Juvenile Justice, Mental Health and Youth of Color :

A Framework for Action in Texas

THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK

southwest key programs

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Download an electronic copy of the report and supplemental materials at www.swkey.org or www.utexas.edu/research/cswr/yji/recentwork.html.

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Executive Summary

A crisis in the Texas juvenile justice system lies at the point of convergence of two issues facing nearly every state in the nation: 1) the rising prevalence of mental health issues among all system-involved youth, and 2) the continued disproportionate representation of youth of color in the justice system. Fifty percent of youth in the Texas juvenile justice system have at least one mental health disorder. African American youth represent 13% of the general Texas population but 25% of the youth referred to the juvenile justice system. Hispanic youth make are 43% of all Texas youth but 47% of those referred. Only white youth are underrepresented; they make up 40% of the general population but just 28% of referred youth.

Further analysis reveals a lack of culturally appropriate public education and outreach, assessment, treatment and aftercare both in and outside the justice system. Also to blame is the failure of other public systems, including public health, child welfare and education, to appropriately intervene in the lives of these troubled youth before they get caught up in the justice system.

The Study

We knew that the juvenile justice system was being used as a default provider of mental health services. Because youth of color are disproportionately represented in the system, this study sought to determine how this issue specifically impacted them, and propose a framework for action to address this.

This study is unique in two important ways: 1) It was among the first to address mental health issues in the Texas juvenile justice system specifically as they impact youth of color; 2) It began from the point of view of those same youth of color, through interviews and conversations with system-involved youth and their families. Numerous stakeholder focus groups and interviews were conducted with the youth, their families, system professionals responsible for their care and local and national experts in juvenile justice, public health, education and public policy. Then, during a two-day symposium, a panel of regional and national juvenile justice and mental health experts discussed and analyzed the interview findings, producing the comprehensive set of policy recommendations presented below.

The full report describes factors contributing to these disparities and system failures and offers recommendations for the reforms necessary to alleviate them.

Recommendations

Increase the accessibility of services in the community through the public health and education systems.

Less than half of youth in Texas with mental illness receive the treatment they need. This shortcoming most impacts youth of color, since they are one-third to one-half as likely as white youth to receive the care they need. Factors that may contribute to less access to care for youth of color include poverty, lack of insurance, large distances between the home community of youth and the location of service provision, difficulty navigating the system, or simply a lack of appropriate services.

Poverty and lack of insurance in particular can lead to a young person's early mental health issues going unidentified or being mislabeled as behavior problems, leading to involvement in the juvenile justice system.

Texas needs to establish an infrastructure of culturally competent community-based services, including culturally diverse providers, that are physically accessible to needy populations and supported by culturally appropriate public education and outreach.

While white families tend to come into contact with

mental health services through self-referral or health care providers, youth of color are more often referred by representatives of education, probation or child welfare. Therefore, the capacity of these agencies for identifying and appropriately addressing mental health issues through community-based services must be strengthened.

Develop programs that divert youth with mental health issues from the juvenile justice system.

At least half of the youth in the Texas juvenile justice system have a mental health issue, yet less than one third of them receive proper care while in the system. With inadequate care, along with heightened risks of victimization, recidivism and other short and long term impacts of custody, the system is likely to exacerbate rather than reduce a child's mental health problems. Yet trends in Texas show the juvenile justice system is becoming the primary safety net for youth with mental health issues. Diversion programming needs to be strengthened so they can receive treatment outside the juvenile justice system.

An all too common pathway by which youth of color end up in the juvenile justice system instead of more appropriate treatment settings is through the schools. Before resorting to justice system referrals, schools must make sure their policies and practices regarding problem behavior take into account possible underlying mental health issues. Teachers and school personnel must have the support they need to properly address behavioral issues. This support must include community-based programming that does not limit the youth's chances of success in school.

Also, culturally sensitive legal representation must be made available to all youth so that families know their rights and can better advocate for their children.

Use mental health screening protocols that are culturally relevant and administered by culturally competent individuals.

Essential to the early identification of emerging mental health issues, and to the shifting of their care away from the juvenile justice system, is improvement of the screening and assessments tools used to determine diagnosis and subsequent treatment.

These tools need to:

- identify known risk factors for mental health and behavioral health problems, especially difficult family situations and exposure to violence, abuse, and trauma;
- identify risk behaviors that are indicative of underlying mental health issues;
- be validated for use with both male and female youth of different racial, ethnic, cultural and socioeconomic backgrounds; and
- identify strength or protective factors.

There also must be cultural competency training for those who administer and interpret the assessments.

Expand engagement efforts that are linguistically appropriate, reflect cultural norms and values and increase awareness about symptoms and causes of mental health issues and available services.

Early and repeated exposure to violence, instability and trauma are correlated with subsequent school, behavioral and mental health problems. Families and communities need to be aware of these and other risk factors and of how to access services when their children are exposed to them.

The Texas health system lacks cultural competency and diversity among caregivers, which keeps many youth of color and their families from approaching the system and can lead to inadequate assessment and care when they do. This is particularly common among Hispanics, who represent almost half of the system-involved youth. Culture and language-appropriate public education and outreach needs to be targeted to underserved populations.

Ensure greater family and consumer involvement in treatment.

Parent or guardian involvement in their child's interaction with the system is critical for the youth to receive the services he or she needs. Therapeutic programming must be designed to encourage the participation of family. Research also shows that successful aftercare programming, including avoiding returns to custody, is more common when families play a prominent role in supporting their child through their transition out of the system.

