



The Advocate

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A newsletter on children's issues

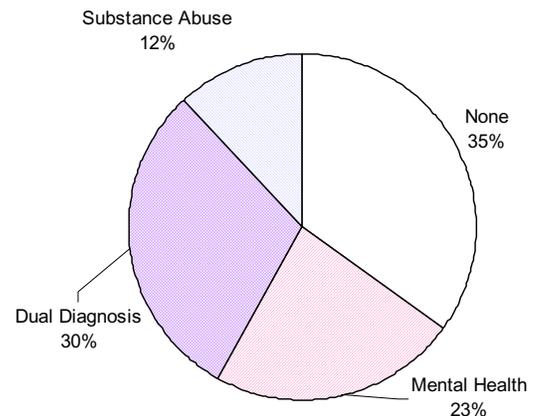
October 2004



Juvenile Justice and Mental Health in Tennessee

Recent studies of Tennessee's juvenile justice system have raised concerns about the treatment of young people with mental health problems and point to recommendations to help prevent children from entering secure confinement.

Youth in Juvenile Facilities with Known Mental Health and Substance Abuse Problems



A survey of juvenile justice facilities conducted on behalf of the Tennessee Department of Mental Health and Developmental found more than half the youth in those facilities experienced mental health problems. Fifteen percent of them were on some type of psychotropic medication. Conduct disorder and depression were the most frequent diagnoses.

Nationally, it was estimated that the death rate from suicide, frequently a result of depression, was 4.6 times higher in juvenile detention centers (JDC) than in the general population. The attempt rate for delinquent youth was more than three times that of other youth.

The state survey, completed in 90 percent of the facilities, found a lack of consistency in the method of identifying and providing services for youth. All facilities collected information about medical histories and medication needs. Regional mental health institutes collected the most complete information, and temporary holding resources (THR), the least amount.

The provision of services was less consistent, but JDCs and THRs did not see themselves as treatment facilities called upon to provide services. However a national study found that 7 percent of all juveniles in detention centers were

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Calendar of Events

Events relating to helping children are available at: www.tennessee.gov/tccy/webcalen.html

TCCY

For more information on the Tennessee Commission on Children and Youth and its programs, check out the website at www.tennessee.gov/tccy

Tennessee Commission on Children and Youth

Andrew Johnson Tower
9th Floor
710 James Robertson Pkwy.
Nashville, TN 37243-0800

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Definitions

Juvenile Detention Centers (JDC) are operated by county governments or private agencies and may also contract with smaller counties to house youth.

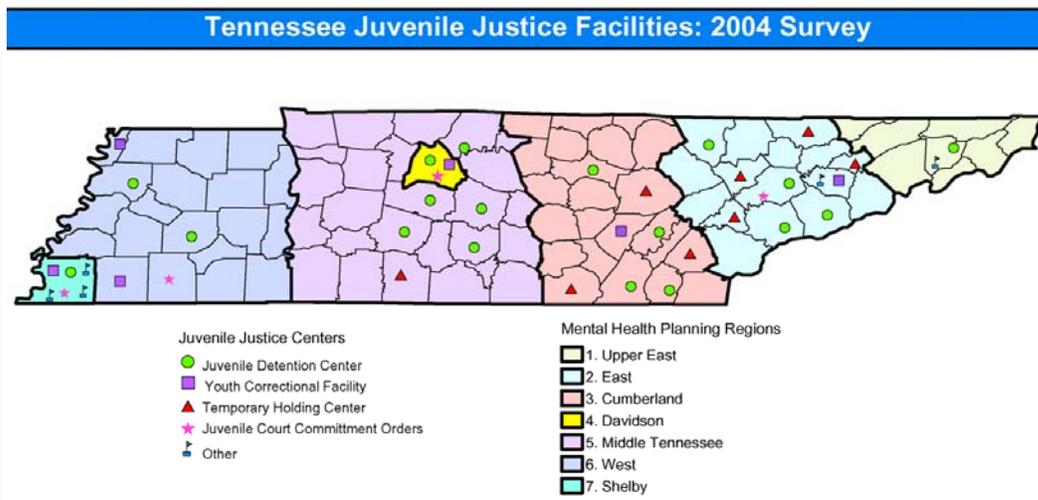
Temporary Holding Resources (THR) are non-secure facilities with secure capabilities in smaller counties with no JDC or regular need for juvenile detention.

Youth Correctional Facilities (YCF) serve and treat adjudicated youth.

Juvenile Court Commitment Orders (JCCO) are usually conducted at the Tennessee Department of Mental Health and Developmental Disabilities' Regional Mental Health Institutes (RMHI) or other psychiatric facilities.

Mental Health

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waiting for community mental health services. The cost of caring for these young people was estimated at \$100 million per year, but the report found that detention facilities were not generally equipped to serve these youth.

