

# Executive Summary

## Background

Every day, hundreds of thousands of youth cycle in and out of state and local juvenile justice systems throughout the country. They are seen in probation offices, juvenile detention centers, juvenile courts, and correctional facilities each day. Many of these youth have lives that have been marred by poverty, violence, substance abuse, academic disadvantage, and delinquent behavior. Further, we now know that the vast majority of these youth, up to 70 percent, suffer from mental health disorders, with at least 20 percent experiencing disorders so severe that their ability to function is significantly impaired. Their illnesses include major depression, bipolar disorder, conduct disorder, attention deficit/hyperactivity disorder, anxiety disorder, and other potentially debilitating conditions. Frequently, a youth's disruptive or inappropriate behavior is the result or a symptom of a mental health disorder that has gone undetected and untreated. For some youth, contact with the juvenile justice system is often the first and only chance to get help. For others, it is the last resort after being bounced from one system to another. All too frequently, however, the opportunity to intervene early is wasted and youth end up in a system that is ill-equipped to help them, frustrating juvenile justice administrators and leaving youth without access to the treatment they need to get better. The crisis is real and the need to respond is more pressing than ever.

Juvenile justice systems across the country are struggling to take action. Some jurisdictions have formed partnerships with the mental health system to increase accessibility to community-based mental health services for these youth; other jurisdictions have created mental health treatment capacity within their juvenile justice systems; others have done very little simply because there has been a lack of information available about how best to respond.

Recognizing the problem, the Federal Office of Juvenile Justice and Delinquency Prevention launched their largest investment ever in mental health research in 2000, aimed at providing the field with guidance to help address this problem, and to ultimately improve the lives and well-being of children and youth with mental health needs who end up in the country's juvenile justice system. The National Center for Mental Health and Juvenile Justice, working in partnership with the Council of Juvenile Correctional Administrators, was awarded the contract for this work in 2001, and set out to complete the required tasks, which included:

- Conducting an extensive review of the research literature to identify issues and gaps in the existing research base;
- Completing a multi-site study of mental health needs and services for youth in different levels of juvenile justice care;
- Identifying existing promising practices and programs for providing mental health services to youth at critical points of juvenile justice system contact; and
- Using the data and information collected from these tasks to develop a Comprehensive Model for providing a broad range of mental health services to youth in contact with the juvenile justice system.

The results of this effort are presented here. ***Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*** represents four years of work to develop a conceptual and practical framework for juvenile justice and mental health systems to use when developing strategies, policies, and services aimed at improving mental health services for youth involved with the juvenile justice system. The Model, which sets the highest goals for systems to work toward, summarizes

what we now know about the best way to identify and treat mental disorders among youth at key stages of juvenile justice processing, and offers recommendations, guidelines, and examples for how best to do this.

## Organization of the Model

To develop the Model, it was necessary to establish a framework to guide the effort. First, a set of Core Principles were developed to serve as the underpinning and guide all subsequent efforts to improve the coordination and delivery of mental health screening, assessment, and treatment for youth in contact with the juvenile justice system. These principles represent the foundation on which a system can be built that is committed and responsive to addressing the mental health needs of youth in its care. They include:

1. Youth should not have to enter the juvenile justice system solely in order to access mental health services or because of their mental illness.
2. Whenever possible and when matters of public safety allow, youth with mental health needs should be diverted into evidence-based treatment in a community setting.
3. If diversion out of the juvenile justice system is not possible, youth should be placed in the least restrictive setting possible, with access to evidence-based treatment.
4. Information collected as part of a pre-adjudicatory mental health screen should not be used in any way that might jeopardize the legal interests of youth as defendants.
5. All mental health services provided to youth in contact with the juvenile justice system should respond to issues of gender, ethnicity, race, age, sexual orientation, socio-economic status, and faith.
6. Mental health services should meet the developmental realities of youth. Children and adolescents are not simply little adults.
7. Whenever possible, families and/or caregivers should be partners in the development of treatment decisions and plans made for their children.

8. Multiple systems bear responsibility for these youth. While at different times, a single agency may have primary responsibility, these youth are the community's responsibility and all responses developed for these youth should be collaborative in nature, reflecting the input and involvement of the mental health, juvenile justice, and other systems.
9. Services and strategies aimed at improving the identification and treatment of youth with mental health needs in the juvenile justice system should be routinely evaluated to determine their effectiveness in meeting desired goals and outcomes.

From these principles, four Cornerstones emerged that form the infrastructure of the Model and provide a framework for putting the underlying principles into practice. They reflect the most critical areas of improvement to enhance the delivery of mental health services to youth in contact with the juvenile justice system and include:

### Collaboration

The need for improved collaboration between the juvenile justice and mental health systems.

### Identification

The need for improved and systematic strategies for identifying mental health needs among youth in contact with the juvenile justice system.

