Over a million youth enter the juvenile justice system each year because of delinquent behaviors. Recent research studies indicate that a significant number of them have moderate to severe mental and emotional disorders, problems with substance abuse and histories of victimization that put them at risk of developing serious physical and emotional problems. In addition to holding juvenile offenders accountable for their offending behaviors, the juvenile justice system is increasingly faced with the prospect of identifying and treating delinquent youth who have complex problems that are often beyond the scope of traditional probation, detention, and juvenile correctional services.

Although the prevalence of youth with mental and emotional disorders in the juvenile justice system varies from study to study, there is wide agreement that these problems are greater – by as much as 60% – among delinquent youth than among youth in the general population (Rotenberg, 1997). In addition to having a mental health disorder, approximately 50% to 75% of delinquent youth also have serious substance abuse issues (Cocozza, 1997; The National Mental Health Association, 1999). Roughly 60% of youth in detention facilities have a mental health disorder, and 20% of these disorders are considered to be in the severe range (Faenza, et al. 1998). According to the Coalition for Juvenile Justice (CJJ), in its 1998 Annual Report to the President, Congress and OJJDP, the juvenile court needs to develop a stronger base of support for delinquent youth with mental health and substance abuse problems that includes appropriate tools for screening, assessment and diagnosis as well as integrated community-based, mental health treatment programs. To heighten awareness of these issues, the organization’s 2000 annual report will focus exclusively on youth with mental illness in the juvenile justice system. The following statistics account for CJJ’s focus on this issue:

- Significant numbers of incarcerated youth have multiple or re-occurring mental disorders which include: anxiety and mood disorders, psychotic disorders including schizophrenia, behavioral and conduct disorders, major depression, sexual
compulsions, post traumatic stress disorders and substance abuse disorders;

- Approximately 60% of girls in juvenile corrections have mental or emotional disorders connected to physical or sexual abuse.
- Signs that racial bias may affect the decision to provide mental health treatment or jail (Coalition for Juvenile Justice, 1999).

A debate over whether a juvenile with a mental illness accused of a crime is in fact delinquent or mentally ill has impeded the delivery of appropriate programs and services. These “two visions” of the same juvenile have made it difficult for public and private mental health agencies and the juvenile justice system to address the juvenile’s needs and risks and even to share what may be valuable information about the case. Mental health agencies’ commitment to guaranteeing a client’s privacy often circumvents information sharing and may impede the court’s disposition decision-making. According to CJJ’s 1999 Annual Report on the conditions of confinement for youth, the intent to maintain confidentiality may actually work against a juvenile’s right to “protection from violent inmates, abusive staff, unsanitary living conditions, excessive isolation and unreasonable restraints,” and to receiving adequate medical care, mental health treatment, legal counsel, and education.

Moreover, squabbling over who should pay for services, and who will provide treatment and when, have increased the divide between these agencies and has led to shifting the costs for a youth’s treatment and the youth from one agency to the next. As a result, services for delinquent youth with mental health, emotional and substance abuse disorders are often fragmented, inappropriate, and insufficient or overlapping with existing services.

Lastly, the introduction of managed behavioral health care is likely to drastically affect the options for treating mentally ill youth in the juvenile justice system. The managed care system emphasizes “cost containment” and “cost-avoidance,” concepts geared toward controlling medical costs. There is some concern that youth with severe mental health disorders or youth that require long-term or residential treatment may not be covered by managed care plans.

Community-based care and multi-system collaboration on behalf of youth with mental illness are among the most effective mediums for treatment. Community-based mental health treatment programs can address the needs of youth in their personal environment by focusing on each important aspect of their life including family, school, community and peers. The availability of community-based mental health in-patient and out-patient services could make a difference between a youth being treated at home and her or his entrance into the juvenile justice system. Unfortunately, there is a shortage of these resources in communities and where they do exist, many are not “intensive or focused enough to help some children (Faenza, 1998).” In fact, a national survey of juvenile probation administrators indicated that community-based or out-patient mental health programs were the programs most in need of expansion in urban, suburban and rural jurisdictions (Torbet, 1999).

