Mental Health Needs and Services for Youth in the Foster Care and Juvenile Justice Systems: An Annotated Bibliography of Selected Resources

By Alicia Dienst, MSW Intern, and
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This report is the result of policy work by the California Family Impact Seminar (CAFIS), a nonpartisan, family policy research and education project, serving government officials and policymakers in California. CAFIS is a joint project of the California State Library Foundation and the State Library's California Research Bureau (CRB), which conducts policy research for both the legislative and executive branches of state government. CAFIS is part of a network of state Family Impact Seminars.

Mental Health Needs and Services for Youth in the Foster Care and Juvenile Justice Systems: An Annotated Bibliography of Selected Resources is made possible by the generous support of The California Wellness Foundation.

The resources listed are available online and at the California State Library or through local public and university libraries. If unable to locate, or if additional information is needed, contact Lisa Foster at CRB, (916) 653-6372 or lfoster@library.ca.gov.

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INTRODUCTION

Young people in this country who are in or have left the foster care and juvenile justice systems often have serious mental health needs. They can have many strikes against them: families with histories of violence, mental illness, incarceration and/or substance abuse; learning disabilities or neurological conditions; and, histories of abuse, neglect or trauma. Some have ended up in the juvenile justice system, or on the street, because of undiagnosed or inadequately treated psychiatric problems. Their difficult lives can result in mental health needs that the foster care and juvenile justice systems are not well prepared to address, and often with only limited success.

THE MENTAL HEALTH INNOVATIONS FOR YOUTH PROJECT

With generous funding from The California Wellness Foundation, the California Family Impact Seminar, the California Research Bureau, and Pacific News Service have partnered on the Mental Health Innovations for Youth Project. This project focuses on the mental health issues affecting high-risk, underserved youth in California, especially those in or leaving the foster care and juvenile justice systems.

The partnership is presenting a series of public policy forums to educate state and local policymakers about the mental health needs of those at-risk youth, featuring innovative approaches to providing services. The forums provide an opportunity for state policymakers to be informed by policy researchers, to meet and learn from youth and innovative program directors, and network while exploring promising policy options for more effective mental health intervention.

The background report, *Helping Those Who Need It Most: Meeting the Health Care Needs of Youth in the Foster Care and Juvenile Justice Systems*, by author and journalist Nell Bernstein, explores why efforts to provide mental health services to young people can fall short (http://www.library.ca.gov/CAFIS/reports/05-01/05-01.pdf). It offers thoughtful comments from youth who have experienced the foster care and juvenile justice systems, and innovative practitioners who work with them, while considering what can be done to improve mental health services.

THE PURPOSE OF THIS BIBLIOGRAPHY

In our review of the literature, we found that a number of reports, policy briefs, and other resources examine the mental health needs and services accessed by youth in the foster care and juvenile justice systems. These resources, which have all been published in the last five years and contain the most recent research and statistics, provide information on the range of mental health issues and concerns facing foster and juvenile justice youth.

This annotated bibliography of selected resources and websites will assist policymakers in accessing these useful materials.

YOUTH IN THE FOSTER CARE SYSTEM: MENTAL HEALTH NEEDS AND SERVICES

RESOURCES

Austin, Lisette. "Mental Health Needs of Youth in Foster Care: Challenges and Strategies." *The Connection* 20, no. 4, Winter 2004, http://www.casanet.org/library/foster-care/mental-health-%5Bconnection-04%5D.pdf.

This article appeared in the quarterly publication of the National Court Appointed Special Advocate (CASA) Association. The author uses a combination of statistics, comments from professionals, and a narrative approach to describe the foster care experience. She reports that 40-85 percent of foster care youth have mental health disorders. The author also notes that well trained mental health providers, child welfare staff and foster families are in short supply. Without proper training, it is hard for those involved with foster care youth, including foster parents, to identify the signs that indicate mental health issues.

The author highlights some treatment approaches she considers noteworthy. *A Home Within* recruits volunteer psychotherapists to provide free weekly therapy to children in foster care. Therapeutic or treatment foster care includes mental health interventions by the foster care family. An integrated system of care approach and *Multi-Systemic Therapy* are also discussed. The author concludes with a description of the role and benefits of interventions by CASA volunteers.