The Tennessee study found that one JDC and one THR failed to provide crisis intervention services.

Ninety-three percent of facilities surveyed reported they provided a staff training program. JDCs and THRs were most likely to provide a range of services. Suicide prevention and intervention were most likely to be provided, and services for developmental and learning disabilities were least likely to be provided. Perhaps most surprising was the low level of training on substance abuse, developmental disabilities and psychiatric medication reported at the YCFs.

In 2000 the Coalition for Juvenile Justice released a report on the mental health needs of young offenders. Drawing on a number of studies, the group reported that:

- between 50 percent and 75 percent of incarcerated youth had a diagnosable mental health disorder;
- 20 percent, one in five, had a serious emotional disturbance;
- 19 percent were at risk for suicide.

The National Mental Health Association (NMHA) reported that appropriate treatment of juvenile offenders prevented future offenses, reducing the costs to the youths, their families and the community.

Effective treatment programs, according to the NMHA, are:

- Structured, intensive and focused on changing specific behaviors;

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The Tennessee Commission on Children and Youth Cindy Durham, Chair Gallatin

Betty Anderson Covington	E. Ann Ingram Columbia
Natasha Blackshear Nashville	Drew Johnson Johnson City
P. Larry Boyd Rogersville	Mary Lee Dickson
Sidney Bynum Fayetteville	Carlton Lewis Nashville
Dennis Clark Chattanooga	Christy Little Jackson
Beverly Cosley Chattanooga	Jerry Maness Memphis
Tabitha Dean Cordova	Sharon T. Massey Clarksville
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Susan Glassman Germantown	Marie Mobley Goodlettsville
Tim Goldsmith Memphis	James K. Scott Oak Ridge
Marti Herndon Martin	Sue Pilon Cookeville
Trudy Hughes Maryville	Joetta Yarbro Dyersburg
Charles Hutchins Greeneville	Linda O'Neal Executive Director

Systems of Care Training

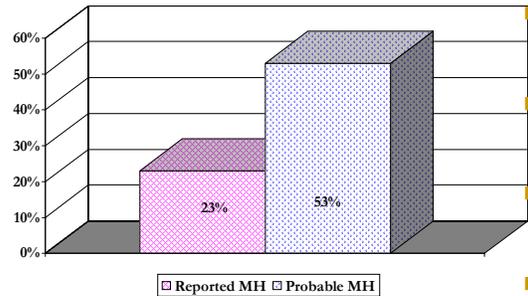
One of the most frequently identified treatment approaches for children with emotional and mental health problems in the community is through an integrated system of care. A system of care, such as the Nashville Connection coordinated by Tennessee Voices for Children (TVC), collaborates across public and private agencies to develop coordinated plans for family-centered, community-based services. The strengths of the youth and family and their input are an integral part of the plan.

TVC has scheduled a conference, *Making a System of Care a Reality in Tennessee*, for October 18-20 at Calvary United Methodist Church, Nashville. For more information contact TVC by phone at (615) 269-7751 or (800) 670-9882, by fax at (615) 269-8914, by e-mail at TVC@tnvoices.org or on the web at <http://www.tnvoices.org/soc2004.htm>.

Mental Health

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How Many Youth Had Mental Health Problems?



- 23% Mental health problem identified by staff
- 21% Formal psychiatric diagnosis in file
- 41% Mental health services while in facility
- 15% Psychiatric medication while in facility
- 6% Suicide watch while in facility

- Occur in the community;
- Involve family members in their child's treatment; and
- Integrate services from a variety of systems, including juvenile justice, mental health and education, etc., to serve families in individualized ways.

The Tennessee researchers recommended a number of changes, which follow.

1. Provide joint planning and resources to prevent youth problems from becoming so severe that the youth appear in the juvenile justice system, service youth within the juvenile justice system and, upon transition, serve youth within the community.
 - The Governor's Children's Cabinet should endorse a System of Care approach statewide as a public policy priority.
2. Address issues within the juvenile justice system, including:
 - Screening for mental health, substance abuse and developmental disabilities using a standardized screening instrument;
 - Training on identification of and services for mental health, substance abuse and developmental disability problems;
 - Links with appropriate community treatment agencies.
3. Reach out to this population within communities and link with the courts and juvenile facilities.
4. TennCare changes, including:
 - Provision of court liaison to TennCare-eligible youth at their first encounter with the juvenile justice system;
 - Education on TennCare availability for pre-adjudicated youth;
 - Suspension, rather than termination, of TennCare eligibility for youth who are incarcerated and a simple process to reinstate youth at discharge. ■■

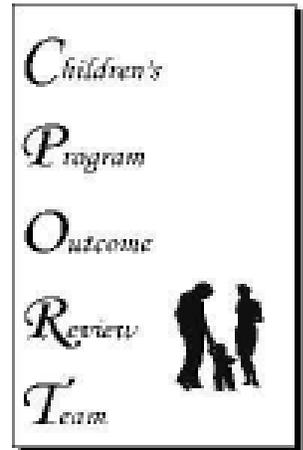
Children's Program Outcome Review Team's Look at Woodland Hills Youth Development Center

The Tennessee Commission on Children and Youth's Children's Program Outcome Review Team (CPORT) conducted a special review of children adjudicated delinquent and placed at Woodland Hills Youth Development Center, a youth correctional facility in Nashville.

