

The Unmet Needs of Youth with Mental Health and Co-occurring Disorders in the Juvenile Justice System

Summary and Recommendations Prepared by the Work Study Committee, Nevada Juvenile Justice Commission, January 12, 2004

Juvenile mental health problems¹ and co-occurring disorders² have become focal points of our juvenile justice delivery system. Children suffering from mental health challenges are substantially over represented in our detention facilities and are challenging our case management responsibilities. Nevada is unprepared to effectively identify and serve this growing segment of our juvenile justice community.

In 1994, the United States Department of Justice concluded that 73% of youth in the juvenile justice system reported mental health problems. Research indicates that the median age for mental health disorder onset is 11 and the median age of onset for substance abuse disorder is 17.³ Further, research on the prevalence of incarcerated children suffering from mental health problems is anywhere from 50% to 75%⁴ At least half are believed to have co-occurring substance abuse disorders.⁵ Nationally, mental health screening and treatment at juvenile justice facilities are found to not adequately address children's mental health needs.

***"The Juvenile Justice System has largely become a warehouse for children suffering from mental illness."*⁶**

¹ "Juvenile Mental Health" is a generic term. Youth may have a "mental health disorder" with a diagnosable condition that meets criteria in *Diagnostic and Statistical Manual of Mental Disorders, DSM-IV* (American Psychiatric Association) such as psychotic, learning, conduct and substance abuse disorders. As many as 80% of youth in the juvenile justice system may qualify for a mental health disorder diagnosis. Or, they may suffer from a mental illness identified as a "serious emotional disturbance", also in the DSM-IV but indicative of more serious mental health problems that substantially interfere with a youth's functional capacity such as schizophrenia, major depression or bipolar disorder. It is estimated that 1 in 5 or at least 20% of youth in the juvenile justice system suffer from a diagnosable "serious emotional disturbance" disorder. *Youth with Mental Health Disorders: Issues and Emerging Responses*; Juvenile Justice Journal, Volume VII, Number 1. http://www.ncjrs.org/html/ojjdp/jjjnl_2000_4/youth_2.html. Last search: 1/2/2004.

² It is estimated that upwards of half of youth receiving mental health services also have a substance abuse diagnosis. *Youth with Mental Health Disorders: Issues and Emerging Responses*; Juvenile Justice Journal, Volume VII, Number 1. http://www.ncjrs.org/html/ojjdp/jjjnl_2000_4/youth_2.html. Last search: 1/2/2004

³ *Blamed and Ashamed: The Treatment Experiences of Youth with Co-occurring Substance Abuse and Mental Health Disorders and Their Families*; Federation of Families for Children's Mental Health and Keys for Networking, Inc., Alexandria Virginia, 2001. Pages 47-48.

⁴ *Handle With Care, Serving the Needs of Young Offenders*, CJI 2000 Annual Report. An Overview.

⁵ Id.

⁶ *Handle With Care, Serving the Needs of Young Offenders*, CJI 2000 Annual Report. An Overview.

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The Coalition for Juvenile Justice reported the following key facts in its 2000 Annual Report⁷:

- Everyday, only 1/3 of youth who need mental health interventions receive them.
- 36% of respondents to a national survey said their children were in the juvenile justice system to access mental health services.
- Highly successful mental health treatment programs for court-involved youth have been shown to reduce reoffense rates by as much as 80%.
- 75% of our country's youth are in facilities that fail to conform to basic suicide prevention guidelines.
- 2/3 of all dollars spent on juvenile justice go to housing that provides little more than warehousing.
- 75% of youth treated in costly residential treatment centers were readmitted or reincarcerated within 7 years.
- Incarcerated African American youth are less likely than their white counterparts to have previously received mental health services.
- Youth of color, particularly males are misdiagnosed or not diagnosed.
- Girls are 3 times as likely to have experienced sexual abuse and suffer from related mental health problems. There is a dearth of gender sensitive research and treatment resources for girls in the juvenile justice system.