Bernstein, Nell. *Helping Those Who Need It Most: Meeting the Mental Health Care Needs of Youth in the Foster Care and Juvenile Justice Systems*. Sacramento: California Family Impact Seminar, June 2005, http://www.library.ca.gov/html/statseg2.cfm.

Young people who are transitioning out of the foster care and juvenile justice systems often have serious mental health needs. However, efforts to provide mental health services to these young people often fall short. Why does this happen and what can be done to improve the system? This report explores these questions and proposes some answers from young people who have experienced the systems from the inside. It also highlights case studies of some innovative programs, and profiles youth and practitioners. The programs include: *The First Place Fund for Youth*, *The Mentoring Center*, and *A Home Within*. The report concludes with some overall lessons drawn from the experiences of young people.

Burns, Barbara, and others. "Mental Health Need and Access to Mental Health Services by Youths Involved With Child Welfare: A National Survey." *Journal of the American Academy of Child and Adolescent Psychiatry* 43, no. 8, August 2004.

This article describes a national experimental study of mental health services accessed by a large representative sample of children served by child welfare agencies. The data confirm the findings of other studies regarding mental health needs and service use. For example, the authors state that "80% of youths involved with child welfare agencies have emotional or behavioral disorders… or other indications of needing mental health intervention." Youth placed in foster care, whether with relatives or non-relatives, have higher rates of emotional and behavioral problems than other youth. A child's involvement with child welfare agencies is associated with higher rates of lifetime use of mental health services. In general, use of mental health services is influenced by clinical severity, child welfare placement type, race/ethnicity, and type of maltreatment (abuse). The study includes an analysis of the need for care, the factors associated with the need, and the rates and types of services used. The authors conclude that there are unmet service needs and recommend routine early screening of children in the care of public agencies. They also make recommendations for further study of the barriers to receiving mental health care.

California Little Hoover Commission. *Young Hearts and Minds: Making a Commitment to Children's Mental Health*. Sacramento: The Commission, October 2001, http://www.lhc.ca.gov/lhc.html.

This report by the independent and bi-partisan legislative commission finds that many of the barriers families face in accessing appropriate mental health care are not part of the "mental health" system, but rather they involve the education, child welfare, foster care, and juvenile justice systems, and other programs. The Commission recommends establishing a state commitment to serve children's mental health needs, ensuring adequate funding to meet those needs, and providing leadership skills training. The report concludes that service integration is necessary to comprehensively meet the needs of children and families, and proposes that the Governor and Legislature establish clear policy goals, develop a five-year innovation project, create a Secretary for Children's Services, convene a multi-agency coordinating committee, and create mechanisms for local accountability.

Courtney, Mark, and others. *Midwest Evaluation of the Adult Functioning of Former Foster Youth.* Chicago: Chapin Hall Center for Children, University of Chicago, 2005, http://www.chapinhall.org/article_abstract.aspx?ar=1355&L2=61&L3=130.

This evaluation reports the first findings from the Midwest Evaluation of the Adult Functioning of Former Foster Youth, a longitudinal study of youth aging out of foster care and transitioning to adulthood in Iowa, Wisconsin, and Illinois. "Outcomes at Age 19" compares the outcomes of the 282 young adults who were still in care at age 19 to the outcomes of 321 young adults who had already been discharged; it also compares the study's sample to a nationally representative sample of 19-year-olds. The results suggest that youth making the transition from foster care to young adulthood face a number of significant challenges,

including mental health problems, and fare worse than their same-age peers. The results also suggest that allowing foster youth to remain in care beyond their 18th birthday may confer some advantages during the transition to adulthood, such as access to health and mental health care. "Conditions of Youth Preparing to Leave State Care" presents findings pertaining to the experiences of youth who are 17 years old and still in the state child welfare system. The study found that many foster youth experience mental health and substance abuse problems for which they receive psychological treatment at three times the rate of a national sample of other youth in that age group.

Dunne, Lynda. *Effective Approaches to Supporting Youth Aging Out of Foster Care: A Review of Research That is Currently Underway*. Issue Brief. Washington, D.C.: Voices for America's Children, August 2003, http://www.voicesforamericaschildren.org/Content/ContentGroups/Policy/Child_Safety/Member_Mailing1/Supporting_Youth_Aging_Out_of_Foster_Care_What_Does_the_Research_Tell_Us_/issue_brief_8-04_c.pdf.

