



JUVENILE JUSTICE MENTAL HEALTH GUIDE SERIES PART 1

APPLYING EFFECTIVE STRATEGIES

I. Introduction

This guide is the first in a series designed to assist probation departments, law enforcement agencies and other involved organizations to meet the mental health needs of youth who are involved in the juvenile justice system. This first guide is an overview of (1) **access issues**, (2) **effective mental health treatment strategies**, and (3) an approach for **implementing these interventions** at different points in the juvenile justice system.

Subsequent guides will focus on **risk factors**, **screening tools**, and **applying specific effective strategies** that are most appropriate for youth identified at different points in the juvenile justice system. In this way, probation departments, law enforcement agencies, and other involved organizations will be able to apply strategies that can best meet the specific needs of youth as they enter or move through different points of the juvenile justice system. This tailored application of mental health treatment strategies promotes effective outcomes for youth, often preventing the need for incarceration and other more expensive interventions.

The need for mental health treatment for youth in the juvenile justice system is great. Youth served in the juvenile justice system have significant unmet mental health needs. According to the *Young Hearts & Minds: Making a Commitment to Children's Mental Health* [Little Hoover Commission Report, 10/01, pages 27 & 30.],

"Inadequate mental health care has led to higher juvenile justice costs and more children failing in school. Estimates suggest nearly all children in juvenile detention programs have mental health needs.... research suggests that 80 percent of adolescent substance abusers have multiple mental health needs, with some evidence that mental disorders predate and contribute to their initial drug



use....

Between 40 and 90 percent of the children in the juvenile justice system have one or more mental disorders. Some end up in this system simply because other services are not available. The 2000 average daily census in California's juvenile justice facilities was 11,529. The average length of stay was 27 days, with an average cost of \$130 per day."

Use of proven strategies promotes achievement of outcomes sooner than last longer. These programs are being piloted throughout California with financial support from grants or new funding streams. However, some proven strategies and programs can be initiated with little to no new financial resources. Implementing these strategies using existing resources will be emphasized in this series.

Approaches described in this guide have proven efficacy in preventing violence and treating childhood mental health disorders. Primary sources for this guide are listed below. Information about effective strategies and model programs is based on the *Youth Violence: A Report of the Surgeon General*. The reader is encouraged to use these resources for more detailed information on any specific strategy.

- *Youth Violence: A Report of The Surgeon General*
(www.osophs.dhhs.gov/sgoffice.htm)
- *Mental Health: A Report of the Surgeon General*
(www.osophs.dhhs.gov/sgoffice.htm)
- *Blueprints for Violence Prevention*
(www.colorado.edu/cspv/blueprints/Default.htm).

II. Identifying Youth with Unmet Mental Health Needs

Identification of youth with unmet mental health needs can occur in the juvenile justice system. Strategies for identifying and intervening with youth at three different points in the juvenile justice system will be described.

A. *Referral from law enforcement*

As part of a probation investigation intake, inquiries concerning the mental health needs of the youth can be routinely included. A simple approach would involve asking if the youth receiving is or has in the past, received mental health treatment. Alternatively, a brief self- or parent-report screening tool could be administered. These approaches can be used equally well for youth who are referred as a consequence of a status offense, misdemeanor or felony.

B. *Placement review*

A thorough, often interagency, review of a youth's needs and response to previous interventions typically occurs prior to making a decision



about an out-of-home placement. Behaviors resulting from unmet mental health needs are often significant factors in a placement decision. Ideally, a mental health assessment is completed as part of the placement review process for every youth who is being considered for a group home or camp placement.

The assessment may clarify unmet mental health needs that can be successfully treated in the community preventing the need for placement. Alternatively, if the youth is placed, the assessment can be helpful in selecting the best placement setting and corresponding services. Providing needed mental health care can result in shorter placements and a more successful return to the youth's home and community.

C. Detention

Detention in a juvenile justice facility is a significant consequence for a youth. Assessment of a youth's mental health needs, provision of crisis services, and initiation of mental health treatment can occur in these facilities. Again, a simple approach during the admittance process would involve asking if the youth is receiving, or has in the past received, mental health treatment during the admittance process. In addition, it can be helpful to inquire about special education services and any prior involvement in the child welfare system. Alternatively, a brief self- or parent-report screening tool could be administered.

Detention can result in or exacerbate anxiety, depression and acting out behavior. Moreover, suicidal thoughts, gestures and attempts can result. Juvenile institution staff from probation and mental health need to be prepared to identify the early signs of suicide ideation, initiate safety precautions to protect the youth, and provide appropriate mental health care.

Finally, there is often an opportunity for probation and/or mental health staff to initiate therapeutic interventions in the context of their routine interactions with detained youth.

