



## Forum Session Meeting Announcement

**Friday, October 7, 2005**  
11:45am–12:15pm — Lunch  
12:15pm–2:00pm — Discussion

# Mental Health and Juvenile Justice: Moving Toward More Effective Systems of Care

### A Discussion Featuring:

**Joseph Cocozza, PhD**

*Director*

National Center for Mental Health and Juvenile Justice  
Policy Research Associates, Inc.

**Edward Loughran**

*Executive Director*

Council of Juvenile Correctional Administrators

**Ronald Denney**

*Deputy Secretary*

Kansas Department of Social and Rehabilitation Services

**Erin Espinosa**

*Program Specialist*

Federal Programs Division  
Texas Juvenile Probation Commission

### Location

**Reserve Officers Association  
of the United States**

One Constitution Avenue, NE  
Congressional Hall of Honor  
Fifth Floor

*(Across from the Dirksen Senate  
Office Building)*

### Registration Required

Space is limited. Please respond  
as soon as possible.

Send your contact information by  
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# Mental Health and Juvenile Justice: Moving Toward More Effective Systems of Care

## OVERVIEW

*This Forum session will explore the role that the juvenile justice system plays in serving children with serious mental disorders. Speakers will describe the process by which many children with mental disorders interact with the system and will share their perspectives on how and why limitations of the health care, public mental health, and other child-serving systems lead to the incarceration of many such youth. Discussion will also focus on what is known about the adequacy of mental health care within the juvenile justice system. Finally, two models for diverting children with mental disorders from incarceration to community-based care by reorganizing public funding will be highlighted.*

**For additional information** – Jane Koppelman, “Mental Health and Juvenile Justice: Moving Toward More Effective Systems of Care,” *National Health Policy Forum, Issue Brief 805, July 22, 2005; available at [www.nhpf.org/pdfs\\_ib/IB805\\_JuvJustice\\_07-22-05.pdf](http://www.nhpf.org/pdfs_ib/IB805_JuvJustice_07-22-05.pdf).* ■

## SESSION

Mounting evidence indicates that the juvenile justice system is being used as a last resort to house many children with mental disorders. Poor or no access to mental health care leads to the unnecessary incarceration of many such youth.

There are no studies that can pinpoint how many children with mental disorders are incarcerated. They land on the doorstep of the juvenile justice system in a number of ways. Some have committed no crimes but their parents relinquish custody to juvenile justice because they cannot find or afford needed health care for their child whose behavior threatens the safety of themselves and of the family. Other children commit minor offenses—breaking curfew, drinking in public—that get them arrested. Still others have committed more serious crimes that most agree require some type of secure placement.

About 20 percent of the 100,000 youth in juvenile detention facilities have a serious mental disorder. The consensus among mental health and juvenile justice officials is that many of these children would fare better receiving mental health treatment in the community. Ideally, they say, services should be available to children to prevent behaviors from escalating to the

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point of arrest. And many children with mental disorders who are arrested for minor offenses could be more effectively treated by diverting them from the corrections system to community-based treatment.

Children with mental disorders who have committed serious crimes and need to be incarcerated also require adequate mental health care while detained, as well as uninterrupted care upon release. Their ability to function when placed back in the community depends on such continuity of care.

In most communities and in the juvenile justice system, however, effective mental health care appears to be lacking. Service systems needed to keep children with serious emotional disorders out of institutions, such as behavioral coaching, family therapy and support, respite care, individualized day treatment, and in-home crisis care, are underdeveloped in many communities. Currently, the main children's mental health delivery and financing systems—Medicaid, child welfare, juvenile justice, and even the public mental health system—direct most of their resources to institutional care. And recent studies find that inpatient hospital beds needed to stabilize children for the short term are also lacking.

The situation is also troubling for children with mental disorders who must be incarcerated. An ongoing series of investigations by the U.S. Justice Department has uncovered severe physical and sexual abuses of youth in juvenile detention facilities and has also found inadequate and inappropriate mental health care in the corrections system.

A number of states and localities are leading the way to change this scenario. Innovative models are being developed at the local, state, and federal levels to both divert children with serious mental disorders away from the juvenile justice system and to redirect resources to build a community-based infrastructure of care. New screening and assessment tools are being used by police officers, juvenile courts, and detention facilities to pinpoint children's problems. Some states are taking deliberate steps to ensure that Medicaid coverage resumes immediately upon release of detained youth. These efforts, many of which require bureaucratic creativity and agency collaboration, hold lessons for wide-scale policy improvements. This Forum session will consider a broad range of questions that explore how public systems of care can be more effective in preventing the unnecessary incarceration of children with mental disorders.

## KEY QUESTIONS

- What are the roads to incarceration traveled by children with serious mental disorders?
- What data are available that can reveal the severity of mental disorders among children who enter the juvenile justice system and the extent to which these disorders go untreated?

- How do the public mental health, child welfare, and juvenile justice systems interact at the state level in caring for children with serious mental disorders?
- What are the barriers to shared funding among Medicaid and the public mental health, child welfare, and juvenile justice systems?
- To what extent can Medicaid be used to build community-based systems as alternatives to incarceration for children with serious mental disorders?
- What resources can the juvenile justice system use to improve the availability and quality of mental health services for incarcerated youth?

## SPEAKERS

**Joseph Cocozza, PhD**, is director of the National Center for Mental Health and Juvenile Justice, a part of Policy Research Associates (PRA), Inc. The Center promotes the awareness of the mental health needs of youth in the juvenile justice system and helps develop improved policies and programs based on research and practice. For the past six years, Dr. Cocozza has also co-directed the National GAINS Center for people with co-occurring disorders in the justice system. Before joining PRA, Dr. Cocozza spent seven years as executive director of the New York State Council on Children and Families, a state agency charged with improving the provision and coordination of services for children and families.

**Edward Loughran** is executive director of the Council of Juvenile Correctional Administrators, an organization representing the chief executive officers of state juvenile correctional agencies. He served as commissioner of the Massachusetts Department of Youth Services from 1985 to 1993. Mr. Loughran spent 10 years with the New York State Division for Youth as a program director for juvenile offenders and administrator in the agency's central office. A frequent lecturer and writer on topics of juvenile justice, Mr. Loughran teaches undergraduate and graduate level courses at Suffolk University in Boston. He has served as a consultant to a variety of juvenile justice agencies throughout the country.

**Ronald Denney** is deputy secretary of the Kansas Department of Social and Rehabilitation Services (DSRS) where, among other duties, he oversees the operation of the state's Medicaid Home and Community-Based Waiver program for children with mental and emotional disorders—the largest such waiver program in the country. Before assuming his DSRS position in March 2005, Mr. Denney spent 19 years as executive director of the Four County Mental Health Center, Inc., in Kansas. There he developed parent education and family preservation services, as well as after-school and summer programs for children with severe emotional disorders.

**Erin Espinosa** is a program specialist in the Federal Programs Division of the Texas Juvenile Probation Commission, the state agency that establishes standards and provides funds, training, and technical assistance for the 168 juvenile probation departments of Texas. Ms. Espinosa coordinates with the Texas Council on Offenders with Medical and Mental Impairments and the Department of State Health Services to assist projects that focus on juvenile offenders with mental impairments. In addition, she trains and monitors local juvenile probation departments in managing their Title IV-E Foster Care programs and serves as a liaison between juvenile probation and the state mental health system.



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