### Diversion

The need for more opportunities for youth to be appropriately diverted into effective community-based mental health treatment.

### Treatment

The need for youth in contact with the juvenile justice system to have access to effective treatment to meet their needs.

A critical piece of the Model is the inclusion of recommended actions—over 30 detailed suggestions providing guidance and direction to the field on how to address each of the Cornerstones. Examples of efforts that have already been made in the field to address these issues are included as well.

Finally, these Cornerstones were juxtaposed against Critical Intervention Points within the juvenile justice continuum that present opportunities to improve collaboration, identification, diversion, and treatment

strategies for youth with mental health needs. The Critical Intervention Points include:

**Initial Contact with Law Enforcement:** This includes the initial contact a youth has with the police at the time they are suspected of committing a crime.

**Intake (Probation or Juvenile Court):** This includes the point at which a youth is referred by law enforcement to juvenile court. Often, the juvenile court intake function is the responsibility of the local probation department.

**Detention:** This includes the point at which a youth is placed in a secure detention setting.

**Judicial Processing:** This includes the point at which a petition is filed in juvenile court, an adjudication hearing is held, and the judge orders a disposition in the case.

**Dispositional Alternatives (Juvenile Correctional Placement or Probation):** This includes a discussion of two dispositional alternatives—placement in a juvenile correctional facility or placement on probation supervision.

**Re-Entry:** This includes the point at which a youth is released from a juvenile correctional placement and returns home.

Each Critical Intervention Point includes general information on the point of contact, as well as an examination of the mental health issues associated with that particular point in the continuum. Current program and policy examples are included here, as well as throughout the entire document, illustrating how communities across the country have taken steps to develop or enhance services for youth with mental health needs at key stages of juvenile justice system contact. Complete descriptions, with contact information, of every program referenced in the document are included, along with an extensive Resource List of relevant policies, instruments, reports, organizations, websites, and other sources of information pertaining to juvenile justice and mental health.

## Research-Based Knowledge

The Model was informed by the most comprehensive study of mental health problems conducted to date among youth in the juvenile justice system: 1437 youth in three different states in three types of juvenile justice settings—detention, corrections, and community-based

programs. No single previous study conducted among youth in the juvenile justice system has examined the mental health problems and needs of youth in multiple states and in multiple juvenile justice settings, using standardized instruments to collect data.

The results of the study, which were incorporated into the Model, confirmed that, regardless of level of care or geographic region of the country, the majority of youth in the juvenile justice system meet criteria for at least one mental health diagnosis. Overall, 70.4 percent of youth were diagnosed with at least one mental health disorder, with girls experiencing a higher rate of disorders (81%) when compared to males (66.8%). For many of the youth in the study, their mental health status was complicated by the presence of more than one disorder. Of those youth who were diagnosed with a mental health disorder, 79.1 percent met criteria for at least one other mental health diagnosis. The majority of youth who met criteria for a mental health diagnosis were also diagnosed with a co-occurring substance use disorder. Among those youth with at least one mental health diagnosis, approximately 60 percent also met criteria for a substance use disorder.

## Target Audience

While much of what it is presented in the document will have implications for policymakers, clinicians, and line staff, the Model is primarily oriented to state and county juvenile justice and mental health administrators and program directors who are responsible for establishing, modifying, and overseeing services affecting youth with mental health needs in contact with the juvenile justice system. The Model is not a clinical implementation document; rather, it serves as a “change agent” to spur new thinking and the subsequent development of improved strategies to better identify mental health needs among youth in the juvenile justice system, as well as to improve the delivery of services to these youth.

## Partners

The Comprehensive Model was developed in conjunction with a Model Development Workgroup, which comprised national mental health and juvenile justice experts and researchers, who provided guidance and direction to the National Center for Mental Health and Juvenile Justice as we embarked on this project. This Workgroup met regularly over the four years of the project to provide

feedback, suggestions, and recommendations for how best to approach, implement, and refine every aspect of this project. In addition, the final draft of the Comprehensive Model was circulated to a group of national Expert Reviewers, including mental health and juvenile justice administrators, policymakers, practitioners, advocates, and youth who provided final comments on the draft.

## Summary

This challenging project has culminated in the first ever systematic review of the juvenile justice system in its entirety—from intake to re-entry—to identify ways in which mental health service delivery strategies can be strengthened. The premise, however, 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 contact, enhanced diversion opportunities for youth with mental health needs to be treated in the community, and increased access to effective mental health treatment. This Model provides a detailed blueprint for how to achieve these goals. What it cannot do, however, is actually effect the change. This can only be accomplished by the leaders in the juvenile justice and mental health fields who have been struggling to develop solutions to meet the needs of these youth. This document provides them the tool to move forward. The energy, hard work and political will to actually make this happen must come from them.