III. Access to Mental Health Treatment

Youth in the juvenile justice system exhibit a wide range of mental health disorders. As a consequence, access to a full continuum of mental health services is important. Factors that influence access to mental health care include health insurance, special education eligibility, severity of the mental health disorder, and the availability of other funding for mental health treatment.

County mental health departments are responsible for providing mental health treatment to youth under four distinct programs:



- A. *Bronzan-McCorquodale Act*
- B. *Medi-Cal Mental Health Plan*
- C. *Healthy Families Insurance Program*
- D. *Special Education Pupil's Program*
- E. *Probation Funding*

A. The *Bronzan-McCorquodale Act* was established in 1990. It defines California's county mental health system, requiring the counties to provide mental health services to individuals who meet the "target population." This Act requires that individuals with the greatest severity be served first. Individuals who meet the "target population" are able to access services from the county to the extent that the mental health department has the financial resources. The "target population" criteria (*Welfare and Institution Code Section 5600.3(a)*) for youth is as follows:

- Under the age of 18
- Shows a mental health disorder that results in behavior inappropriate to the child's age, (other than primary substance abuse or developmental disorders)

And meets **one or more** of the following criteria:

1. As a result of a mental disorder the child has substantial impairment in at least two of the following areas: Self care, school functioning, family relationships, or ability to function in the community

And either of the following:

- At risk of removal from home
 - Impairments have been present for six months or likely to continue for more than one year without treatment
2. Child shows psychotic features, risk of suicide or violence
 3. Child meets special education criteria due to a "Serious Emotional Disorder"¹ (defined by Chapter 26.5 of the Government Code)

B. Medi-Cal Mental Health Plans are authorized organizations that have a contract with the State Department of Mental Health to provide specialty mental health services to Medi-Cal beneficiaries. The county mental health department is the Mental Health Plan for its county¹. Medi-Cal is an entitlement program, which means that beneficiaries have a right to services when they meet medical necessity criteria for specialty mental health services. As a consequence the County Mental Health Plans are responsible for authorizing and financing the full range of medically necessary specialty mental health services for the Medi-Cal beneficiaries. Medical necessity criteria (*Welfare and Institution Code Section 1810.100*) is summarized as follows:

¹ Placer County has contracted with the State Department of Mental Health to be the Mental Health Plan for Sierra County, consistent with the historical relationship between these counties.



Mental necessity criteria

The beneficiary must meet criteria outlined in (1), (2), and (3) below to be eligible for services:

(1) Be diagnosed by the MHP with one of the following diagnoses in the Diagnostic and Statistical Manual, Forth Edition, published by the American Psychiatric Association:

- (A) Pervasive Developmental Disorders, except Autistic Disorders
- (B) Disruptive Behavior and Attention Deficit Disorders
- (C) Feeding and Eating Disorders of Infancy and Early Childhood
- (D) Elimination Disorders
- (E) Other Disorders of Infancy, Childhood, or Adolescence
- (F) Schizophrenia and other Psychotic Disorders
- (G) Mood Disorders
- (H) Anxiety Disorders
- (I) Somatoform Disorders
- (J) Factitious Disorders
- (K) Dissociative Disorders
- (L) Paraphilias
- (M) Gender Identity Disorder
- (N) Eating Disorders
- (O) Impulse Control Disorders Not Elsewhere Classified
- (P) Adjustment Disorders
- (Q) Personality Disorders, excluding Antisocial Personality Disorder
- (R) Medication-Induced Movement Disorders related to other included diagnoses

(2) Must have at least one of the following impairments as a result of the mental disorder(s)

- (A) A significant impairment in an important area of life functioning.
- (B) A probability of significant deterioration in an important area of life functioning.
- (C) Except as provided in Section 1830.210, a probability a child will not progress developmentally as individually appropriate. For the purpose of this section, a child is a person under the age of 21 years.

(3) Must meet each of the intervention criteria listed below

- (A) The focus of the proposed intervention is to address the condition identified in (2) above.
- (B) The expectation is that the proposed intervention will
 1. Significantly diminish the impairment, or
 2. Prevent significant deterioration in an important area of life functioning, or
 3. Except as provided in Section 1830.210, **allow** the child to progress developmentally as individually appropriate.
- (C) The condition would not be responsive to physical health care based treatment.
 1. When the requirements of this section are met, beneficiaries shall receive specialty mental health services for a diagnosis included in subsection (b)(1) even if a diagnosis that is not included in subsection (b)(1) is also present.



C. The *Healthy Families Program* allows eligible families to families to purchase health insurance for their children who are between the ages of one to nineteen. Healthy Families Program eligible families are not eligible for Medi-Cal, do not have other third party insurance, and meet the program's income requirements (i.e. between 100% and 200% of the federal poverty level).

