THE UNIVERSITY of TENNESSEE UT CHATTANOOGA

SOCIAL WORK DEPARTMENT
Student Research Brief

Are Juvenile Justice Facilities failing to meet the mental health needs of youth?

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Introduction

As a society, we have failed to meet the mental health needs of many of the youth in out-of-home care. Most of these children have been medically neglected or abused before placement and suffer from a higher than average incidence of serious health problems. Failure to diagnose and treat these youth adequately upon their entry into the out-of-home care system may mean community neglect is allowed to replace parental neglect or abuse(Huber & Grimm, 2004). It has been recognized for some time that juveniles involved with the criminal justice system have high rates of psychiatric disorders. It has also been noted that the criminal justice system has been an important vehicle for accessing services for some youths. However, in general, the system has not been seen as effective in addressing the service needs of youths in detention.In 2000 the Coalition for Juvenile Justice released a report on the mental health needs of young offenders. The report showed that between 50 percent and 75 percent of incarcerated youth had a diagnosable mental health disorder, 20 percent, had a serious emotional disturbance, and 19 percent were at risk for suicide(The Advocate, 2004). Youth in the juvenile justice system are at high risk for mental health problems that may have contributed to their criminal behavior and that are likel to interfere with rehabilitation. Emotional impairement due to an untreated mental disorder may contribute to an adverse reaction to confinemnet, which in turn may result in a poor adjustment during incarceration. Poor adjustment can have a negative impact on behavior, discipline, and on a youth's ability to particiapte in available programs designed to address mental health, emotional, physical, and academic needs. Together, all of these factors may increase the risk of recidivism.

Summary of Primary Findings

More than 15 years after the Child Welfare League of America, cited the failure of child welfare agencies in meeting the health care needs of children in foster care, not a single state has implemented the standards of excellence created. Federal reviewers concluded that most states fail to meet the psychological and behavioral treatment needs of child abuse and neglect victims. While some states are completing screenings or assessments, they are less successful in obtaining the recommended services (Huber & Grimm, 2004). A policy that plays a significant role in this issue is the (CAPTA)Child Abuse Prevention and Treatment Act which was amended by the Keeping Children and Families Safe Act(P.L. 93-247)in 2003, This act requires that abuse and neglect victims must be referred for early assessment, intervention, and treatment services under the Individuals with Disabilities Education Act. In addition, in 2001, the Bazelon Center for Mental Health Law conducted a survey on states' screening for mental health and substance abuse issues through EPSDT, and concluded that "very few states have policies in place that are likely to result in accurate identification of children with behavioral health disorders. In fact, 23 states do not require or even recommend that primary care providers address behavioral health concerns at all in their EPSDT screens (Huber & Grimm, 2004). The barriers for service are widened as many states choose to terminate a juveniles Medicaid case and /or benefits once they are incarcerated. Overall, the research showed gaps of service in the areas of joint planning and resources, screening, education and training within the juvenile facility itself, links with community agencies, and insurance/payment resources(Tennessee's youth in juvenile justice facilities, 2004).

DATA AT A GLANCE

Half (53%) of youth in juvenile justice facilities were experiencing mental health problems. One in five (21%) of the youth in juvenile justice facilities were reported as having a formal mental health diagnosis

Implications for Social Work Practice

Social Workers practicing in the child welfare division need to be aware of all current programs and services being utilized with youth in juvenile facilities. The statistics revealed in the research can assist social workers and case managers in knowing what programs and or services being used are not only relevant to their specific cases but which are proving to be effective. The research must clearly define the gaps in mental health services offered to the youth within the juvenile justice system. In addition, the research can be used to evaluate the course and pace of change within the DCS system, and to verify that important outcomes are being attained for the child and the family.