The importance of systems and agencies working together on behalf of youth with co-occurring problems can increase the prospect of healthy outcomes by reducing service fragmentation, duplication of services and overall inefficiency. Programs that pool the resources of different agencies together into one integrated unit are considered to be effective systems for responding to the needs of youth and their families. This comprehensive approach or “system of care,”
essentially wraps around troubled youth and their families and provides them with the “services, supervision and support” needed to address the problem. These integrated systems are built out of interagency collaboration and require a commitment by each agency to serve the best interests of the child. With this continuum of services in communities, the costs associated with residential treatment programs can be reduced or avoided.

In addition to community-based systems of care and interagency partnerships, another critical aspect of the issue involves comprehensive assessment procedures that appropriately screen and diagnose mental illness. These procedures are critical to the development of meaningful, individualized and effective treatment plans. The Juvenile Rehabilitation Administration (JRA) in Washington recently implemented two screening protocols to address the increasing volume of youth entering the juvenile justice system with mental health and emotional problems. The Diagnostic Mental Health Screen (DMHS) protocol, developed with the University of Washington’s Department of Psychiatry and Behavioral Sciences, provides a consistent formula for identifying mental illness and emotional problems and is used to aid placement decisions. The JRA also adopted the Massachusetts Youth Screening Instrument (MAYSI), which flags one or more categories of mental disorders during the first 30 days of commitment. An evaluation of the MAYSI protocol indicated that at least 70% of the delinquency population with mental illness were being identified. Both DMHS and MAYSI screens are important tools for gauging mental illness early in the juvenile justice process as possible (Council of Juvenile Corrections Administrators, 1999).

References


Rotenberg, Susan. 1997. Focal Point. Responding to the Mental Health Needs of Youth in the Juvenile Justice System. Portland,
Mentally Ill Juvenile Offenders

OR: Regional Research Institute for Human Services.


National Technical Assistance Centers, Clearinghouses & Initiatives

The National GAINS (Gather, Assess, Interpret, Network, Stimulate) Center for People with Co-Occurring Disorders in the Justice System

Joseph J. Cocozza, Director
262 Delaware Avenue
Delmar, NY 12054
Phone: 800-311-4246


The National GAINS Center is a clearinghouse for collection and dissemination of information and materials regarding effective services for people with co-occurring disorders who are involved with the justice system. The GAINS Center also provides technical assistance on a state and local level and to criminal justice and service providers responsible for developing programs and services for offenders with co-occurring disorders. The needs of women and juveniles with this disorder are given special attention. The National GAINS Center is supported by a collaborative of federal agencies including the: Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Substance Abuse Treatment (CSAT), the Center for Mental Health Services (CMHS), the National Institute of Corrections (NIC), Office of Justice Programs (OJP), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

National Technical Assistance Center for Children’s Mental Health
Formerly the Child and Adolescent Service System Program (CASSP)

Joan Dodge, Sr. Policy Associate
Georgetown University Child Development Center Center for Child Health and Mental Health Policy 3307 M Street, NW Suite 401 Washington, DC 20007 Phone: 202-687-5000

http://www.dml.georgetown.edu/depts/pediatrics/gucdc

This agency is part of the Georgetown University Child Development Center of the Georgetown University Medical Center. Since 1984, the organization has been a national clearinghouse for information on policy and technical assistance for improving service delivery and outcomes for children and adolescents with, or at-risk of, serious emotional disturbance and their families. The National TA Center also helps states and localities develop “systems of care” that are “child and family centered, culturally competent, coordinated, and community-based.”
National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182
Phone: 888-434-4624

http://www.nmchc.org

This clearinghouse maintains holdings on women and children’s health issues and related topics. It is funded by the Health Resources and Services Administration and the Maternal and Child Bureau, which is a branch of the U.S. Department of Health and Human Services.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
Doug Dodge, Director
Special Emphasis Division
810 Seventh St. NW, 8th Floor
Washington, DC 20531
Phone: 202-307-5914

http://www.ojjdp.org

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), Training and Technical Assistance on Co-occurring Disorders for Juvenile Offenders Initiative is funding research, technical assistance and programs to learn more about youth with mental illness, emotional disorders and substance abuse issues through the following federal agencies.