Increase treatment services for youth while in custody in the juvenile justice system.

Finally, for youth who remain in the juvenile justice system, assessment and treatment services need to be strengthened and expanded. The system should offer culturally competent screening followed by provision of high quality services characterized by cultural awareness, family involvement and equity. These should include appropriate staff training and support along with accountability measures.

Services provided within the juvenile justice system should be coordinated with other public agencies and community-based providers so there can be a continuum of treatment and, when possible, sustained relationships with individual caregivers as the youth moves through the system and after release. Services should be linked to aftercare programs in home communities that emphasize family and community support systems.

Rose and Jared's Story

Rose's son Jared entered the juvenile justice system when he was only ten years old. Jared was a sweet and sensitive African American boy but he began showing signs of aggression at school. He was a big kid for his age and was frequently teased at school until the day where he had enough and hit another young girl in the face. From this day on, Rose would be struggling with her son's behavior problems and involvement in the justice system.

Even the most cursory examination of Jared's life sheds light on the onset of his behavior problems. Jared's father was a strict and often violent man. Both Rose and Jared were physically abused. At age six, Jared was taken out of his mother's home after going to school with injuries resulting from this father's abuse. Rose worked hard and was quickly successful in bringing Jared back into her care. However, Jared's behavior problems continued. Jared demonstrated significant anger management issues and struggled with anxiety. Unfortunately, few community resources were available and teachers could not handle Jared in school. Jared was diagnosed with Bipolar Disorder and Attention Deficit and Hyperactivity Disorder. Rose leveraged her social worker and Jared's probation officer to gain access to any services they could find, but the school system was a particular challenge. Ten years later, Jared's father is in prison, Rose lives in Texas, and Jared is living outside the state. To get Jared into a school system that was better equipped to work with Jared's mental health issues, Rose made the difficult decision to allow Jared to live with relatives while she stayed behind in Texas.

Introduction

Rose and Jared's story is indicative of what many families of color experience with public schools, child welfare and juvenile justice systems. Her son's injuries and behaviors brought him to the attention of child protective services, but rather than receiving treatment for mental health and family problems in his own community, he entered the juvenile justice system due to his aggressive behavior in school. Though Rose interacted with numerous systems, her son's mental health needs and the context in which they were occurring remained largely ignored. The lack of awareness or the dearth of more appropriate treatment options resulted in Jared being separated from his immediate family in order to receive the services that were unavailable in his home community.

This case illustration makes clear what many system stakeholders have been saying for a very long time: namely, that Texas is failing to provide adequate mental health treatment for youth of color involved in the juvenile justice system.

Over the last decade, issues of mental health among youth in the Texas juvenile justice system have come to the forefront of the dialogue on reform. Various legislation addressing youth mental health needs came before the 81st Texas Legislature in 2009. Nationally, the increasing involvement of youth with mental health issues is presenting a major crisis in the juvenile justice system, but rarely has this issue been studied through the lens of race and ethnicity.

Because youth of color are overrepresented in the system, this is an issue that disproportionately affects them. To ignore or understate concomitant mental health issues reinforces oversimplified and inappropriate identification, assessment, treatment, education, and social responses (i.e., tends to stigmatize the individual and attribute cause to cultural group membership). This report sheds light on how poverty, institutionalized racism and economic situations in communities of color contribute to mental health diagnosis and treatment. It offers a framework for action to further the state's agenda to ensure, not only reduction of disproportionate numbers of youth of color in the juvenile justice system, but also that youth of color with mental health needs are appropriately identified, assessed, served and supported.

Overview of the Study

In 2009, Southwest Key Programs collaborated with the Inter-American Institute for Youth Justice at the University of Texas at Austin to take a comprehensive look at how mental health issues and behavioral health care disparities are affecting youth of color in juvenile justice system in Texas. With support from the Hogg Foundation for Mental Health, staff conducted stakeholder focus groups and interviews, along with a review of the literature, gathering data to paint a picture of the most pressing problems facing this population of youth. The findings were analyzed by a panel of regional and national experts at a symposium on June 23 and 24, 2009 in Austin, Texas. The panelists used their analysis to craft a comprehensive set of policy recommendations that promote effective mental health policy for Texas' juvenile justice system.

Knowledge Gap

A good deal of time has been invested in the study of disproportionate minority contact and youth with mental health needs in the system. But focused attention has not been given to the study of youth of color in the intersection of juvenile justice and mental health.

"The juvenile justice system has become a dumping ground for youth of color with emotional or behavioral problems. It is a punitive, abusive, third rate substitute for the kinds of community-based interventions and treatments that middle class folks routinely access when their kids have similar problems...

Sure, there are lots of delinquent youth who have mental health needs. But, if we were talking about white, middle class kids, few officials would dare suggest sending them to juvenile institutions to address those needs. Yet, that's the absurd justification provided for the incarceration of many low-risk youth of color."

- Bart Lubow, Annie E. Casey Foundation

This is one of the first times the intersection of mental health and juvenile justice has been analyzed for its impact on kids of color in Texas. But what truly sets this study apart is that it brings a bottom-up perspective to the policy debate. By inviting youth, families and direct service providers to drive the conversation, to offer their perspective and validate the findings, the recommendations presented are grounded in experiences with the potential to have a more lasting and meaningful impact.