Nevada's Challenges

Nevada's experience with youthful offenders closely tracks the outcomes of national research. Children with mental health and co-occurring substance abuse disorders are straining resources while their treatment needs remain substantially unmet. Statewide research is minimal. Clark County found in April 2002 an average of 2800 youth were involved in juvenile justice programming. Of those, 1950 had behavioral health needs: 416 were receiving some services, 79% were not. However, statewide anecdotal needs and service gaps most commonly identified in Nevada include the following:

- Detention facilities statewide report a high frequency of mental health problems for incarcerated youth, consistent with the 50% to 75% cited in national research.
- Youth are not screened with any level of consistency for mental health or co-occurring substance abuse disorders in the juvenile justice system.
- Nevada's mental health delivery systems are inadequately staffed and funded to respond to the actual needs of youth with mental health problems in the juvenile justice system.
- Delivery systems, including state, local, public and private mental health and substance abuse providers are fragmented at their points of access and in coordination of treatment;
- Many Families seek assistance from the juvenile justice system as a last resort for obtaining treatment services for their children.
- Public and private resources to support assessment and treatment services are inadequate.
- There are more children in the juvenile justice system that need mental health treatment than there are those who receive it.

⁷ Id.

- Community based providers are limited;
- Special Education needs and requirements for youth in the juvenile justice system are substantially unmet.
- School District Partnerships with the juvenile justice system are entirely insufficient.

*Whenever possible, youth with serious mental health disorders should be diverted from the juvenile justice system.*⁸

Recommendations⁹

Promptly responding to the emerging mental health crisis in Nevada's juvenile justice system is a necessity. According to the Coalition for Juvenile Justice, whenever possible, youth with serious mental health disorders should be diverted from the juvenile justice system. Funds going to house youth in expensive detention, residential treatment or commitments facilities for behavior associated with undiagnosed or untreated mental health or co-occurring substance abuse disorders is impractical and ineffective. The following emerging strategies generated statewide and nationally provide guidance in identifying solutions for Nevada:

1. **Mental Health Screening and Assessment:** Because of the substantial presence of children with undiagnosed and untreated mental health disorders in the juvenile justice system, state law should require that a mental health and substance abuse screening assessment be done on every child who comes in contact with the juvenile justice system.¹⁰ Full-scale assessments should be conducted on youth diagnosed with mental health and co-occurring disorders. Each child with such diagnoses should have an *Individualized Treatment Plan* developed. The plan should be regularly updated and should follow the child throughout his experiences and placements in the juvenile justice system. Earlier screening will result in earlier community based treatment and diversion from long-term out of home placements. An identified stream of funding must simultaneously be identified.
2. **Require Cross System Collaboration and Cooperation:** No single agency in Nevada is able to respond to the demand for mental health services for youth in the

⁸ Id.

⁹ In September 2003 Governor Kenny Guinn convened The Governor's Summit on Juvenile Justice: Building An Alliance For Nevada's Youth. Juvenile justice representatives statewide attended the Summit. Many of the challenges identified herein were highlighted at the Summit. Resulting recommendations, many of which are consistent with this report, are summarized in the Summit's Final Report dated December 3, 2003 and will not be repeated herein. Similarly, Mental Health Consortiums formed to make recommendations to the Nevada Mental Health Plan Implementation Commission have made in excess of 200 recommendations, which are viewed, as consistent with the recommendations made herein.

juvenile justice system. Juvenile justice agencies, mental health providers, children's services, school districts and welfare administrators should be directed to collaboratively work to deliver and fund mental health services in a coordinated, non-duplicative and unified manner. Funding incentives to encourage unified case management, unified budgetary requests, wrap around community based services, interagency cross training on mental health and substance abuse treatment and identification. Creative collaborative efforts should be encouraged and tied to funding.

3. **Special Education:** All school districts and juvenile facilities should be required to abide by the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act. Children's special education file should travel with them during all residential placements and reentries into the community.
4. **Access to Treatment:** All youth in the juvenile justice system, whether in the community, detained or committed, identified as receiving or requiring mental health treatment, including substance abuse treatment, should have a treatment plan that identifies the manner in which the child will access and pay for treatment. Treatment shall continue until it is documented as no longer being needed. Youth receiving medication shall be under the care of a psychiatrist who is personally acquainted with the child.
5. **Independent Auditor of Residential Placements:** The State should mandate the creation of an independent auditor or oversight committee charged with monitoring the treatment of children placed in residential treatment facilities and correctional institutions. Monitoring should include oversight of mental health services and treatment, access to special education services and advocacy on behalf of institutionalized children with unmet treatment and/or special education needs.