The Healthy Families Program includes a mental health benefit. Responsibility for managing the mental health benefit is shared between private health plans and county mental health departments. The health plans are responsible for managing the *basic benefit* consisting of 30 inpatient hospital days and 20 outpatient visits annually. The counties are responsible for the *Seriously Emotionally Disturbed (SED) benefit* consisting of a full range of specialty mental health services similar to those available under the Medi-Cal program. Referrals for SED determination and enrollment in county services can result from a child being hospitalized, referral from a health plan, or direct request for services from a parent/caregiver.

D. *The Special Education Pupil's Program* (Government Code Chapter 26.5) makes counties responsible for providing mental health assessments for those youth referred by the school district and for providing "related services" for students who qualify for special education as a result of an emotional disorder. Related services include assessment, therapy, collateral services with family members and significant others, medication monitoring, day treatment, and case management for youth who are placed out of their home as part of their special education services.

Any child suspected of having an emotional disorder that is impairing his/her ability to benefit from schooling can request that the school conduct a special education assessment. Referring youth for a special education assessment is consistent with probation's responsibilities under AB 575, as one element of the social study.

To be eligible for county mental health services under this program, the youth must exhibit a mental health disorder that impairs his/her ability to benefit from the school curriculum. County mental health is responsible for assessing the existence of a mental health disorder; however, the school district, through the Individual Education Plan (IEP) process is responsible for determining eligibility for special education.

E. In addition to county mental health programs, it is also possible for Probation Departments to use their own funding, sometimes secured through a grant, to fund mental health treatment for youth.



For youth who are County Mental Health or child welfare clients prior to identification by the Probation Department (e.g. at intake, in a detention facility, or during a placement review process), coordinating with the existing mental health providers and insuring the use of effective strategies are the primary objectives.

For youth who are not currently County Mental Health clients, but who appear to have unmet mental health needs (based on a history of mental health treatment or a screening tool), obtaining an assessment and appropriate treatment using effective strategies are the primary objectives. Youth in the juvenile justice system with Medi-Cal are entitled to a mental health assessment as part of their Medi-Cal benefit, excluding those youth who lose access to Medi-Cal reimbursed services as a result of being incarcerated².

Youth who show severe emotional disorders are eligible for an assessment under the Bronzan-McCorquodale Act. Youth who have an emotional disorder that appears to impair their school performance are good candidates for a special education referral. Finally, probation funding may be needed for Youth with unmet mental health needs who do not qualify for assessment and services under one of the programs described above.

IV. Effective Strategies and Model Programs

Mental health treatment for youth in the juvenile justice system is typically provided by either County Mental Health Department staff, Probation department hired mental health staff, or private mental health practitioners under contract with the Probation Department. Treatment providers may include licensed professionals (i.e. psychiatrist, psychologist, social worker, marriage and family therapist, or psychiatric nurse) or paraprofessionals (i.e. case manager, behavioral interventionist, and others). Treatments typically include medication, therapy (individual, family or group), and a variety of behavioral/skill building approaches.

Increasingly, mental health treatments are being studied under controlled conditions. As a result, some strategies and programs have demonstrated efficacy in preventing youth violence, and promoting school performance and success in the home and community. A strategy is a general approach that is a key element in a number of programs that have been found to be effective. A model program is a structured intervention or set of interventions that, when used as prescribed, have been found to be effective.

² Individuals who are inmates of public institutions are generally not eligible for Medi-Cal reimbursed services; however, under some circumstances an individual can continue to be eligible for a Medi-Cal reimbursed services. For example, a post adjudicated youth detained a juvenile hall for a temporary period pending other arrangements appropriate to their needs, may continue to be eligible for Medi-Cal reimbursed services.



A number of strategies and model programs will be discussed below. These interventions were selected because of their fit with the typical needs of youth in the juvenile justice system. There are many strategies that are commonly used but have not been studied. Exclusion of a strategy from this guide is not a comment on its merits.

The following **strategies** have been found to be effective in preventing violence and/or promoting school performance and success in the home and community:

- ***Behavioral and skill development interventions***
Programs that use behavioral and skills-oriented interventions have been found to be among the most effective approaches for preventing violence.
- ***Social problem solving, thinking & moral reasoning skills and competency building***
Programs that use these strategies typically involve curriculum in self-management skills, emotional competence, social skills, positive peer relations, interpersonal problem solving, moral reasoning, and drug information and non-use skills. Training methods include instruction, demonstration, feedback, reinforcement and practice.
- ***Marital and family therapy by clinical staff***
Programs that use this strategy typically focus on improving family interactions, improving communication, and reducing negative parenting behaviors.
- ***Wraparound services***
Programs that use this strategy usually provide comprehensive individualized services that are strength-based and tailored to the needs of each child and family.
- ***Parent training***
Programs that use this strategy typically involve individual or group sessions with parents that focus on parenting skills, family communication, monitoring and reinforcing child behavior, using effective discipline, home management, managing anger and family conflict, facilitating positive child involvement in family activities, reducing youth's antisocial behaviors, reducing involvement with delinquent peers, and reducing drug use.
- ***Home visitation***
Programs that use this strategy usually involve home visitation provided by a nurse or other professional who goes to a child's home



and provides training, counseling, support, and/or monitoring to parents with infants, toddlers or preschool children.