Review of the Literature

One of the most significant findings in juvenile justice research has been the increasing number, variety and complexity of mental illnesses of system-involved youth (Rawal, Romansky, Jenuwine, & Lyons, 2004). Research indicates that the juvenile justice system is increasingly used as the primary provider for treating youth with mental health disorders, especially youth of color. Data reveal that up to 70% of youth in the juvenile justice system have a mental health disorder while more than 20% have a serious mental illness (Cocozza & Skowyra, 2000). In fact, mental health issues pose a serious risk for youth involvement in the juvenile justice system (Maschi, Hatcher, Schwalbe, & Rosato, 2008). Unfortunately, mental health care services are expensive, and for those families who lack insurance coverage or the ability to pay, treatment for a child may be altogether unattainable.

Barriers to Mental Health Treatment for Youth of Color

Numerous studies indicate that children from families of color and high-poverty communities are less likely to receive both public and private health services. Youth from minority racial and ethnic groups are one-third to one-half as likely to receive mental health care as white youth (Holm-Hansen, 2006). Poverty, lack of insurance coverage and reduced access to quality services in high-poverty areas all contribute to disparities in access to mental health.

As a result of an inability to access services, the juvenile justice system has witnessed a trend in families intentionally involving their youth in the system simply to receive mental health care (see, for example, Hollandsworth, 2003). Koppelman, in his publication on mental health issues and juvenile justice (2005) notes that "Some parents have their children arrested for minor infractions because they cannot afford mental health care and the child's behavior has begun to threaten his or her personal safety and that of the family." In April 2003, the General Accounting Office reported that at least 12,700 families relinquished custody of their children simply so the youth could access mental health services that their families could not otherwise afford. In about 9,000 of these cases, the children went into the juvenile justice system to access these services, strongly suggesting a reliance on the juvenile justice system as a means of receiving treatment for mental health problems. This can be extremely detrimental to the child because the juvenile justice system is more often than not ill-equipped to address the complex and serious mental health needs that youth present (MacKinnon-Lewis, Kaufman, & Frabutt, 2002).

The short- and long-term ramifications of justice system involvement are incredibly severe, particular for youth of color, and place youth at risk for a host of future problems (Hipwell & Loeber, 2006). Children and youth with mental health needs would be more effectively served in their own communities by systems designed to address these issues.

The System of Last Resort

In April 2003, the General Accounting Office reported that at least 12,700 families relinquished custody of their children simply so the youth could access mental health services that their families could not otherwise afford. In about 9,000 of these cases, the children went into the juvenile justice system to access these services, strongly suggesting a reliance on the juvenile justice system as a means of receiving treatment for mental health problems.

Lack of Quality Mental Health Services in Texas

We see this dynamic in play in Texas. In 2006, the National Alliance on Mental Illness (NAMI) gave Texas' mental health services a "C" grade (NAMI, 2009a) and the Texas Department of State Heath Services acknowledged that Texas' mentally ill population was not receiving adequate mental health care (Deegan & Pastner, 2006). Three years later, the grade was a "D." NAMI explained this downgrade by citing that Texas ranked 49th among US states in mental health expenditures per capita and was plagued by a "lack of cultural competence," with significant obstacles to delivery of care to citizens not fluent in English (NAMI, 2009a).

> *"Children from communities of color are far less likely to receive public or private mental health services, largely due to poverty, lack of insurance coverage and less access to quality services in high-poverty areas. The Hogg Foundation has funded this study to enable us to identify key mental health issues facing youth of color in the juvenile justice system in Texas and, more importantly, how to approach and solve them."*
>
> *- Dr. Juan Sánchez, El Presidente, Southwest Key Programs*

In 2007, the National Survey on Children's Health reported that 42% of Texan children with mental illness were able to receive some sort of care or counseling during that year, well below the reported national average of 60% (Kaiser Family Foundation, 2008). A 2009 report, released by the Texas Department of State Health Services, found that only 18% of mentally ill youth in Texas had received the full mental health treatment for which they qualified (Community Action Network, 2009). This problem is in part due to the fact that 1.4 million (22%) Texan children have no health insurance. However, even those children who do have health insurance are often not properly covered in cases of mental illness (Deegan & Pastner, 2006).

Geographical access to available services is also an issue (Deegan & Pastner, 2006). In many areas of Texas, psychiatric care for children is unavailable. In 2005, only 35 of the 254 counties in Texas had a resident child psychiatrist. With only 5 child psychiatrists located in the 177 "rural" counties in Texas, the travel required for some families to access mental health for their child is prohibitive, particularly in West Texas and the Panhandle (Deegan & Pastner, 2006). In fact, two out of every three Texas counties have been dubbed "mental health professional shortage areas" by the Texas Department of State Health Services (Texans Care for Children, 2009).

There are signs Texas is taking steps to address the issue. It is encouraging that Texas is one of the few states that does not expect to reduce its mental health budget in the upcoming year (NASMHPD Research Institute, 2008). Also, Texas was one of nine states to recently receive a Transformation State Incentive Grant from the Substance Abuse and Mental Health Services Administration (Ganju, 2008). This additional funding will aid Texas' recent initiative to fully incorporate mental health as a component of public health and early intervention efforts, which includes an appropriation of $82 million to redesign the state infrastructure regarding mental health services, and $500 million assigned to other mental health programming. This initiative shows that Texas leaders are making an effort to improve the quality of service for the mentally ill.

