

MENTAL HEALTH ISSUES WITHIN THE JUVENILE JUSTICE SYSTEM

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Currently how are mental health needs identified and addressed?

- Youth enter juvenile justice system through a ticket issued by law enforcement or referral from another source (e.g., school, parent).
- Youth and parent meet with juvenile probation officer (i.e., intake process) during which mental health issues may be identified
- Juvenile probation officer may request mental health evaluation to determine appropriate services for youth
- Most youth in need of treatment are referred to community-based services through a consent adjustment agreed to by Youth Court, youth, and parents
 - Community-based services: individual and family counseling, school-based programs, criminal thinking groups, chemical dependency intervention, etc.
- If community-based services are inappropriate because of seriousness of youth's offense or cannot meet youth's needs, youth may be placed outside the home through consent adjustment or formal court order
 - Out-of-home placements: foster homes, group homes, residential treatment centers, etc.
- Before placing youth, an evaluation is usually completed to determine most appropriate placement and whether youth is Medicaid eligible
- Evaluation also may be requested by county attorney or public defender
- Community-based services and out-of-home placements are typically paid for through Medicaid, private insurance, or state juvenile placement funds

What are the most pressing unmet mental health needs within the juvenile justice system? How can these needs be met?

- Lack of early intervention services -- Inability of parents and schools to access resources before youth's involvement in juvenile justice system
 - Lack of early intervention services often results in more youth entering juvenile justice system and deeper involvement after entering
 - Public fear of juvenile offenses and zero tolerance school policies may push youth into juvenile justice system
 - Youth may end up in detention centers and correctional facilities and not receive necessary mental health treatment services
 - Involvement in the high end of the juvenile justice system may eventually result in entry into the adult criminal justice system
- One option for keeping youth out of the juvenile justice system would be to create assessment centers to assess all the youth's needs (e.g., physical, educational and mental health needs)
- Lack of in-state secure care mental health options – Balancing mental health treatment needs of serious offenders with need for public safety
 - Some youth with mental health treatment needs have committed serious offenses and present a significant risk to the public
 - Because of lack of security, most in-state residential treatment facilities refuse youth who present a risk to staff or other patients or who may run from the facilities
 - Secure in-state facilities do not provide adequate mental health treatment services
 - Because Montana has no secure residential mental health treatment facility, youth must be placed in out-of-state facilities, which separate families by long distances and can be very expensive
 - Most residential treatment facilities are funded through Medicaid, but Medicaid will not pay for placements in secure facilities
- One option for addressing this problem would be to contract with an existing facility to provide both treatment and security for youth in need of both.
 - Internal structure changes to minimize opportunity
 - Be Medicaid eligible
 - Accept tough kids

ADDENDUM

Montana Youth Court Data January 1 through November 28, 2007

Total number of unduplicated youth entering the system: 6,583

Total number of therapeutic placements: 209 (a single youth may be placed multiple times)

Therapeutic Placements:

Therapeutic Group Home	80
Therapeutic Foster Home	3
In-State Residential	61
Out-of-State Residential	6
Residential Chemical Dependency Treatment	59
Mental Health Evaluations	99
Drug and Alcohol Evaluations	132

National Data on Mental Health Needs in Juvenile Justice System

The Center for Mental Health Services produced an excellent review of the literature regarding the mental health care needs of juvenile justice youth nationwide (Goldstrom, et al., 2000). The Center reported that up to 75% of juvenile justice-involved youth have some mental, emotional, or behavioral health problem and that at least 20% of these are serious mental disorders. Some of their findings for juvenile justice youth include:

- a greater prevalence of mental disorders than in the general population and in community settings
- 50-90% have conduct disorder, the most common mental health problem
- up to 46% have attention deficit disorder
- 6-41% have anxiety disorders
- 32-78% have affective disorders
- 1-6% have psychotic disorders
- 25-50% have substance abuse disorders
- at least 50% have dual diagnoses, such as conduct disorder with ADHD, post-traumatic stress disorder (PTSD), or affective disorder
- 25-32% have been abused
- 6-28% have attempted suicide
- 12-26% have had psychiatric hospitalization
- 38-66% have had outpatient treatment for mental health problems