- ***Compensatory education***

Programs that use this strategy typically involve providing students extra assistance in reading and math for example through cross-age or adult tutoring.

The following **model programs** have been found to be effective in preventing violence and/or promoting school performance and success in the family and community:

- ***Functional Family Therapy***

This program targets youth, ages 11-18, at-risk of or showing delinquency, violence, substance abuse, or a conduct disorder. The program involves five phases including engagement, motivation, assessment, behavior change, and generalization. Services are provided by a variety of trained and supervised interventionists including paraprofessionals, probation officers, mental health technicians, and mental health clinicians. The program is tailored to each youth and their family, typically consisting of 8 to 30 hours of direct services.

- ***Multisystemic Therapy***

This program targets youth involved in the juvenile justice system who exhibit violence, substance abuse, or chronic offending. The program is an intensive family and community based treatment involving individual, family, peer, school and neighborhood contexts. Services include strategic family therapy, structural family therapy, behavioral parent training, and cognitive-behavioral therapy. On average the program consists of 60 hours of direct services over 4 months.

- ***Multidimensional Treatment Foster Care***

This program targets teenagers who have shown chronic or severe criminal behavior, as an alternative to incarceration or group home placement. The program involves the recruitment, training and supervision of foster families who will offer youth treatment and intensive supervision in home, school and community settings. Youth receive behavior management and skill-focused therapy. Parent training and related services are offered to natural parents in preparation for the youth returning to their homes.

It is also noteworthy, that some strategies and program have been evaluated under controlled conditions and found to be **ineffective** or even **detrimental** including:



- ***Boot camps***
Programs that target delinquent youth and are modeled after military basic training, with a primary focus on discipline have not been shown to be more effective than traditional forms of incarceration in preventing subsequent violence. In one study the program showed an increase in recidivism. These programs bring delinquent youth together who reinforce each other's negative behaviors.
- ***Residential programs***
Some residential programs show some positive effects while the youth remain in the institutional setting; however, research consistently shows that these effects diminish once youth exit the program. In two studies youth showed increased recidivism. The use of a milieu treatment or behavioral token program in these residential settings was not effective in preventing recidivism among serious juvenile offenders. Again, research demonstrates that some populations fare worse when treated in groups, calling into question the wisdom of group care programs.
- ***Waivers to adult court***
Investigations of programs that place youth in adult institutions show that youth are exposed to harm, and criminal behavior actually increases.
- ***Gun buyback programs***
Although guns are removed from the community, these programs have consistently been shown to have no effect on gun violence.
- ***Redirecting youth behavior & shifting peer group norms***
Both strategies target high-risk youth. Redirection programs attempt to involve youth in conventional recreation, enrichment and leisure activities. Programs that attempt to shift peer group norms try to turn gangs into benign clubs (like midnight basketball). These programs have had no effect, or actually increased the cohesiveness of delinquent peer groups.
- ***Drug Abuse Resistance Education (DARE)***
DARE is a drug prevention curriculum that targets children in fifth and sixth grades. Although some positive effects regarding attitudes toward police have been found, this program consistently shows little to no effect in deterring drug use. The DARE curriculum is being changed, in response to the outcome research, to include a social skills component and adjusted for use with older youth. These changes are not reflected in the outcome studies summarized here.



- **Scared Straight**

This is a shock program that exposes youth to the brutality of prison life either through brief encounters with inmates or short incarceration in a jail or prison. Numerous studies have found that this program does not deter future crime.

V. Conclusion

This is first of a series of guides on identifying and treating youth in the juvenile justice system with mental health needs. The need for mental health care amongst youth in the juvenile justice system is high. Sometimes the mental health needs of these youth have been identified prior to their involvement in the juvenile justice system and they have or are receiving treatment. However, often this is not the situation. Unmet mental health needs can be identified during an intake, placement review process, or when detained in a juvenile hall. Moreover, the probation department, law enforcement agencies and other involved organizations can work together to insure access to needed and effective care.

Factors influencing access to mental health care and a number of effective treatment strategies have been presented. Subsequent guides will focus on risk factors, screening tools, and details for applying specific effective strategies.

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