Mental Health Challenges Among System-Involved Youth

Nationally, there is a growing recognition that many youth enter the juvenile justice system with multiple

mental health and substance abuse issues that extend beyond the behaviors that initially brought them into contact with the system. It is estimated that 50 to 75% of incarcerated youth nationwide have a diagnosable mental health disorder (Building Blocks for Youth) with as many as 20% of these youth having what would be considered a severe mental disorder (MacKinnon-Lewis et al., 2002). These disorders range from major affective disorders experienced by 15-42% of detained youth to conduct disorders experienced by 50-90% of detained youth (Pliszka, Sherman, & Barrow, 2000).

Additional studies demonstrate that many youth in the juvenile justice system also have extremely high rates of substance use and abuse. According to work conducted by Tripodi and Springer (2007), research indicates a significant association between adolescent alcohol and/or drug use and abuse and delinquency (cf. Dembo, Pacheco, Schmeidler, Fisher, & Cooper, 1997; Huizinga, Loeber, & Thornberry, 1994; Rossow, Pape, & Wichstrom, 1999). Their review of literature studies found that incarcerated adolescents are three times more likely to have used a substance in the past year than other adolescents and that juvenile offenders are more likely to have substance use problems (cf. Office of Applied Studies, 2004, Molidor, Nissen, & Watkins, 2002). As a result, a large number of the youth in the juvenile justice system have co-occurring substance use and mental health disorders.

Many practitioners and experts in the field of juvenile justice recognize that the system is being used as a primary provider for many youth with untreated or unmanaged mental health needs. Contributing to this problem is a lack of available mental health services in communities. According to a report from the Surgeon General's Conference on Children's Mental Health, it is estimated that less than 10% of those youth with severe mental health issues in the general population will receive treatment (USDHHS, 2000). For youth already involved with the juvenile justice system, the issue of access becomes even more complicated as many community mental health agencies frequently deny services to youth who have been incarcerated based on a lack of competency to serve this population. Stigma and misunderstanding of mental health needs as well as barriers and difficulty navigating the system further contribute to young people of color underutilizing services (Rawal et al., 2004).

Consequently, youth with mental health needs tend to be shuffled through the various systems, often ending up in the juvenile justice system in their early teens with many failed opportunities for intervention along the way.

Texas Juvenile Justice System: Primary Provider of Mental Health Services

Again, we see these national trends in Texas. In 2003, the Texas Juvenile Probation Commission administered the Diagnostic Interview Schedule for Children (DISC) to juvenile offenders in Texas. The DISC is a family of extensively tested, highly structured psychiatric interviews used to diagnose mental disorders. This study indicated that about half (47.5%) of juveniles in the Texas system suffered from at least one disorder (Schwank, Espinosa, & Tolbert, 2003). Fifty-

Table 1. DISC Results

Diagnosis	White	Hispanic	African American
Anxiety Disorder	32.6%	32.8%	39.4%
Affective Disorder	8.4%	8.5%	7.3%
Disruptive Disorder	27.4%	20.3%	15.2%
Substance Abuse Disorder	33.7%	29.9%	12.1%
Suicide Ideation	14.7%	10.2%	17%
Suicide Attempt	17.9%	14.3%	10%

seven percent of whites, 52% of Hispanic juveniles, and 38% of African American juveniles were reported to have some sort of mental disorder.

Schwank (2003) reports that the rates of affective and anxiety disorders did not substantially differ by race. However, whites were more likely to report disruptive disorders and substance abuse disorders. African Americans were more likely to report having considered suicide in the past four weeks whereas whites were most likely to report recent and lifetime suicide attempts. (See Table 1, DISC Results for Youth Entering Texas Juvenile Justice System, Source: Schwank, 2003.)

The Texas juvenile justice system has become increasingly relied upon as a primary provider of mental health services (Deegan & Pastner, 2006). In 2009 TYC had 243 beds dedicated to youth with mental health issues, as compared to the mental health system that has a combined 206 beds in state hospitals available for any children with residential mental health needs (L. Alexander, Texas Youth Commission, Personal Communication, December 28, 2009; S. Smith, Texas Department of State Health Services, State Hospital Section, Hospital Management Services Division December 11, 2009, Personal Communication). Between 2001 and 2004, the number of mentally ill youth in the juvenile justice system who reported receiving services from state Mental Health and Mental Retardation centers dropped by 15%, while the number who received services from juvenile probation department increased by 258% (Deegan & Pastner, 2006). Because many communities do not have the resources to treat youth with mental illnesses, the juvenile justice system's services are often the only option. Increasingly, courts and families feel compelled to turn to the juvenile justice system as a primary provider of mental health services (Deegan & Pastner, 2006). In 2002, the Texas Department of Protective and Regulatory Services documented 244 children relinquished to state custody because they had no other means of obtaining mental health care (Deegan & Pastner, 2006).

Focus Group Facilitator: *"What do you think would really make a difference in the lives of kids who are in trouble?"*

Youth: *"For our parents to really love us."*

Texas Disparity

In Texas, of the 102,056 youth referred to juvenile justice in 2007, 28% were white (compared to 40% in the general population), 25% African American (compared to 13% in the general population), and 47% Hispanic (compared to 43% in the general population) (TJPC, 2009).

Although some adolescents are able to receive the care they need in the juvenile justice system, there is general agreement among experts that mental health care in the juvenile justice system is hard to obtain and often far from sufficient. Only 31% of the youth in the Texas juvenile justice system receive adequate mental health services (Deegan & Pastner, 2006). Further, mentally ill youth are at a significantly increased risk of victimization by other juveniles while in detention (Community Action Network, 2009).

