down "staff silos" and encourage information-sharing and cross-training opportunities.

Bridging the informational and logistical gaps between different staff groups is crucial to create a more integrated mental health approach within the juvenile justice process. In institutional settings this requires creating case planning teams with all staff groups represented, laying broad communication lines across silos, and providing training and educational opportunities for all staff at the facility. Offering cross-training on topics such as mental health can create a more well-rounded workforce that understands colleagues' needs regarding how to best assist youth with mental health issues.

5. Provide staff with training on adolescent development, cultural competency, and trauma sensitivity, and create environments of staff wellness.

Facilities must ensure that staff are well-equipped and empowered to do their jobs. Serving youth in custody is undoubtedly challenging, particularly given staff's regular exposure to the behaviors and emotions of youth with trauma histories and mental health challenges. Creating environments of wellness and support are critical to prevent burnout and secondary traumatic stress. In addition to training all staff on adolescent development, mental health, cultural competency, and trauma, facilities should ensure that staff receive excellent supervision, have opportunities for regular breaks, and are regularly recognized for their good work. Training on conflict management also helps staff develop skills to deescalate potentially dangerous situations non-violently.

6. Track mental health data within facilities and develop targeted strategies to address deficiencies.

What gets measured gets managed and improved. Facilities should be tracking key process and performance indicators, including those pertinent to the administration of mental health services (e.g., practices related to screening/assessment, treatment planning/service delivery, and continuity of care). Whether conducted with internal resources (i.e., data/quality assurance staff) or with the assistance of initiatives like Performance-based Standards (http://pbstandards.org), systems should be regularly collecting and utilizing data to improve approaches. This includes conducting routine analysis of practices and outcomes by race and ethnicity to identify any existing disparities and develop targeted strategies to address them.

7. Create a model of transition for the re-entry process to ensure stability for youth and to discourage recidivism.

For youth struggling with mental health issues, continuity of care is especially important for successful community re-entry. Ensuring access to services outside the facility before release is critical, as is guaranteeing that youth have the material tools they need to make re-entry as successful as possible. Creating a model of transition for youth returning to their communities that links the youth's key support systems, especially those of facility mental health staff, mental health service providers in the community, parole/re-entry field staff, and family, can help ensure that youth do not fall back on unhealthy and delinquent behavior. Professionals should be working together early and often while the youth is at the facility to plan for re-entry and ensure that the youth will leave the program with all necessary medication and community-based services in place.

In summary, for the thousands of youth and their families involved with the juvenile justice system who have mental health needs, the time for action is now. Working together, we can create a comprehensive, equitable, rehabilitative juvenile justice system that places young people with mental health issues in a position to thrive. As described above, this will take a strong set of policies and practices and a concentrated effort that is measured on an ongoing basis to ensure its effectiveness.

REFERENCES

1. Skowyra, K., & Cocozza, J. (2007). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. Delmar, NY: The National Center for Mental Health and Juvenile Justice. Retrieved from http://www.ncmhjj.com/wp-content/uploads/2013/12/Blueprint.pdf

2. Puzzanchera, C., & Hockenberry, S. (2016). *Data reflect changing nature of facility populations, characteristics, and practice*s. Pittsburgh, PA: National Center for Juvenile Justice. Retrieved from https://www.ojjdp.gov/ojstatbb/snapshots/DataSnapshot_JRFC2014.pdf

3. Delbello, M., Lopez-Larson, M., Soutullo. C., & Strakowski, S. (2001). Effects of race on psychiatric diagnosis of hospitalized adolescents: A retrospective chart review. *Journal of Child and Adolescent Psychopharmacology, 11*(1), 95–103.

4. Garland, A., Lau, A., Yeh, M., McCabe, K., Hough, R., & Landsverk, J. (2005). Racial and ethnic differences in utilization of mental health services among high-risk youths. *American Journal of Psychiatry, 162*(7), 1336–1343.

5. Gudiño, O., Lau, A., Yeh, M., McCabe, K., & Hough, R. (2009). Understanding racial/ethnic disparities in youth mental health services: Do disparities vary by problem type? *Journal of Emotional and Behavioral Disorders, 17*(1), 3–16.

6. Villalobos Agudelo, S. (2013, April). *The impact of family visitation on incarcerated youth's behavior and school performance: Findings from the Families as Partners project (Issue Brief)*. New York, NY: Vera Institute of Justice. Retrieved from http://archive.vera.org/sites/default/files/resources/downloads/family-visitation-and-youth-behavior-brief.pdf

7. Umpierre, M., Dedel, K., Marrow, M., & Pakseresht, F. (2015). *Youth in Custody Practice Model (YICPM): An abbreviated guide*. Washington, DC: Council of Juvenile Correctional Administrators and Center for Juvenile Justice Reform, Georgetown University, McCourt School of Public Policy.

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