- The National Institute of Mental Health (NIMH)

With funds from OJJDP, NIMH is conducting two research projects. The first study will focus on the effects of substance abuse, antisocial behavior and the long-term effects of a combination of medication and therapy on children with attention deficit/hyperactivity disorder (ADHD). The second initiative focuses on at-risk youth in Columbia, SC elementary schools. The Early Alliance Project helps students develop competency skills to reduce substance abuse, drugs, violence and delinquency.

- Center for Mental Health Services (CMHS)

OJJDP is collaborating with CMHS on two projects related to treating youth with mental and emotional disorders. OJJDP is helping the agency to enhance its 45 child mental health sites, which serve delinquent youth and is one of several agencies supporting a national assessment of the availability of mental health services in juvenile justice facilities. This effort is described below.

- Substance Abuse Mental Health Services Administration (SAMHSA)

This agency is the recipient of funds from OJJDP to improve treatment and services to Native American youth with emotional and substance abuse disorders. Funding will support training and technical assistance in six to eight program sites.

Separately OJJDP is funding a project with SAMHSA and the Child Welfare League of America to improve services for chemically involved youth and their families and to develop decision-making guidelines for child abuse and neglect concerns and substance abuse.

- National Institute of Corrections (NIC)

OJJDP is releasing funds to NIC on behalf of the National GAINS Center to support training and technical assistance for the improvement of services to juvenile offenders with co-occurring disorders.
CMHS is conducting a nationwide study of juvenile justice facilities to learn more about the mental health services juvenile offenders are receiving. The survey is designed to document the availability of mental health services in all juvenile justice facilities, characteristics of these services, staffing patterns and related expenses. This project is being conducted in cooperation with the National Juvenile Detention Association, National Association of Juvenile Correctional Agencies, American Correctional Association, and the Office of Juvenile Justice and Delinquency Prevention.

Related Documents

- Mental Health Disorders and Substance Abuse Problems Among Juveniles


In this Fact Sheet, the OJJDP Administrator calls attention to the seriousness of mental health and substance abuse problems in the juvenile justice system and presents the agency’s commitment to fully address these problems through research and data collection, quality assessment, program development and training, focusing on at-risk youth, and forming partnerships with key public agencies and private organizations.

Available from the Juvenile Justice Clearinghouse by calling 800-638-8736 or on-line at http://www.ojjdp.ncjrs.org.

- A Celebration Or A Wake? The Juvenile Court After 100 Years. 1998 Annual Report

The Coalition for Juvenile Justice is a conglomerate of state juvenile justice advisory chairs that advise the President, Congress and the Office of Juvenile Justice and Delinquency Prevention’s Administrator around juvenile justice policy issues. In this Annual Report, the Coalition recommends countering the deposit of youth who are mentally ill and mentally retarded into the juvenile justice system by creating community-based services and proper screening for mental health conditions. It also advises that services in communities and institutions are needed to address delinquent youth with substance abuse problems.

For a copy of this document and information about the Coalition’s 1999 and 2000 Annual Reports contact:

Nancy Gannon, Deputy Executive Director Coalition for Juvenile Justice 1211 Connecticut Avenue, NW. Suite 414 Washington, DC 20036 Phone: 202-467-0864, ext. 6 Email: Nancycjj@aol.com

• Improving Policy and Practice for Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System


The concerns raised about mental health and substance abuse disorders in the juvenile justice system have not addressed gender differences. In this monograph, the author contends that girls have significant mental health and substance abuse needs and are prone to certain types of disorders including higher rates of depression, suicide attempts and self-mutilation. To that end, this report recommends both policy and practice measures to help the juvenile justice system become more responsive to the mental health and substance abuse needs of female delinquents.