Racial Disparity in Accessing Mental Health Treatment

This situation is further exacerbated for young people of color. There is a clear overrepresentation of youth of color in the juvenile justice system. Although youth of color make up one-third of the adolescent population in the United States, they represent two-thirds of the youth confined in local detention and state correctional systems. In recent years we have seen a decrease in the overall number of youth in custody in the juvenile justice system. However, the largest decline has been in the white population where white youth have

experienced an 18 percent decline (Davis, Tsukida, Marchionna & Krisberg, 2008). Therefore, youth of color remain consistently overrepresented, with African American youth accounting for 40 percent of the placement population while only accounting for 15 percent of the total youth population (Davis et al., 2008).

In addition, access to mental health treatment also appears to be correlated to race and ethnicity. Studies indicate that children of color are approximately one-third to one-half as likely to receive mental health care as their white peers. The greatest disparity in mental health utilization was found for Hispanic/Latino youth (Holm-Hansen, 2006). This disparity exists in access to care, as well as service completion and quality. While the disparity may be attributed to many factors, poverty seems to have a broad influence on access due to a lack of insurance coverage. Availability of quality services that reflect cultural norms and values also impacts the underutilization of mental health services by minority youth. There is a shortage of mental health providers from diverse racial and ethnic communities or others who are adequately trained and grounded in the culture, language, values, and worldviews of those they serve. As such, mental health services may not have the needed sensitivity to appropriately serve many of the youth and families in our most diverse and economically poor communities.

The issue of cultural competency within the mental health system is of particular concern in Texas. According to NAMI, while Texas recently reported having the infrastructure supports necessary to develop a culturally competent workforce, as of 2008 the state had not taken any of the steps needed to improve the cultural aspects of their mental health services (Cooper, Aratani, Knitzer, Douglas-Hall, Masi, Banghart & Dababnah, 2008; NAMI, 2009a). No director or taskforce had been put in place, nor had plans or activities planned or implemented to recruit and develop a culturally competent workforce. In mental health systems that lack cultural competence, people of color "may not seek services in the formal system, cannot access treatment, drop out of care, are misdiagnosed, or seek care only when their illness is at an advanced stage" (NAMI, 2009b). Until reforms are implemented, the absence of a culturally and linguistically conscious approach to mental health services in Texas will only become more of a problem, especially considering the projected increase of Hispanic youth in the population. In the next ten years, the number of Hispanic youth in the general population is projected to grow by 35% and their number in the juvenile justice system by 20% (Spriggs, 2008; Cooper et al., 2008; Schwank et al., 2003).

There also seems to be a significant difference in the sources of referrals for treatment for youth of color as compared to white youth. White families are more likely to self-refer for services or be referred by health care providers while youth of color are more likely

Preliminary Recommendations

The following concepts emerged from this literature review to be discussed in a symposium of national and local experts, where recommendations will be made to create a framework for action:

- Increase the accessibility of services in the community through the public health system and the education system
- Develop programs that divert youth with mental health issues from the juvenile justice system
- Use mental health screening protocols that are culturally relevant and administered by culturally competent individuals
- Ensure greater family and consumer involvement in treatment
- Expand educational and outreach efforts that are linguistically appropriate, reflect cultural norms and values, and increase awareness about symptoms and causes of mental health issues and available services
- For those youth who cannot be diverted, increase treatment services while in custody

to be referred by teachers, juvenile probation workers or child welfare representatives (Chow, Jaffee, & Snowden, 2003). In these instances, the referral is more likely to be for restrictive placements rather than community-based interventions. Once referred for treatment, studies have shown that African American adolescents tend to be diagnosed with more severe disorders, including disorders less amenable to treatment (Isaacs, 1992) or with behavioral disorders as opposed to mental health disorders. For example, African American youth are more often labeled with conduct disorder than their white counterparts (Nguyen, Arganza, Huang, & Liao, 2007).

Policy Implications

The findings from this literature review raise a multitude of questions with mental health and juvenile justice policy implications. For example, what is the impact of the disparity of access to effective mental health services? What role should the juvenile justice system play in the lives of youth with mental health issues? How many youth of color are in the juvenile justice system because opportunities for intervention have been missed and other systems have failed?

Themes from Parent Focus Groups

Parents saw that the issues their kids were having showed up first and most frequently, in school.

"If your kids are acting in the same cycle over and over and they [the school] don't do anything what does that mean? They don't care." - Bexar County Parent

Parents felt lost. They knew their child was having problems, but they did not know how to help them and could not access services.

"When I was in trouble, my son was in trouble, there was no one to turn to. We was all alone." - Bexar County Parent

"I saw changes happening, but the resources around here is so slim, you can't get no help, and that's sad." - Travis County Parent

Parents did not understand the legal process, have access to legal advice or know how to protect their child's rights.

Mental health screenings are not done early enough. Once diagnosed with mental health issues, parents were unable to afford medication due to a lack of insurance and the costs associated with the prescriptions.

Once involved with the Juvenile Justice System, their child's mental health symptoms did not improve, leading many to believe that the system is not designed to provide therapeutic treatment.

"I think they forgot about the word rehabilitation. What happened to rehabilitation?" -Travis County Parent

Methodology

A structured, bottom-up approach to gathering stakeholder feedback was central to the design of this study. By grounding the research in practitioner, youth and parent knowledge, the resulting recommendations benefited from a more nuanced understanding of how the policy problem is actually experienced.

Data were collected through 15 semi-structured interviews with national and local experts, 10 focus groups, and numerous youth interviews conducted between January and November 2009. The stakeholder feedback was used to create the agenda for a policy symposium where recommendations were developed. Those recommendations were put before parents, youth and practitioners for validation prior to publication in this report. Finally, an analysis of Texas state agency policies and statutes was conducted to determine where policies were already in place which aligned with the recommendations.

