

County Concerns:

BEHAVIORAL HEALTH AND JUVENILE JUSTICE

As many as 70 percent of youth in contact with the juvenile justice system have a diagnosable mental health disorder and more than 60 percent of those youth with a mental health disorder also have a substance use disorder. Nearly one in five youth in detention have disorders that are serious enough to require immediate and serious treatment—more than three times the rate in the general youth population.

WHY SHOULD MY COUNTY BE CONCERNED ABOUT ABOUT BEHAVIORAL HEALTH IN JUVENILE JUSTICE?

Many youth with behavioral health needs end up in the juvenile justice system for non-violent or relatively minor offenses, often as a well-intentioned yet misguided attempt to provide that youth with treatment. However, many of the issues faced by these youth are only exacerbated by secure detention. For example, many techniques used in correctional settings, like restraints or prolonged isolation, lead to increased acting out and self-harm.

Research has shown that most youth with behavioral health needs can be safely, effectively and more cost-efficiently treated

Youth with behavioral health needs are those children who have a mental health issue, substance use disorder or both.

in community settings. Youth detention alone costs counties between \$75,000-\$100,000 per year per youth. However, detaining a young person with mental illness can amplify that cost by at least \$18,800. And the costs do not stop there. As these young people languish in the adjudication process and in detention they become increasingly likely to end up in the adult criminal system and rely on public health and services systems

when they leave jail or prison. The costs only continue to spiral over time.

Alternatively, evidence-based services provided in the community have been proven to reduce recidivism by more than 20 percent and provide upwards of \$10 worth of benefit for every \$1 spent.

Not only do counties have a responsibility to consider these alternatives as stewards of public tax dollars, but they are natural and necessary leaders to help divert youth with behavioral health issues out of the juvenile justice system and connect them with community-based services that can help them while maintaining or enhancing public safety.

Legally, there are concerns about the appropriateness of having youth disclose information in a pre-adjudication setting that could be used against them in court—for example, admissions about drug use or tendencies toward anger. One solution to this problem is to develop a policy that restricts the use of pre-trial mental health screening information. Agencies can also select tools that minimize potential prejudice as much as possible while still meeting primary objectives.⁵

WHAT CAN MY COUNTY DO?

County agencies see youth at many critical intervention points, whether it be contact with law enforcement, at intake, during judicial processing, in detention or during probation. It is imperative that **youth with behavioral health needs be**

identified and diverted at the earliest stage possible to effective, community-based services whenever safe and appropriate. To achieve positive outcomes for these youth, county juvenile justice, behavioral health and other related systems **must improve collaboration, increase access to evidence-based screening and treatment models and improve continuity of care.**

County agencies can **work together to determine what types of data can be collected, and then monitor data throughout the process.** For example, tracking prevalence rates of youth with behavioral health issues in the justice system supports why improvements and/or new programs are necessary. Measuring short- and longer-term outcomes, like how many youth successfully complete a program or stay out of the justice system, ensures that programs are working and should receive continued support. These types of data build support for and community confidence in the efficacy of treating youth with behavioral health needs in a community setting.

Counties can **ensure that employees at all levels are properly educated and trained about the special needs of youth with behavioral health issues.** For example, law enforcement officials should be trained to identify the signs and symptoms of behavioral health needs, and all mental health screens and assessments should be administered by properly trained staff.

EXAMPLES OF SUCCESSFUL COLLABORATION

- **The Bernalillo County, N.M.,** Juvenile Detention Center developed an intake process that identifies youth with behavioral health needs and diverts them to a community mental health clinic that is located 200 yards from the detention facility. Referrals to the mental health clinic can also be made by care providers, parents or other concerned individuals, which helps reduce any incentive to refer a juvenile to the detention center just to access services.

- **In Summit County, Ohio,** the Crossroads Probation program targets youth in the court system who have behavioral health disorders. Approximately 70 youth each year participate in this program. A case plan is developed for each child, who, along with his or her family, receives treatment for at least a year, including substance abuse treatment, mental health counseling, drug screening and educational, vocational and employment services. If the juvenile successfully completes the Crossroads Program, his or her offense is dismissed and expunged.

RESOURCES AND MORE INFORMATION

- **Mental Health and Juvenile Justice Collaborative for Change:** <http://cfc.ncmhjj.com/>

The Collaborative for Change is a new, multi-dimensional Resource Center that shares information on mental health reforms developed by jurisdictions involved with Models for Change and provides guidance for effectively implementing those reforms in new communities throughout the country.

- **National Youth Screening & Assessment Project:** <http://nysap.us/>

The National Youth Screening & Assessment Project (NYSAP) is a technical assistance and research center, dedicated to helping juvenile justice programs identify youths' needs for behavioral health intervention and risk management. NYSAP has been working with juvenile justice programs nationwide since 2000 and providing technical assistance for use of NYSAP's mental health screening tool.

- **Models for Change Website:** <http://www.modelsforchange.net/reform-areas/mental-health/index.html>

Funded by the John D. and Catherine T. MacArthur Foundation, *Models for Change* supports coordinated, multi-system interventions to improve outcomes for youth in the juvenile justice and child welfare systems. This site provides effective tools, research, knowledge and innovations to promote reform.

END NOTES

1. Mental Health and Juvenile Justice Collaborative for Change. Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System. Available at <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>.
2. National Alliance on Mental Illness. Juvenile Detention Centers: Are They Warehousing Children with Mental Illnesses? Available at http://www.nami.org/Template.cfm?Section=juvenile_justice_and_child_welfare&template=/ContentManagement/ContentDisplay.cfm&ContentID=38468.
3. Justice Policy Institute. The Costs of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense. Available at http://www.justicepolicy.org/images/upload/09_05_rep_costssofconfinement_jj_ps.pdf.
4. Justice Policy Institute. The Costs of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense. Available at http://www.justicepolicy.org/images/upload/09_05_rep_costssofconfinement_jj_ps.pdf.
5. Mental Health and Juvenile Justice Collaborative for Change. Better Solutions for Youth with Mental Health Needs in the Juvenile Justice System. Available at <http://cfc.ncmhjj.com/wp-content/uploads/2014/01/Whitepaper-Mental-Health-FINAL.pdf>.

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