This brief addresses the need to support foster youth who are leaving the foster care system to independent adulthood and concludes that more research on this issue is needed to determine which support services should receive more funding. It discusses the methods and procedures of three studies in progress: the "Casey National Alumni Study," the "Multi-Site Evaluation of Foster Youth Programs Study," and the "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care."

"The Casey National Alumni Study" has identified factors related to success for transitioning foster care youth; initial results indicate that education appears to be the most important of these factors. "The Multi-Site Evaluation of Foster Youth Programs" is comparing various outcome measures for four independent living programs. "The Midwest Evaluation of the Adult Functioning of Former Foster Youth Study" is examining the types of services that transitioning youth receive, and which services facilitate adult self-sufficiency. Early results indicate foster care youth often receive little or no formal services to support their transition to independent living.

Fight Crime: Invest in Kids, California. *From Promise to Practice: Mental Health Models That Work for Children and Youth. A Toolkit.* Sacramento: Fight Crime, Invest in Kids, California, 2004, http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf.

This project highlights effective prevention and intervention strategies for children from birth to young adulthood, with an emphasis on meeting the mental health and related needs of children and youth in the foster care and juvenile justice systems. It provides a brief summary of the Proposition 63, Mental Health Services Act (MHSA), examines the issues of stigma and cultural competence, and develops a framework for identifying and assessing potential programs for MHSA funding. The authors profile programs in three categories.

Proven programs included are the *Nurse Family Partnership, The Incredible Years, Multi-Dimensional Treatment for Foster Care, Functional Family Therapy*, and *Multi-Systemic Therapy*. Promising programs are the *Parent-Child Interaction Therapy, Cognitive Behavioral Therapy*, and *Aggression Replacement Training.* Emerging programs identified are *The First Place Fund for Youth, Juvenile Mental Health Court, Primary Intervention Program, Shared Family Care, Students Targeted with Opportunities for Prevention*, and *Wraparound*. The report also includes a list of online sources for program and contact information.

Halfon, Neal, and others. *Mental Health Services for Children in Foster Care*. Health Services for Children in Foster Care Policy Brief. Los Angeles: UCLA Center for Healthier Children, Families and Communities, September 2002, http://www.healthychild.ucla.edu/Publications/ChildrenFosterCare/Documents/Mental%20health%20brief%20final%20for%20distribution.pdf

This policy brief presents findings from the 1999-2000 Assessment of Factors Influencing the Adequacy of Health Services to Children in Out-of Home Care, which relied on information from state *Medicaid*, child welfare, mental health, and health agencies, and from large counties. The authors conclude that children in foster care have a disproportionately high prevalence of mental health disorders and consequently use a disproportionate amount of *Medicaid*-funded mental health services. However, even with high rates of mental health problems and utilization, only about 25 percent of foster children are receiving services at any given time. This policy brief examines the role of mental health agencies in the provision of mental health services to children in the child welfare system, including the barriers in organizing and delivering services, and funding.

Hartney, Christopher, and others. *Health Care for Our Troubled Youth: Provision of Services in the Foster Care and Juvenile Justice Systems of California.* Commissioned by the California Endowment. Oakland: National Council of Crime and Delinquency, March 2002, http://www.nccd-crc.org/nccd/pubs/2002mar_endowment_rpt_mental_health_access_approved.pdf.

This report points out that lack of access to high quality health care is a problem for most low-income people, but especially for young people in foster care and the juvenile justice system. Adolescence is a particularly difficult developmental stage for youth, one that can require special provision of health care services. The lack of adequate early intervention into the wide-ranging health needs of many youth contributes to longer stays in foster care and deeper involvement in the juvenile justice system. This report outlines the health care needs and obstacles to health care access for these youth, and makes recommendations for improvement to those systems.

Marsenich, Lynne. *Evidence-Based Practices in Mental Health Services for Foster Youth*. Sacramento: California Institute for Mental Health, March 2002, http://www.cimh.org/research/child_fosteryouth.cfm.

This report on evidence-based* mental health practices includes a profile of foster youth in California, a review of the literature to identify treatment programs that are efficacious and effective, and a discussion of pertinent mental health practices. Sections cover childhood mental disorders, abuse-specific interventions, and evidence for institutional and comprehensive community-based interventions. The report also includes an overview of current drug therapies.