The results of the review were presented to the Department of Children's Services. DCS is making efforts to address many of the problems and implement recommendations.

In addition to the evaluation of system functioning of the Woodland Hills, the review found that 91 percent of the children had a mental health diagnosis. Nearly a fourth (24 percent) were diagnosed with a serious mental illness; diagnoses included bi-polar illness, post traumatic stress disorder, intermittent explosive disorder, major depressive disorder and psychosis. Some of these children refused to take prescribed psychotropic medications. Seventy-eight percent of the children needing mental health counseling or therapeutic services were receiving them through a contract with Vanderbilt Medical Center. More than half of them were receiving quality services that adequately addressed their needs.

The CPORT evaluation also identified a need for improved education services, including special education and special support for youth who needed to have been on a college-bound track. Fifty-eight percent of the youth were at least three grades behind in reading, and 44 percent of the group, generally between the ages of 13 and 19, were reading at a level below 6th grade. ¶



The Advocate is published by the Tennessee Commission on Children and Youth as an information forum on children's issues. The Tennessee Commission on Children and Youth, an independent state agency, serves as an advocacy agency and information resource for planning and coordination of policies, programs, and services on behalf of the state's children and youth. The 21-member Commission, appointed by the governor, works with other agencies and with regional councils on children and youth in each development district to collect information and solve problems in children's services. To receive *The Advocate*, contact Fay L. Delk, Publications Editor, Tennessee Commission on Children and Youth, 710 James Robertson Parkway, 9th Floor, Nashville, TN 37243-0800. Phone: (615) 741-2633. Fax: (615) 741-5956. E-mail: fay.delk@state.tn.us.

Youth Awaiting Mental Health Services Cost Detention Centers \$100 Million Annually

The House of Representatives Committee on Government Reform released a Minority Staff Report investigating the impact of mental health resources on juvenile detention centers. The report, *Incarceration of Youth Who are Waiting for Community Mental Health Services in the United States*, found that:

- ✓ During a six-month period, nearly 15,000 incarcerated youth waited for community mental health treatment in 47 states, including Tennessee;
- ✓ Two-thirds of juvenile detention facilities hold youth who are waiting for community mental health treatment;
- ✓ Every night, 2,000 youth (7 percent of all youth in detention) await community mental health services in detention;
- ✓ Housing these youth costs \$100 million annually.

Two-thirds of the detention centers holding youth awaiting community mental health services report some of these youth have attempted suicide or attacked other youth; however, half report inadequate levels of related training and a fourth provide no or poor quality mental health services.

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Voting by People with Disabilities

- 54 million Americans have disabilities.
- 35 million Americans with disabilities are of voting age.
- 17.5 million voting age Americans have a severe disability.
- People with disabilities register to vote at a rate that is 16 percentage points lower than the general population.
- More than 16 million people with disabilities across the country are not registered to vote.
- If Americans with disabilities voted at the same rate as the rest of the population there would have been four million more votes cast in the 2000 presidential election.
- In 2000, 41 percent of Americans with disabilities voted compared to 51 percent of all adults.
- 1,059,947 Tennesseans with disabilities are of voting age.
- 417,619 Tennesseans with disabilities voted in November, 2000.
- Despite the National Voter Registration Act, 75 percent of people with disabilities report they have never been asked to register to vote by a service provider.

Source: TN Disabilities Coalition

Disability Coalition Leading Get Out the Vote Campaign

The Tennessee Disability Coalition is organizing the VOTE! Campaign to increase political participation by people with disabilities.

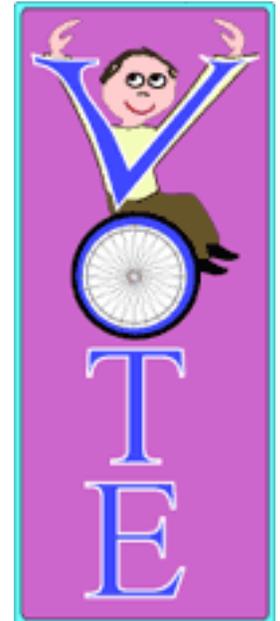
For this population, whose full participation in the community was earned through a long legislative process, influence on political processes is critical. The organization quotes Justin Dart, the “father of the Americans with Disabilities Act,” who said, “We need to vote like our lives depend on it, because they do.”