• Responding to the Mental Health Treatment Needs of Juveniles


This article suggests that proper community mental health assessment and treatment can prevent or reduce a youth’s involvement with the juvenile justice system. However, the lack of these services in communities has led to an infusion of mentally ill juvenile offenders into a justice system that is unprepared to provide the high level of services that are needed. An inability to serve this population appropriately has led to many abuses in juvenile detention and institutional facilities. The authors suggest that managed care has a role in the juvenile justice system serving as a “dumping” ground for these youth with its practice of cutting treatment options particularly for residential mental health care. The article does offer some hope with the suggestion that community-based care and multi-system collaboration work for juvenile offenders with mental illness.

For a copy of this article contact the Civic Research Institute at 609-683-4450.

• Mental Health


In this chapter of the book, the author contends
that early intervention can prevent youth with mental health problems (such as anti-social behavior) from becoming serious criminals. She discusses various behaviors including substance abuse, emotional disorders, attention deficit disorder, self-mutilation and the impact of maternal depression and missing father figures as conditions affecting the overall well-being of these youth.

*For a copy of this article or the full report contact the National Maternal and Child Health Clearinghouse at 888-434-4624.*

- **A System of Care for Children & Youth with Severe Emotional Disturbances (Revised edition)**


This manual presents a model “system of care” for treating youth with serious mental and emotional disabilities and their families that is a philosophy for how services should be delivered to this group rather than an integrated network of individual service components. Specific sections discuss values and principles of the system of care, its framework and components, development, management, and coordination of the system of care and system assessment.

*For a copy of this document contact the National Technical Assistance Center for Children’s Mental Health at 202-687-5000.*

- **Providing Mental Health Services in Juvenile Detention**


This article urges detention facilities to develop a system for handling pre-adjudicatory youth with substance abuse and mental health disorders by documenting the need for services and building relationships with local mental health agencies for support and assistance. Also provided are suggestions to help detention centers identify and handle youth with mental health and substance abuse disorders, for example, holding facilities may introduce admissions screening, crisis management, supportive counseling, case management, psychiatric or psychological evaluations and medication management as additional components of the detention process.


This document presents a checklist for evaluating the adequacy of physical and mental health service provision in juvenile justice facilities. Youth with mental and emotional problems are at a great disadvantage when they are incarcerated. Often in overcrowded juvenile facilities, these youth are likely to experience “poorer care, higher rates of injuries and suicidal behavior.” The report also addresses juvenile rights, educational services, emergency care and use of force and includes a list of helpful contacts.

*For a copy of this document call the National Mental Health Association at 800-969-6642.*

- **Checking Up on Juvenile Justice Facilities: A Handbook for Child Mental Health Advocates**
• Identifying the Needs of Juveniles With Co-Occurring Disorders


This article draws attention to the needs of juvenile offenders with co-occurring disorders of mental health and substance abuse problems, and the recent national focus on this condition. The author states that from 50 to 75 percent of the juvenile justice population has co-occurring disorders. Efforts of the National GAINS Center, a clearinghouse for information about effective mental health and substance services for people with co-occurring disorders in the criminal and juvenile justice systems, are mentioned.

• Responding to the Mental Health Needs of Youth in the Juvenile Justice System

The National Coalition for the Mentally Ill in the Criminal Justice System attempted to direct national policy to improve delivery of mental health services to youth in the juvenile justice system. This monograph, although eight years old, thoroughly examines relevant issues surrounding mentally ill juvenile offenders including, prevalence, types of disorders, system interaction, legal issues, treatment, assessment procedures, and existing policy. The Coalition’s objectives are to build effective mechanisms to screen, divert and treat mentally ill and dual-diagnosed (substance abuse and mentally ill) offenders as well as increase the availability of broad, community-based programs and services.

• Prevalence of Mental Disorders Among Youth in the Juvenile Justice System


This article, also featured in Focal Point, acknowledges that one of the difficulties with interpreting the range of mental health and substance abuse problems among youth in the juvenile justice system is that “few well-controlled epidemiological studies had been conducted to inform our knowledge.” Although it is difficult to generalize much of the data, the author has gleaned from some of the better studies rates of specific disorders among juvenile delinquents such as: conduct disorder, substance abuse, attention-deficit/hyperactivity disorder, affective disorders, anxiety disorders, psychotic disorders, personality disorders, mental retardation and learning disabilities, and rates for clinical conditions such as child abuse, suicidal tendency and history of mental health treatment.