The second part of the report is a compilation of interviews of foster care system participants that explores a number of areas, including key issues identified by child welfare staff, barriers to collaboration, and effective services. Suggestions from both foster parents and foster youth as to system improvements include increased opportunity for involvement with services decisions and access to information about mental health services in general. The report concludes with implications for planning and practice, recommendations, and suggestions for specialized training. It also provides information on specific strategies, treatments, and medications.

Marsenich, Lynne. *A Roadmap to Mental Health Services for Transition Age Young Women: A Research Review*. Sacramento: California Institute for Mental Health, April 2005, http://www.cimh.org/downloads/TAY_Final_Report_4-21-05.pdf.

This report summarizes the literature on mental health issues specific to young women. In general, the author found that gender-specific research for young women is lacking. Young women and girls tend to have multiple issues, such as depression and substance abuse. In comparison with boys, she found that girl's issues tend to be identified later, if at all, that girls have fewer mental health placement options, and that they may access mental health treatment less often. In addition, the unique issues of ethnic and cultural subgroups of young women have not received sufficient attention. As a result of the study's findings, the author makes several recommendations: 1) integrate mental health and substance abuse treatment services; 2) provide gender-specific programming for young women in the juvenile justice system; 3) provide training to all gateway service providers working with adolescent girls and young women; 4) provide specialized treatment programs for transition age mothers; 5) provide specialize training for clinicians; and 6) increase funding for mental health treatment

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* *Evidence-based practices* are defined as "interventions that involve standardized treatment that have been shown through controlled research to result in improved outcomes across multiple research groups." (The National Center for Mental Health and Juvenile Justice.)

research specific to transition age young women and subgroups of transition age young women.

McMillen, J., and others. "Prevalence of Psychiatric Disorders Among Older Youths in the Foster Care System." *Journal of the American Academy of Child and Adolescent Psychiatry* 1, No. 1, January 2005.

This academic study finds that there is insufficient research on psychiatric disorders among older youths in the foster care system. Specifically, it suggests research be conducted to find: 1) the rates of psychiatric disorders among older youths; 2) the onset date of the disorder relative to the youths' entrance into the foster care system; and 3) the relationship, if any, that exists between psychiatric disorder, gender, race, child maltreatment histories, and housing. The researchers found a disproportionately high rate of psychiatric disorders among older foster youth: 61 percent of the 17 year-old youths in the study qualified as having at least one disorder during their lifetime. They also found excessively high rates of depression, Post-Traumatic Stress Disorder, and disruptive behavioral disorders, as well as a high rate of family histories with psychiatric disorders or environmental factors contributing to the youths' distress. Findings support the American Academy of Child and Adolescent Psychiatry recommendations for initial mental health assessments of older youth upon entrance in to the foster care system and ongoing periodic reassessments.

National Child Welfare Resource Center for Family-Centered Practice. "Mental Health Issues in the Child Welfare System: A Focus on Children and Families." *Best Practice, Next Practice: Family Centered Child Welfare*. Washington, D.C.: The Children's Bureau, U.S. Health and Human Services Agency, Summer 2003, http://www.cwresource.org/publications.htm.

This biannual bulletin provides information on current topics important to the child welfare field. This is the first of a two-part series on mental health and child welfare services. It focuses on children and their families and explores the support needs of foster families. The discussion illustrates the difficult situation faced by the children of parents with mental illness. It describes a program that provides services and advocacy for mentally ill clients and their children in the child welfare system, and includes an interview with a mother whose son receives mental health services.

National Child Welfare Resource Center for Family-Centered Practice. "Mental Health Issues in the Child Welfare System: A Focus on Caregivers." *Best Practice, Next Practice: Family Centered Child Welfare*. Washington, D.C.: The Children's Bureau, U.S. Health and Human Services Agency, Winter 2004, http://www.cwresource.org/publications.htm.

This is the second part of a two-part series on mental health and child welfare services (see above discussion of part one). It focuses on caregivers and addresses the challenges faced by child protective service caseworkers. It also

chronicles the stories of families with children in the child welfare and foster care systems, and highlights mental health issues. The bulletin discusses the federal Child and Family Services Review and examines the System of Care approach. It also includes an interview with a grandmother whose daughter and grandson receive mental health services.

