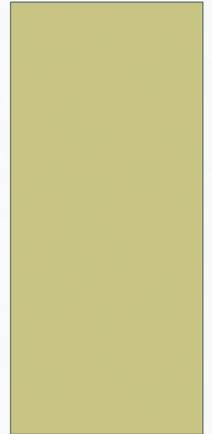




# JUVENILE JUSTICE YOUTH

RECOMMENDATIONS FROM THE OREGON STATE COURT  
JUVENILE JUSTICE MENTAL HEALTH TASK FORCE



# JUVENILE JUSTICE MENTAL HEALTH TASK FORCE

- Chief Justice Balmer appointed 2014
  - Broad representation.
  - Examine adequacy of services in light of current best practices; identify whether any inadequacies exist; and develop recommendations.
  - Recommendations issued January of 2016.



# FINDINGS

# PREVALENCE OF MENTAL HEALTH DISORDERS

- Nationally, it is estimated 70 percent of children in the juvenile justice system have at least one mental health disorder.
- In Oregon:
  - All youth enter system through county juvenile department.
  - No legal requirement for screening, assessment or services unless court ordered.
  - Screening and services are based on local practices and resources.
  - No comprehensive statewide data available on prevalence.
  - By the time youth reach OYA, 88% of girls and 75% of boys have been diagnosed with a mental health disorder (OYA Quick Facts, July 2016)

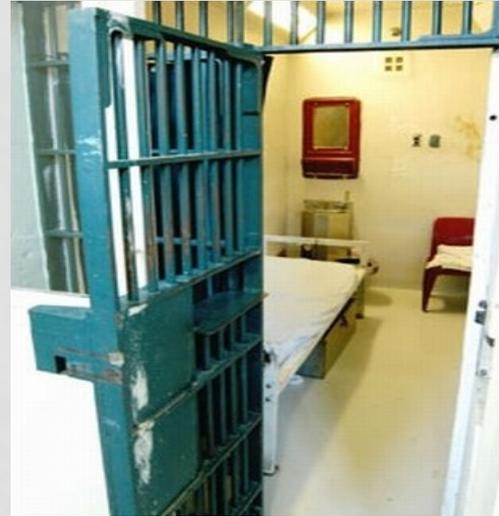
# PLACEMENT PROBLEMS

- Lack of:
  - Crisis placements
  - Residential care placements
  - Psychiatric placements



# NON-THERAPEUTIC PLACEMENTS

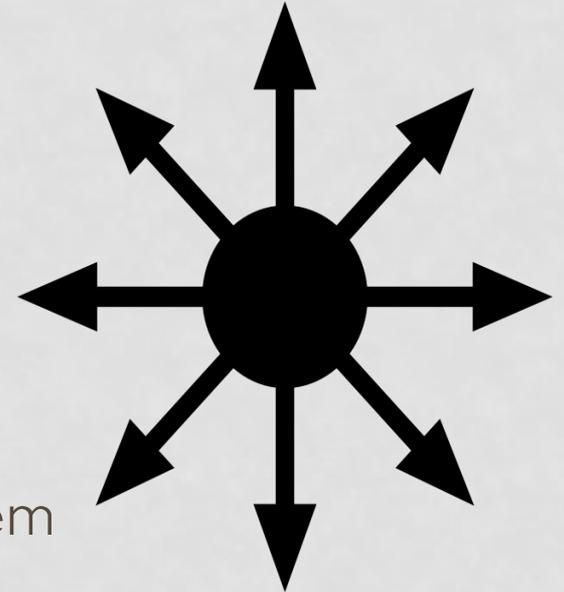
- Inappropriate placements:
  - Juvenile detention
  - Emergency rooms



- New developments in child welfare:
  - Lost 500 placements in two years. Some kids with behavior issues are waiting in hotel rooms and DHS offices for placement.

# ASSESSMENTS AND ADMISSIONS

- Lack of:
  - Uniform assessment tools
  - Uniform admission process
  - Comprehensive assessment centers and crisis placements
  - Psychiatric services
- Leads to:
  - Delay
  - Escalation
  - Disintegration
  - Increased costs and burdens on the system



# MULTI-SYSTEM YOUTH

- Lack of information sharing
  - Multiple assessments and diagnoses
  - Inadequate protections regarding the use of psychotropic medication
  - Lack of comprehensive plan for child as she moves from system to system



# MORE SYSTEMS PROBLEMS

- Committees and task forces not well coordinated
- Funding for placements and services siloed
- Medicaid not available for incarcerated youth
  - Approximately half of Oregon youth do not continue with the same mental health provider upon discharge from detention.
- Insufficient number of evidence based, culturally appropriate interventions available for juvenile justice youth.



# RECOMMENDATIONS

# CORE VALUES AND PRINCIPLES

- All child serving systems should agree to a common set of principles by which young people and families are treated, engaged and encouraged to participate.