• Shifting Boundaries, Reducing Costs: Managed Behavioral Health Care and the Criminal Justice System


The National Coalition for Mentally Ill in the Criminal Justice System has disbanded. Copies of the document are available from The National GAINS Center at 800-311-4246.
Managed Care and Treatment of Juvenile Offenders with Mental Illness

This monograph suggests that the managed behavioral health care system may well compromise the quality of services to individuals with co-occurring disorders (i.e., mental health and substance abuse issues) because of its emphasis on cost containment and “cost-avoidance.” As a result, treatment for “severe disorders and expensive needs” may not be received thereby increasing the possibility of homelessness and incarceration. The author predicts that systems will balk at taking responsibility for covering the costs associated with managing complex cases and will provide less intensive services and “shift costs of their processing” to other providers—leaving the mentally ill and substance abuser vulnerable to intersystem dumping. The article concludes with a perspective on the impact of managed behavioral health care on policing, jails, prisons and probation.

- The Impact of Managed Care on Mental Health Services for Children and Adolescents and their Families


This monograph examines the impact of managed behavioral health care on the provision of mental health and substance abuse services to youth and families. Until recently, most of these services have been provided through public Medicaid funds. There is wide concern among mental health advocates that the move to privatized health care will dissolve the “system of care” philosophy that took many years to develop. The document summarizes a recently completed study, that documented the impact of managed care on mental health and substance abuse treatment services to youth and families and proposes several recommendations for ensuring quality care and smoothing the transition to a managed care environment. Recommendations include retaining the “system of care philosophy,” involving stakeholders, ensuring access and service delivery, improving evaluation techniques, and providing strong leadership and advocacy.

- Managed Behavioral Health Care and the Criminal Justice System

Cooper, Scott A. 1998. Washington, DC: National Criminal Justice Association. 8 pages. This article indicates that the volume of adult offenders with substance abuse and mental health needs is placing a huge financial burden on the criminal justice system leading it to approach managed behavioral health care as a means for reducing and controlling correctional costs. Key concerns around the managed care issue are discussed including cost containment, quality of services and assessment, and accountability of private providers to the state. Texas and Iowa’s implementation of a behavioral managed care system is described.
Assessment Procedures for Juvenile Offenders with Mental Illness

- Comprehensive Health and Psychological Assessment


In this chapter of the book, the authors discuss comprehensive health and psychological assessment in a secure facility for incarcerated juveniles. Maintaining confidentiality and securing records relating to a youth’s developmental, medical history and family history are important components of the assessment. Equally valuable is information about a juvenile’s psychological background and physical well-being which can be ascertained through a comprehensive psychiatric evaluation and tests of cognitive functioning, language competence, academic achievement, and impulsive behavior.

For a copy of this article or the full report contact the National Maternal and Child Health Clearinghouse at 888-434-4624.

- Child and Adolescent Forensic Evaluation Services (MD)

The Maryland Department of Health and Human Services in Montgomery County created the Child and Adolescent Forensic Evaluation Services (CAFES) project to identify the needs of abused and neglected youth and juvenile offenders. CAFES is comprised of a team of multi-disciplinary clinicians who screen and assess youth and families referred by court order. Following assessment, the team develops attainable treatment goals, provides follow-up and evaluation until the semblance of a normal family exists.

For more information about CAFES contact:

Joseph Poirier, Clinical Director
Department of Health and Human Services
401 Fleet Street, Suite 202
Rockville, MD 20850
Phone: 301-217-2900
Or, visit the website at: http://www.naco.org/counties/models/program.cfm

- Diagnostic Mental Health Screen and Massachusetts Youth Screening Instrument (WA)

Washington’s Juvenile Rehabilitation Administration (JRA) has implemented two screening tools to identify mental health and emotional problems early in the juvenile justice process and to enhance its continuum of care for these youth. The Diagnostic Mental Health Screen was created by the JRA with the University of Washington Psychiatric Department and identifies problems among youth at-risk of placement. The Massachusetts Youth Screening Instrument was adopted by JRA and flags mental health problems in one or more domains.