Pecora, Peter J., and others. *Improving Family Foster Care: Findings From the Northwest Foster Care Alumni Study*. Seattle: Casey Family Programs, March 2005, http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/300/nw_alumni_study_full_apr2005.pdf.

The "Casey National Alumni Study" examines outcomes for 659 adults (age 20-33) who had been in foster care as children between 1988 and 1998. The study looks at their present life experiences, educational achievements, and current functioning, and reports outcomes regarding mental health, education, employment, and finances. Consistent with similar research, the authors find a disproportionate occurrence of mental problems and exceptionally high rates of Post Traumatic Stress Disorder in this group. On the other hand, they also find rates of recovery from some problems similar to those in the general population. The researchers make program and policy recommendations, including better access to mental health treatment, placement stability, and higher quality and quantity of supportive services in the schools.

U.S. Department of Health and Human Services, and others. *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, D.C.: The Department, September 2000, http://www.surgeongeneral.gov/topics/cmh/childreport.htm.

This report introduces a blueprint for addressing children's mental health needs in the United States. The conference proceedings include a panel presentation on the mental health needs and services used by children in the child welfare system. In addition, the report proposes policy initiatives to expand the use of federal and state child health programs.

ADDITIONAL ONLINE RESOURCES

Annie E. Casey Foundation. "Updates: Latest Findings in Children's Mental Health." Online at http://www.aecf.org/publications/browse.php?filter=9.

California Adolescent Health Collaborative. Out-of-Home Youth Project: a resource network on mental health issues with a focus on resources for providers working with out-of-home youth. Online at http://www.californiateenhealth.org/OHY_overview.asp.

Connect for Kids. Information on new reports and activities pertaining to a range of issues that impact children and youth, including foster care and mental health. Online at http://www.connectforkids.org.

YOUTH IN THE JUVENILE JUSTICE SYSTEM: MENTAL HEALTH NEEDS AND SERVICES

RESOURCES

Bernstein, Nell. *Helping Those Who Need it Most: Meeting the Mental Health Care Needs of Youth in the Foster Care and Juvenile Justice Systems*. Sacramento: California Family Impact Seminar, June 2005, http://www.library.ca.gov/html/statseg2.cfm.

Young people who are transitioning out of the foster care and juvenile justice systems often have serious mental health needs. However, efforts to provide mental health services to these young people often fall short. Why does this happen and what can be done to improve the system? This report explores these questions and proposes some answers from young people who have experienced the systems from the inside. It also highlights case studies of some innovative programs, and profiles youth and practitioners. The programs include: *The First Place Fund for Youth*, *The Mentoring Center*, and *A Home Within*. The report concludes with some overall lessons drawn from the experiences of young people.

California Little Hoover Commission. *Young Hearts and Minds: Making a Commitment to Children's Mental Health*. Sacramento: The Commission, October 2001, http://www.lhc.ca.gov/lhc.html.

This report by the independent and bi-partisan legislative commission finds that many of the barriers families face in accessing appropriate mental health care are not part of the "mental health" system, but rather they involve the education, child welfare, foster care, and juvenile justice systems, and other programs. The Commission recommends establishing a state commitment to serve children's mental health needs, ensuring adequate funding to meet those needs, and providing leadership skills training. The report concludes that service integration is necessary to comprehensively meet the needs of children and families, and proposes that the Governor and Legislature establish clear policy goals, develop a five-year innovation project, create a Secretary for Children's Services, convene a multi-agency coordinating committee, and create mechanisms for local accountability.

Fight Crime: Invest in Kids, California. *From Promise to Practice: Mental Health Models That Work for Children and Youth. A Toolkit.* Sacramento: Fight Crime, Invest in Kids, California, 2004, http://www.fightcrime.org/ca/toolkit/fcikcatoolkit.pdf.

This project highlights effective prevention and intervention strategies for children from birth to young adulthood, with an emphasis on meeting the mental health and related needs of children and youth in the foster care and juvenile justice systems. It provides a brief summary of the Proposition 63/Mental Health

Services Act (MHSA), examines the issues of stigma and cultural competence, and develops a framework for identifying and assessing potential programs for MHSA funding. The authors profile programs in three categories. Proven programs included are the *Nurse Family Partnership, The Incredible Years, Multi-Dimensional Treatment for Foster Care, Functional Family Therapy*, and *Multi-Systemic Therapy*. Promising programs are the *Parent-Child Interaction Therapy, Cognitive Behavioral Therapy*, and *Aggression Replacement Training.* Emerging programs identified are *The First Place Fund for Youth, Juvenile Mental Health Court, Primary Intervention Program, Shared Family Care, Students Targeted with Opportunities for Prevention*, and *Wraparound*. The report also includes a list of online sources for program and contact information.