Focus Groups & Interviews

Ten focus groups were held in two central Texas counties (Travis and Bexar) with parents, youth advisors and practitioners. Parents of youth currently or formerly involved in the state's juvenile corrections system, the Texas Youth Commission (TYC), or the county-level juvenile probation system were selected to participate. The practitioners all worked with youth through probation, community-based services, public schools, mental health services or after school programs. The youth advisors were members or recent graduates of the TYC Youth Ombudsman Program or youth currently participating in one of Southwest Key's community-based juvenile justice programs.

A semi-structured list of topics and questions were developed to assist participants to focus their attention on the components of the juvenile justice system with which they were familiar. Parents, guardians and caretakers were asked to identify ways that youth could have: 1) avoided contact with the juvenile justice system; 2) limited penetration of the juvenile justice system; and 3) obtained needed services and supports while in the juvenile justice system and as they transition back into the community. Service providers were asked to describe the strengths and barriers to providing adequate and appropriate services to kids. Group leaders were trained in facilitation methods and were given topics to guide the conversations.

Additionally, interviews were conducted with a panel of local and national experts in juvenile justice, mental and behavioral health, public policy, education and disproportionate minority contact. The themes that emerged from these interviews, along with those of the focus groups, structured the symposium discussion.

Stakeholder Groups

Stakeholders representing a variety of perspectives provided input used to inform the policy recommendations of this study, including:

- mental health, education and juvenile justice professionals,
- providers serving youth and families involved in the juvenile justice system,
- justice reform advocates, and
- youth and parents of youth presently and formerly involved in the juvenile justice system.

Policy Symposium

On June 23 and 24, 2009, Southwest Key Programs collaborated with the Inter-American Institute for Youth Justice at the University of Texas at Austin to host a symposium addressing the mental health needs of youth of color in the Texas juvenile justice system. The symposium brought together regional and

national experts on mental health and juvenile justice to analyze the data from the stakeholder interviews and focus groups and craft the policy recommendations presented in this report (see page 2 for a list of symposium participants).

The symposium was held at Southwest Key's Centro de Familia community center in the heart of the Johnston Terrace neighborhood of East Austin, a low-income community of color. This setting was significant to the bottom-up design of the study: it was important that the development of recommendations for youth of color happen from within their own community, with youth, parent and community participation.

During the symposium, participants were asked to give a brief presentation in their area of expertise to provide some background on each topic. The data were analyzed and policy recommendations drafted. Following the symposium, an additional set of focus groups convened to discuss and validate the policy recommendations.

Emerging Themes

The following themes emerged through the interviews and stakeholder focus groups:

1. The juvenile justice system is not set up to provide therapeutic treatment to meet the long-term needs of youth of color.
2. Screening and needs-assessment tools and practices are inadequate.
3. Parent involvement and advocacy is critical to youth obtaining access to services that work.
4. Poverty has a profound effect on the identification of the young person's needs and their ability to access quality services.
5. The education system is in a critical position to address emerging mental health issues and juvenile delinquency.
6. The juvenile justice system lacks cultural competency throughout: from screening tools and assessments, to staffing and delivery of services.
7. A high incidence of violence, instability and trauma experienced by young people appears to be the precursor to their school and behavioral problems and the underlying causes of their involvement in the juvenile justice system.

Findings & Recommendations

This section outlines the most pressing problems facing youth of color with mental health needs in the Texas juvenile justice system and offers specific recommendations for addressing them. The summary of findings and policy recommendations offered below emerged from the study's focus groups, symposium, literature review and interviews. Stakeholders, including youth, parents, practitioners and subject matter experts, identified four broad categories of critical issues faced by youth of color with mental health needs: (a) identification and assessment of mental health needs, (b) pathways into the juvenile justice system, (c) contact with the juvenile justice system, and (d) treatment and aftercare. These categories structured the discussions at the symposium, leading to the set of recommendations offered here. The recommendations were taken back to the parent and youth stakeholder groups for validation and feedback.

A. Identification and Assessment

Summary of Findings

Identification and assessment of mental health needs of youth of color is under-researched, but has serious implications. Lack of understanding of how diagnoses differ by race and ethnicity and the unique needs of youth of color result in disparities in treatment. Both the timing of assessment and cultural appropriateness of assessment tools are essential for proper treatment. Often behavioral problems manifest themselves before severe measures are necessary, making early assessment crucial. While there are noted differences regarding mental health diagnosis and treatment utilization due to race and ethnicity, most assessment tools have not been validated for use with different racial and ethnic groups (Nguyen et al., 2007). In addition, few assessment tools take strengths into account or prioritize parental involvement.

The differential application of the formal psychological categories of "conduct disorder" versus "emotional disturbance" results in the placement of higher percentages of youth of color into punitive systems versus treatment. The terms are often applied to children with very similar (if not identical) sets of observable behaviors. However, the term "conduct disorder" is more frequently applied to youth of color while "emotional disturbance" (ED) is more likely applied for the same constellation of observable behaviors to white youth. This is significant because the ED label is a trigger for special education, treatment and counseling services; alternatively, the "conduct disorder" label is not a basis for special education or treatment, but more likely results in referrals to the juvenile justice system.

Recommendations

A1. Use research-based screening and assessment tools that take into account cultural factors and demonstrate effectiveness with youth of color.