For more information on these instruments contact:

Sid Sidorowicz
Assistant Secretary
Juvenile Rehabilitation Administration
P.O. Box 45045
Olympia, WA 98504-5045
Phone: 360-902-7805
Mentally Ill Juvenile Offenders

- Manual for Developing a Substance Abuse Screening Protocol for the Juvenile Court and Implementing the Client Substance Index – Short Form (CSI-SF)


The National Center for Juvenile Justice, in conjunction with the State Justice Institute, developed and tested an early identification and assessment screening tool to detect substance abuse among delinquent youth. The screening protocol, which was designed for use by juvenile courts, includes a manual for conducting the Client Substance Index (CSI-SF) and a copy of the form.

For a copy of this document contact the National Center for Juvenile Justice at 412-227-6950. The cost is $15.

- Community Assessment Centers


This Fact Sheet briefly describes OJJDP’s 2-year initiative for enhancing and evaluating Community Assessment Centers (CACs), community-based agencies which identify and help juveniles at-risk of becoming serious, violent and chronic offenders. Key components of CACs are single point of entry, immediate and comprehensive assessment, integrated case management, and integrated information systems. These components are compatible with OJJDP’s Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders.

Available from the Juvenile Justice Clearinghouse by calling 800-638-8736 or going on-line to their web site at http://www.ojjdp.ncjrs.org

- Treating Serious Anti-Social Behavior in Youth: The MST Approach


This Juvenile Justice Bulletin features Multisystemic Therapy (MST), a violence prevention model program that has been proven effective and cost efficient for treating youth with mental and emotional disorders. MST focuses on improving the psycho-social functioning of youth in their immediate environment in order to avert out-of-home placement and differs from traditional mental health/juvenile justice programs in terms of length of service, staff, hours of service and location of treatment. Program success is demonstrated by reduced recidivism rates, improved family/peer relations, decreased behavioral problems, and decreased rates of out-of-home placement. There is also evidence that MST is an effective treatment for sexual and criminal offenders. A discussion of MST programs in South Carolina, Missouri, and Tennessee is included.

For a copy of this article contact the Juvenile Justice Clearinghouse at 1-800-638-8736, or visit their web page at http://www.ojjdp.ncjrs.org.
Mentally Ill Juvenile Offenders

For more detail about the MST approach contact the:

The Center for the Study and Prevention of Violence
University of Colorado, Boulder
Institute of Behavioral Science
Campus Box 442
Boulder, CO 80309-0442
Phone: 303-492-8465
Email: cspv@colorado.edu
http://www.colorado.edu/cspv

- Mental Health/Juvenile Justice Diversion Program (NY)

An increase in delinquency placements in private institutions and state-administered Division for Youth facilities as well as a widespread problem of mental illness and substance abuse among this population led a collaborative of county, state and local agencies to develop the Mental Health/Juvenile Justice Diversion Program. The program serves two client populations, first-time juvenile offenders who are considered at high risk and youth at risk of out of home placement. First-time offenders are assessed and referred to appropriate community-based services. Youth at-risk of placement receive services from a local contracted agency, which provides a client and family needs assessment and a continuum of services that are designed to retain a youth in the community.

For more information contact:

Vincent Iaria, Director
Probation Department, Suffolk County
P.O. Box 188
Yaphank, NY 11980

Phone: 516-852-5100
Or, visit the website at: http://www.naco.org.counties/program.cfm

This summary is a product of the National Center for Juvenile Justice, the research division of the National Council of Juvenile and Family Court Judges. Summaries provide information on topics relevant to the Juvenile Accountability Incentive Block Grants (JAIBG) Program administered by the Office of Juvenile Justice and Delinquency Prevention. For more information about this and other summaries contact us at:

National Center for Juvenile Justice
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Pittsburgh, PA 15219-3000
(412) 227-6950
or www.ncjj.org

For information about the JAIBG program, contact:
Development Services Group, Inc. at 1-877-GO-JAIBG (465-2424) or www.dsgonline.com

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