10 Recommendations for Practice with Systems of All Sizes

1. Ensure that agencies work together and focus on providing care and treatment to the juvenile: Spending time attempting to figure out which agency should have primary responsibility for each child wastes resources and time. Cooperation among agencies is integral to successful treatment for juveniles.
2. Expand sentencing options from basic incarceration to treatment-centered services. Costs associated with providing services such as day treatment are lower and have shown a higher rate of success than incarceration (as noted in Texas' SNDP). In addition, Medicaid funding can be accessed when a juvenile is not placed in a public institution, which helps increase the pool of funds available to provide services to Medicaid-enrolled juveniles (narrative)
3. Ensure use of Early and Periodic Screening, Diagnosis, and Treatment services when appropriate (for Medicaid-eligible children)**.** The use of EPSDT for those cases in which a child does not qualify for continued services relating to a medically diagnosed condition could help overcome the barriers associated with limits in a state Medicaid plan. For example, if a state plan limits the number of Counseling sessions a child can receive, but more are medically necessary, EPSDT services could fill in the gap and allow for more services.
4. Screen young people for Medicaid eligibility at intake. The process should be required and standardized in order to ensure that all juveniles are screened appropriately so that none are able to "slip through the cracks."
5. Provide mental health services, substance abuse services, and dental care during incarceration. States such as New York that have placed mental health clinicians in their public institutions have shown great progress. States such as Alaska that provide substance abuse treatment in conjunction with juvenile justice have reduced recidivism and improved public safety. Though some of these services Cannot be Medicaid-funded, those who receive them have better integration into mental health services than those who do not.
6. While there is a great need for mental health services for youth involved in the juvenile justice system, there is an equally great need that they be re-connected to services when they leave. Discharge planning and the process used to establish care in the community is a critical but often neglected part of the system.
7. Involve parents and families in services being rendered. The involvement of parents/guardians can be beneficial in treatment. Parent services help to improve the support, general health and well being of the child, dealing with problems is much easier.
8. Within the juvenile facilities, education and training for staff and clients needs to be addressed.
9. Tenn Care services need to be easily accessible. Specifically eligibility needs to be suspended not terminated for youth that are incarcerated; links are needed between the juvenile justice system and Tenn Care services.
10. Often within the juvenile justice system, youth face cultural and language barriers. There is a need for translators or interpreters, education, and training for not only the youth but for the staff of the facilities.

Conclusion

Over the long term, providing mental health and other services could reduce recidivism and improve the lives of the children and families involved. Ensuring good quality treatment services for mental and physical health are offered in correctional instructions could have a positive impact on juvenile as they leave the facilities and return to their communities.

References

Huber, J.,& Grimm, B. (2004). Child & Family Services Review: Most states fail to meet the mental health needs of foster children. *Journal of the National Center for Youth Law*, 25 (4), 1-13.

Tennessee's Youth in Juvenile Justice Facilities: Mental Health, Substance Abuse and Developmental Disability Issues. 2004.

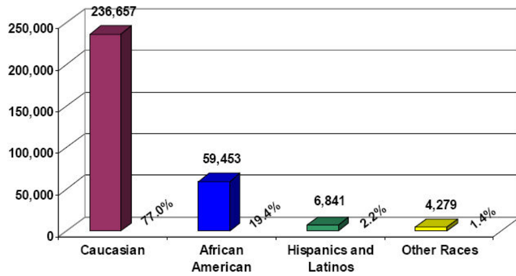
Clark, K., Gehshan, S.(2006). Meeting the health needs of youth involved in the juvenile justice system. *National Academy for State Health Policy.*

About the Author

I am a BSW student at the University of Tennessee at Chattanooga. I am doing my field placement at the Department of Children's Services in the foster care program. For my research project I will be discussing the lack of services provided in juvenile justice facilities for youth diagnosed with some form of mental illness.

Hamilton County Region

Total Population— 307,230*



*The population percentage may total more than 100, since some individuals are multi-racial.

(Data Source: Tennessee Health Department Projections based on 2000 US Census.)

Table 14: Placement Settings for Children In Care In the Hamilton County Region as of June 30, 2006

Placement Level**	Frequency	%
Acute	4	0.8%
Adoptive Home	12	2.4%
Contract Foster Home	81	16.0%
DCS Foster Home (Authorized, Expedited)	142	28.1%
DCS Group Home	4	0.8%
DCS Youth Development Center	44	8.7%
Emergency Services	21	4.2%
Foster Care Medically Fragile	1	0.2%
In-Home	24	4.8%
Level 2	79	15.6%
Level 3	49	9.7%
Level 4	1	0.2%
Runaway	26	5.2%
Transitional/Independent Living	1	0.2%
Trial Home Visit 30/60/90	16	3.2%
Total	**505**	**100.0%**

Population ages 18 & under as of June 30, 2006—79,918

Number of children in care as of June 30, 2006—505

Hamilton County is a single-county region located in central Tennessee and is surrounded by the Southeast Region. It includes the county seat of Chattanooga as well as all other cities and municipalities within the county's geographic boundaries. The region employs 170 staff.

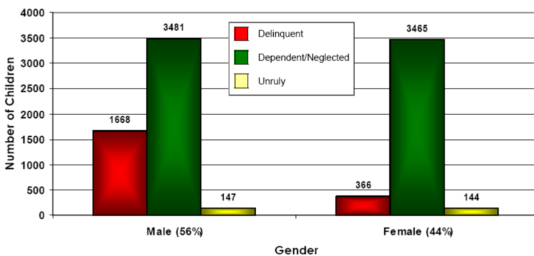
Based on the number of children in custody, Hamilton County ranks ninth among the twelve regions with 505 children.

(Data Source: TN KIDS)

**See glossary for complete definitions of terms used in this table.

TN KIDS is a "live" database with on-going additions and updates being made to data in the system. Due to this continual process, results may vary based on the time a report is generated.

Figure 9: Children in Custody Statewide by Gender and Adjudication on June 30, 2006



Tennessee Department of Children's Services http://www.state.tn.us/youth Annual Report FY 2006