A2. Involve youth of color and their families in the process of early identification, screening and assess-

The Impact of Trauma

Trauma, chaos and difficult family situations that are often part of the experience of living in poverty have serious mental health implications for kids. Youth of color are less likely to have access or utilize mental health services that are available. If youth don't have insurance, untreated issues related to depression, trauma and familial stress become behavioral issues, which schools don't have the capacity to handle. Thus, when the child is assessed, they are more likely to be labeled as having extreme behavioral and mental health issues that are not amenable to treatment.

ment of needs.
A3. Establish an infrastructure of culturally competent community-based services that address the mental health needs of youth of color and prevent juvenile justice system involvement.

A4. Ensure screening and assessment tools identify youth of color exposed to violence, abuse and trauma and treat this as a mental health issue.

A5. Identify assessment tools that have been validated for use with different racial and ethnic groups.

B. Pathways into the Juvenile Justice System

Summary of Findings

While numerous pathways lead youth of color into the juvenile justice system, problems in school are often a precursor. For girls, poor academic performance is noted as the most significant risk factor associated with early delinquency (Greene, Peters & Associates, 1998). School characteristics and practices can heighten risk factors that lead to delinquency. School-based policies and procedures can inadvertently push students along a pathway that leads to justice system involvement. For example, poor staff attitudes and inappropriate responses to problem behaviors are related to negative outcomes for students (Christle, Jolivette, & Nelson, 2005). School staff, particularly teachers, often have a significant impact since there is a strong relationship between student performance and teacher characteristics and skills.

"Since I have worked for so many decades within state agency and public school venues... I have always tried to see things from the point of view of the child – especially the child struggling with neglect and/or abuse and/or discrimination. And I felt as though the people you convened for the conference shared that unique and very critical point of view as well...and really wanted to create a viable voice that could impact conditions for such children. I was very honored to be included."

Dr. Deborah Nance, Symposium Participant

Zero tolerance policies in schools negatively impact both the behaviors of students as well as the overall school environment (Christle et al., 2005). Legislation passed with the intention of keeping students safe, such as the Texas Education Code disciplinary provisions, have inadvertently created a "school-to-prison pipeline" which disproportionately impacts youth of color. The code sequences increasingly stringent and unequal educational settings for separate placement of students who engage in a variety of behaviors from "disruption" in the classroom to assault or possession of alcohol.

Alternative disciplinary settings typically fail to provide all courses required to meet graduation requirements, focus only on basic minimum curricula and are poorly equipped to prepare students for college entry. Data indicate that policies and procedures associated with disciplinary statutory provisions result in highly disparate placement of male students, particularly Hispanic and African American students. Furthermore, state accountability records reveal that dropout rates increase and course completions decrease for students placed in disciplinary alternative education settings.

Family and community factors such as exposure to violence and substance abuse are recognized as pathways that frequently lead youth into the justice system. Delinquent youth often have a multitude of family problems such as limited or poor parental support, attachment and relationships. Family members of delinquent youth often experience mental health problems themselves, which adds to the complexity of needs within the family. In addition, the communities in which many of these youth live struggle with high rates of crime and violence. Of the juvenile offenders admitted to the Texas Youth Commission during the 2009 fiscal year, 38% had a documented history of be-

ing abused or neglected, 57% came from low-income homes, 71% came from chaotic environments, 50% had families with histories of criminal behavior and 12% had family members with mental impairments (TYC, 2009).

The impact of trauma and witnessing violence on young people's mental health cannot be underestimated. According to a national study released by the Office of Juvenile Justice and Delinquency Prevention (OJJDP, 2009):

- "more than 60 percent of the children surveyed have been exposed to violence within the past year, either directly or indirectly (i.e. as a witness to a violent act; learning of a violent act against a family member, neighbor or close friend; or experiencing a threat against their home and school);
- The types of violence children were exposed to included assault with a weapon and/or injury, sexual victimization, child maltreatment, and dating violence;
- Nearly 1 in 2 of children surveyed were physically assaulted at least once in the past year, with more than 1 in 10 injured in an assault."

The long-term impact of such exposure is relatively unknown, however, experts and providers serving youth recognize trauma in the behaviors and overall perceptions of the young people living in such conditions.

Many youth who first interface with the justice system do not require detention or residential confinement. However, when viable treatment services, diversion or other alternatives do not exist, youth may be referred to juvenile justice programs as a means of getting treatment. Research has shown that initial involvement in the justice system places youth at risk for future recidivism.

Recommendations

B1. Reform of the Texas Education Code disciplinary provisions to take into account mental health issues when school-based disciplinary action is being considered or has been taken. Ensure teachers have training, support and options to work with youth of color displaying behavioral issues without resorting to juvenile justice system involvement.

B2. Provide stronger and more effective interventions and supports within the home school environment to prevent students of color who display disruptive behavior from being removed and sent away to inadequate educational alternatives.

B3. Expand Texas' community-based program infrastructure to divert youth of color who have mental health issues but do not pose a public safety threat away from institutional settings. Ensure programs are culturally responsive.

B4. Strengthen defense attorney services for juveniles. Ensure youth of color and their family members are made aware of their rights and have culturally competent and grounded advocates.

B5. Educate communities of color about the impact of trauma and witnessing violence on a young person's mental health and how to get help without going to law enforcement or the juvenile justice system.