Harris, E., and Tammy Seltzer. *The Role of Specialty Mental Health Courts in Meeting the Needs of Juvenile Offenders*. Washington, D.C.: Bazelton Center for Mental Health Law, September 2004, http://www.bazelon.org/issues/criminalization/publications/mentalhealthcourts/juvenilemhcourts.htm.

This paper informs the ongoing debate about the impact of specialty courts for youth. Advocates for juvenile mental health courts argue that the juvenile justice system offers a unique opportunity to intervene in the lives of children with mental disabilities before they experience additional negative outcomes. The authors present an alternate view – that specialty mental health courts may not be necessary or wise. The intervention comes far too late for most young people with disabilities. The juvenile justice system, as originally conceived, has the necessary framework to provide appropriate interventions for court-involved youth. Specialty courts divert attention, funding, and other resources from what should be the highest priority – prevention. The authors highlight existing juvenile mental health courts in California and Ohio. They recommend a more community-based approach to meeting the mental health service needs of children and youth that are designed to keep them in their homes and communities rather than waiting until they are in the juvenile courts to receive services.

Hartney, Christopher, and others. *A Survey of Mental Health Care Delivery to Youth in the California Juvenile Justice System: Summary of Findings*. NCCD Focus. Oakland: National Council on Crime and Delinquency, September 2003, http://www.nccd-crc.org/nccd/pubs/calif_jj_survey_2003.pdf.

This brief summarizes the preliminary results of a National Council on Crime and Delinquency survey of all California county probation and a sample of mental health departments to find out how they identify, assess, and provide mental health care to youth. Counties report an average of 122 youth in juvenile hall, 81 in a camp or ranch, 136 in an out-of-home placement, and 1,232 under field supervision (on probation) in a typical month:

- 33-42 percent of these youth require mental health services,

- 66-77 percent have substance abuse problems, and
- 18-29 percent have prescribed psychotropic medication.

In general, probation departments provide brief screenings, in-depth psychological assessments, case planning, and psychiatric services to the youth in their systems. Counties report a shortage of staff and a lack of training for non-mental health staff. However, they assert that the relationship between probation and mental health providers is good or excellent. Most probation departments report gaps in services, especially in the area of substance abuse and individual therapy for youth in juvenile halls.

Hartney, Christopher, and others. *Health Care for Our Troubled Youth: Provision of Services in the Foster Care and Juvenile Justice Systems of California.* Commissioned by the California Endowment. Oakland: National Council of Crime and Delinquency, March 2002, http://www.nccd-crc.org/nccd/pubs/2002mar_endowment_rpt_mental_health_access_approved.pdf.

This report points out that lack of access to high quality health care is a problem for most low-income people, but especially for young people in foster care and the juvenile justice system. Adolescence is a particularly difficult developmental stage for youth, one that can require special provision of health care services. The lack of adequate early intervention into the wide-ranging health needs of many youth contributes to longer stays in foster care and deeper involvement in the juvenile justice system. This report outlines the health care needs and obstacles to health care access for these youth, and makes recommendations for improvement to those systems.

KQED Juvenile Justice Project. "*Judge Raymond Davilla.*" Juvenile Justice: Voices From the Trenches. San Francisco: KQED, 2002, http://www.kqed.org/w/juvenilejustice/kqedorg/davilla.html.

This online profile tells the story of a judge in Santa Clara County who abandoned the "get tough" approach to juvenile justice. Instead he facilitated setting up a mental health court to address the needs of mentally ill youth through alternative sentencing. The court works collaboratively with the various county departments and offices to arrive at the best course of action for each youth, combining treatment and accountability. Judge Davilla's court reports a seven percent recidivism rate compared to the 25 percent rate in the general population.

Marsenich, Lynne. *A Roadmap to Mental Health Services for Transition Age Young Women: A Research Review.* Sacramento: California Institute for Mental Health, April 2005, http://www.cimh.org/downloads/TAY_Final_Report_4-21-05.pdf.