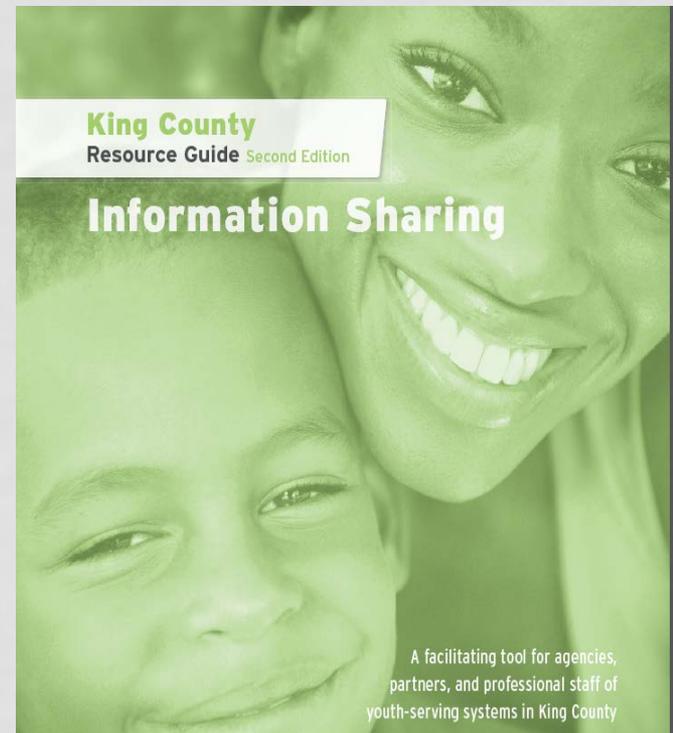
# CHILDREN'S CABINET

- Judicial, Executive and Legislative branches work together
  - Centralize and better coordinate the work of governmental agencies, task forces, committees that address systems reform issues
  - Statewide
    - Convened by Governor's Office



# INFORMATION SHARING

- Information Sharing Guide
  - Who can share what
- Develop uniform release
- Identify needed state law reforms



# PREVENTION

- Efforts should be made to identify and treat children with mental health issues before they reach the juvenile justice system.
  - Validated screening tool for use in law enforcement, schools, medical providers and juvenile departments.
  - Share screening information between schools, law enforcement, mental health and juvenile justice
- Promising programs:
  - School based mental health care coordination
  - Oregon Pediatric Services START Program
  - Law enforcement mobile crisis unit (Marion)
  - Community Healing Initiative Early Intervention Diversion Program



# SCREENING AND ASSESSMENT

- Youth referred to detention should be screened for mental health issues;
  - Access to mental health assessment within 48 hours.
    - If juvenile department can't comply = report to juvenile court and document in JJIS.
  - Regional assessment centers
    - Uniform assessment
    - Trauma informed
    - Place to decompress
  - Timely access to recommended services



# EVIDENCE BASED SERVICES

- Juvenile departments, providers and courts need to work together to ensure the programs youth are referred to are producing positive outcomes.
  - Gaps should be identified and filled at the local level. If this isn't possible, statewide officials should be notified.

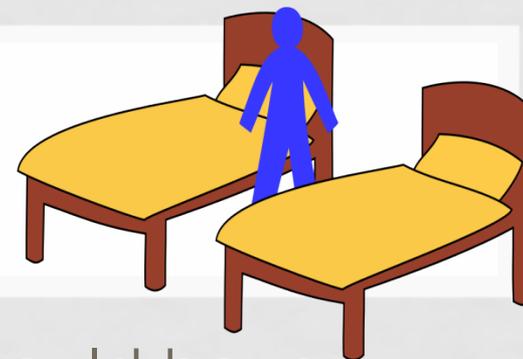


# PSYCHOTROPIC MEDICATIONS

- Additional legal protections regulating the use of psychotropic medications for juvenile justice youth should be enacted.
  - Youth should be provided the same level of protection when they cross systems (ie., dependency to delinquency).
  - Additional protections are needed to address youth in detention:
    - Continue medication during stay in detention.
    - Current mental health assessment
    - Monitoring of symptoms, side effects
    - Continuity of care after release
    - Prescribing flags trigger independent review



# PLACEMENTS



- Youth with mental health problems should have access to services at home when public safety allows.
- Systems for accessing treatment beds should be reformed.
- Youth should be placed in least restrictive placement (TFCO?).
- Comprehensive review of residential care system.
- Transition planning should be provided before, during and after youth move from one placement to the next.

# CONTINUITY OF CARE

- Juvenile departments and OYA should ensure that youth have mental health services set up in the community upon release from custody.
  - CCOs should be required to work with juvenile justice agencies before youth are released.
  - OHA needs to require cooperation in contracts with CCOs (2018).



# FINAL THOUGHTS

- Co-Chairs:
  - Hon. Nan Waller, Multnomah County Circuit Court
  - Hon. Lisa Greif, Jackson County Circuit Court
- Staff:
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