Rigorous Evaluations

In order to be able to critically evaluate services and programs that address the mental health problems of youth of color in the justice system, rigorous evaluations need to be conducted including outcome evaluations to ensure that programs are meeting intended goals and producing the desired effects. Skowyra and Cocozza (2006) in their blueprint for improving mental health services for justice system-involved youth consider regular evaluation one of the underlying principles in their model.

C. Contact with the Juvenile Justice System

Summary of Findings

While findings related to pathways, assessment, treatment and aftercare are addressed separately in this report, they all occur within the larger context of a system that has historically been beset by racial partiality and differential treatment. Maschi et al. (2008) note that there are numerous barriers to accessing mental health treatment across different youth serving agencies. But this occurs within the confines of a system where the disproportionate representation of youth of color exists during all stages of contact and where African American and Latino youth receive more severe dispositions compared to white youth (Youth Law Center, 2000).

Once youth are in the system there is often a disconnection between their treatment needs and the services they receive. Rawal et al. (2004) found that while youth of color demonstrated the highest levels of mental health needs, they may be the most underserved. This is particularly problematic since in a study by Teplin, Abram, McClelland, Dulcan, & Mericle (2002), nearly two-thirds of males and nearly three-quarters of females met the diagnostic criteria for one or more disorders, including affective, psychotic, anxiety, attention deficit, disruptive, substance use or conduct disorder.

Recommendations

C1. Racial injustice and disparities experienced by youth of color need to be more adequately addressed through an explicit commitment to cultural competence and awareness. This should include development and implementation of policies and practices with measures for accountability and ongoing training and support of service providers.

C2. Strengthen the coordination of efforts among school, family, social service, mental health and juvenile justice service providers in order to improve fragmented service delivery approaches where youth of color are transferred numerous times from different placements and providers. There must be a focus on sustaining relationships whenever possible.

C3. Redirect funds from incarceration to the development and expansion of culturally competent community-based treatment program options.

The Importance of Aftercare

Aftercare is crucial if youth are to successfully transition out of the juvenile justice system. It is important for youth to maintain relationships with members of their support networks into aftercare to help prevent recidivism. When youth are able to be treated in the community, they should be transitioned to a less restrictive environment whenever possible and linked to important resources that will increase their likelihood of success.

D. Treatment and Aftercare

Summary of Findings

Once youth are committed to residential placements, a number of factors increase their likelihood of successful program completion and transition. In particular, culturally and gender responsive programming and family involvement are shown to reduce recidivism. Ryan and Yang (2005) found that continuous family contact including counseling, family visits while in the residential placement and home visits after release reduced recidivism.

Recommendations

D1. Provide culturally responsive treatment options for youth of color who are in the system and involve family members in its delivery.

D2. Establish culturally responsive aftercare programs for youth of color transitioning from the system, keeping youth in their home communities to draw on social support networks, while ensuring continuity of treatment and access to medication after release.

Conclusion

The juvenile justice system is being used as a default provider of mental health services. Because youth of color are disproportionately represented in the system, this study sought to determine how this issue specifically impacted them, and propose a framework for reform.

Data from various sources, including parents, youth, practitioners and national experts revealed that young people of color face extraordinary challenges in accessing mental health services. This study confirms that youth of color are less likely to receive mental health care, often receive poorer quality care and are significantly under-represented in mental health research. As their problems become increasingly acute, it is more likely that youth of color will come to the attention of the juvenile justice system. And once in the system, a lack of diversion programs and treatment combine to increase the possibility that the child will become further entrenched. Finally, when youth of color leave the system, factors of age, race and poverty intersect to create an environment that isn't able to support their transition back into the community.

These findings should matter to all Texans. Not only does this impact the safety, health and general wellbeing of our state's youth, it places an undue burden on systems not equipped to support them. But at its root, this is about fairness and equality for all children. When everything else is equal, youth of color are still treated differently for the same behavior. Behavior resulting from a mental health disorder is more likely to result in juvenile justice system involvement with more severe dispositions for kids of color than for white youth.

The recommendations included in this report are intended to provide Texas policymakers and juvenile justice and mental health administrators with guidance on how to effectively advocate for kids of color with mental health issues. Utilizing the juvenile justice system is one of the most expensive and least effective ways of obtaining treatment for youth. At a time when Texas has to make difficult decisions about spending, implementing these recommendations could result in significant savings. Getting kids of color the help they need based on sound assessments will save this state money. Diverting kids of color from the juvenile justice system into appropriate treatment will save this state money. For those who are in the system, improving the effectiveness of the mental health services they receive there will reduce recidivism and save this state money. Keeping kids of color in school and avoiding over-criminalization of their behavior will help them become independent, tax-paying citizens in the future. Everyone wins when kids are provided with the care that is most appropriate for them.

The recommendations offered in this report broadly outline best practices for improving the situation for youth of color with mental health issues, but it is up to you—advocates, policymakers, practitioners, public agency administrators—to determine the best way to operationalize this framework. As advocates are setting their legislative priorities in preparation for the next session, we hope they will incorporate these principles and recommendations into their agenda. And because these recommendations were reviewed and validated by parents and youth who were intimately familiar with the system, advocates can feel confident that these recommendations resonate in the field and can be applied successfully.

Institutions, advocates and policymakers have worked hard in the last few years to make important changes to a youth justice system in need of reform and we are already beginning to see positive results around the state. This framework for action builds on that momentum and helps to lead the state toward a healthy continuum of care for kids. There is a strong sense of urgency to tackle this problem now because youth with serious needs are getting lost in the system, with many missed opportunities to address their mental health issues along the way. We hope this report and its recommendations will serve as a catalyst for change.

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