This report summarizes the literature on mental health issues specific to young women. In general, the author found that gender-specific research for young women is lacking. Young women and girls tend to have multiple issues, such as depression and substance abuse. In comparison with boys, she found that girl's issues tend to be identified later, if at all, that girls have fewer mental health placement options, and that they may access mental health treatment less often. In addition, the unique issues of ethnic and cultural subgroups of young women have not received sufficient attention. As a result of the study's findings, the author makes several recommendations: 1) integrate mental health and substance abuse treatment services; 2) provide gender-specific programming for young women in the juvenile justice system; 3) provide training to all gateway service providers working with adolescent girls and young women; 4) provide specialized treatment programs for transition age mothers; 5) provide specialize training for clinicians; and 6) increase funding for mental health treatment research specific to transition age young women and subgroups of transition age young women.

Mears, Daniel P. "Critical Challenges in Addressing the Mental Health Needs of Juvenile Offenders." *Justice Policy Journal* 1, No. 1 (Journal of the Center on Juvenile and Criminal Justice), 2001, www.cjcj.org/journal/vol1no1/mears.

The author reviews the literature concerning the juvenile justice system's approach to young offenders with mental health needs, and finds that there has been a paradigm shift from the social service or parens patriae "best interest of the youth" to a more punitive "get tough" approach. The paper identifies challenges to creating an accurate assessment of the mental disorders experienced by youth in the juvenile justice system, argues for greater assessment and treatment, and proposes policy solutions.

National Mental Health Association (NMHA). *Mental Health Treatment for Youth in the Juvenile Justice System: A Compendium of Promising Practices*. Alexandria, Virginia: NMHA, 2004, http://www.nmha.org/children/JJCompendiumofBestPractices.pdf.

This report identifies treatment practices that are currently known to be effective, or promising, through evidence-based research. ("Promising practices" require more research.) These include *Multi-Systemic Therapy, Functional Family Therapy, Wraparound, Cognitive-Behavioral Therapy*, and *Multidimensional Treatment Foster Care*. The report discusses approaches for special populations such as youth of color and adolescent girls, and identifies practices that have found to be ineffective, such as juvenile placement in adult prisons, youth curfew laws, and juvenile boot camps.

United States House of Representatives Committee on Government Reform - Minority Staff Special Investigations Division. *Incarceration of Youth Who are Waiting for Community Mental Health Services in California.* Prepared for Rep. Henry A. Waxman. Washington, D.C.: The Committee, January 2005,

http://www.democrats.reform.house.gov/Documents/20050124112914-80845.pdf.

This Congressional committee report analyzes the responses of California juvenile detention facilities to a 2004 national survey that assessed the detention of youth with mental illness. It found that most juvenile detention facilities hold youth who are waiting for mental health treatment. In addition, detention facilities frequently hold young children due to a lack of community-based mental health services. The report concludes that the misuse of detention centers as holding areas for mental health treatment is a major problem in California: "It is unfair to youth, undermines their health, disrupts the function of detention centers, and is costly to society."

United States Office of Juvenile Justice and Delinquency Prevention (OJJDP). "Mental Health Issue." *Juvenile Justice* VII, No. 1, 2000, http://www.ncjrs.org/pdffiles1/ojjdp/178256.pdf.

This journal issue contains three articles related to youth in the juvenile justice system.

- "Youth with Mental Health Disorders: Issues and Emerging Responses" identifies trends in mental health services in the juvenile justice system, discusses problems with the current approach, identifies the growing need for quality services, and offers models and strategies for improved treatment and policy. It recommends providing mental health treatment instead of sending youth to the juvenile justice system as a standard approach for addressing the needs of youth with serious mental disorders who do not have serious and violent offenses. It also highlights *New York's Persons in Need of Supervision Program* and other programs.

- "Wraparound Milwaukee: Aiding Youth with Mental Health Needs" explores the components, history, challenges and outcomes of this program. The program's intensive services has resulted in a 60 percent decrease in the use of residential treatment, saved the state thousands of dollars per youth, and has decreased recidivism.

- "Suicide Prevention in Juvenile Facilities" points out that today's national suicide rate among incarcerated juveniles is more than four times higher than it was in 1950. This study illustrates the problem of suicide in juvenile correction facilities and makes recommendations for a suicide prevention policy.

Veysey, Bonita. *Adolescent Girls With Mental Health Disorders Involved With the Juvenile Justice System*. Research and Program Brief. Washington, D.C.: National Center for Mental Health and Juvenile Justice, July 2003, http://www.ncmhjj.com/pdfs/Adol_girls.pdf.

Girls are the fastest growing segment of the juvenile justice system. Mental health disorders among girls in the system have been documented at rates exceeding 80 percent (and many also have substance use problems). Girls comprise a particularly vulnerable population that is not well served by the existing system. This research brief describes the findings about this population and its mental health needs. Issues discussed include how girls get into the juvenile justice system, the affect of childhood abuse, the impact of a juvenile justice system that was created for boys, and disorders (like depression and anxiety) and behaviors common to girls in the system. The author also presents system improvement recommendations for research, training, and services.

Wasserman, Gail A., and others. "Assessing the Mental Health Status of Youth in Juvenile Justice Settings." *Juvenile Justice Bulletin*. Washington D.C.: Office of Juvenile Justice and Delinquency Prevention, August 2004, http://www.ojp.usdoj.gov/ojjdp.

One obstacle to meeting the mental health needs of youth in juvenile justice system settings is the lack of reliable, easy to use assessment instruments. This Bulletin describes the results of an empirical study of a new mental health needs assessment tool, the Voice Diagnostic Interview Schedule for Children (DISC) IV. The DISC-IV is a self-administered test based on American Psychological Association and World Health Organization criteria. The authors tested the tool on youth participants from two states and concluded that use of a systematic instrument to assess psychiatric disorders is feasible in juvenile justice settings. The study provides an analysis of mental health needs assessments in general and includes specific suggestions for best practice methods of clinical assessment.

Youth Transitions Funders Group Juvenile Justice Work Group. *A Blueprint for Juvenile Justice Reform*. Basehor, Kansas: Youth Transitions Funders Group, 2005, http://www.ytfg.org/documents/Platform_Juvenile_Justice.pdf.

The Youth Transitions Funders Group members are foundations who are working across the fields of justice, education, foster care, mental health, racial justice, and human rights. They are aligning their efforts, coordinating their investments, and expanding on each other's work to support research and policy reform, fund innovative programs, and support training for government and nonprofits leaders. This document sets out nine tenets for improving outcomes for youth in the juvenile justice system and attempts to lay the groundwork for juvenile justice reform across the nation.

ADDITIONAL ONLINE RESOURCES

Annie E. Casey Foundation. "Updates: Latest Findings in Children's Mental Health." Online at http://www.aecf.org/publications/browse.php?filter=9.

Building Blocks for Youth. Mental Health Needs of Youth in the Juvenile Justice System: studies, programs, initiatives, and other resources. Online at http://www.buildingblocksforyouth.org/issues/mentalhealth/.

California Adolescent Health Collaborative. Out-of-Home Youth Project: promising practices, youth voices, and other information. Online at http://www.californiateenhealth.org/OHY_overview.asp.

Center for the Promotion of Mental Health in Juvenile Justice. Resources on best practices for mental health assessment and referral. Online at http://www.promotementalhealth.org/index.htm.

Center on Juvenile and Criminal Justice. Reforming the Juvenile Justice System: information and statistics on a range of juvenile justice issues. Online at http://www.cjcj.org/jjic/reforming.hph..

National Center for Mental Health and Juvenile Justice. Resource Kit: "Improving Services for Youth With Mental Health and Co-Occurring Substance Use Disorders Involved With the Juvenile Justice System," and other information and resources. Online at http://www.ncmhjj.com/.

National Child Traumatic Stress Network. Juvenile Justice Working Group: "Trauma-Focused Interventions for Youth in the Juvenile Justice System," "Trauma Among Girls in the Juvenile Justice System," "Assessing Exposure to Psychological Trauma and Post-Traumatic Stress in the Juvenile Justice System," and other resources. Online at http://www.nctsnet.org/nccts/nav.do?pid=hom_main.

National Mental Health Association. Treatment Works for Youth in the Juvenile Justice System; Justice for Juveniles: "How Communities Respond to Mental Health and Substance Abuse Needs of Youth in the Juvenile Justice System," "Prevalence of Mental Disorders Among Children in the Juvenile Justice System," and other information and resources. Online at http://www.nmha.org/children/justjuv/.