Education issues, access to health care, regulation of drug and other therapies, physical or other barriers, and continued discrimination based on disability are among the many reasons that disabled people and their families may realize that government actions affect their lives daily. Although more than three fourths of disabled Americans receive no public services, half of those receiving these services have some level of disability. Therefore, all families with disabled members need to influence governmental choices.

Unlike most other conditions subject to discrimination, disabilities can occur at any age and to any race. They may have a clear causation or may occur suddenly. No one is immune.

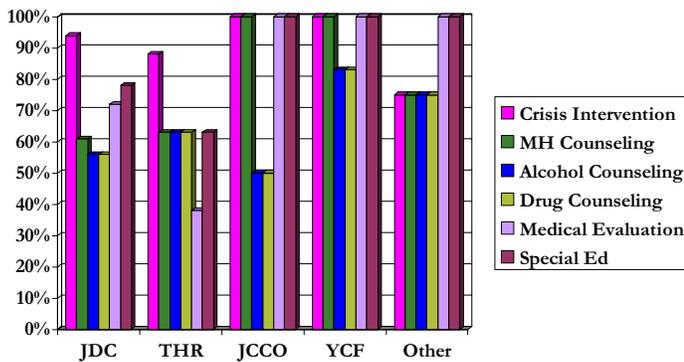
The campaign is a non-partisan, statewide effort to increase voter participation by people with disabilities. This population has a lower voter participation rate than does the general population, nationally 41 percent compared to 51 percent. Voter participation in Tennessee for the entire voting age population is low, During the 2000 presidential election, only 49 percent of the Tennessee voting age population, or 2,076,181 people, voted. The state ranked 37th in voter participation. The state’s leading vote getter was the active choice of only 25 percent of those eligible to vote. Twenty-four percent of the voting age population voted for another candidate, leaving a majority of the population who failed to make a selection.

One theory of voter participation is that content people do not feel the need to vote; the contrasting theory is that people who fail to participate are not happy, but do not believe they can influence the results. People with disabilities have faced many barriers, which have resulted in lower participation.

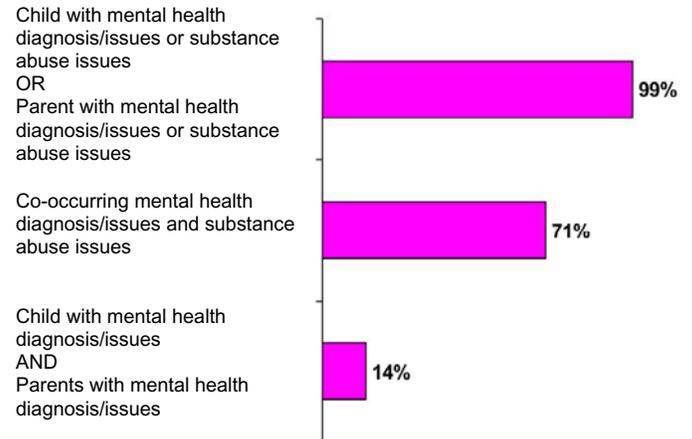


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What Services Are Offered Within the Facilities?



Critical Intergenerational and Combined Issues: 2003 Delinquent Adjudication



Source (above): Tennessee's Youth in Juvenile Justice Facilities,
Source (right): Children's Program Outcome Review Team (CPORT) Evaluation of Children in State Custody

Detention

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The report attributed this costly and dangerous practice to:

- ✓ Lack of access to mental health care;
- ✓ Lack of accountability (schools sending youth to court rather than following IDEA recommendations);
- ✓ Bias toward law-enforcement solutions;
- ✓ Lack of comprehensive insurance for mental health problems;
- ✓ Lack of coordinated, integrated care.

A bill to prevent families from having to surrender custody of their children in order to receive mental health services was introduced in Congress last year but failed to be moved out of committees. The House bill was co-sponsored by Reps. Jim Cooper and Bart Gordon. The Senate bill was sponsored by 15 senators, including Sen. Jeff Sessions of Alabama and Sen. Mark Pryor of Arkansas, but neither of Tennessee's senators signed on to it. 🏠

Vote

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The Vote! Campaign has the following goals.

- ✓ Increase the number of people with disabilities and their supporters who are registered and who vote.
- ✓ Decrease or eliminate barriers to voting for people with disabilities, including policy barriers, access barriers, and social and practical barriers.
- ✓ Establish a statewide network of local, grassroots VOTE! Committees to work on registration, poll access, get-out-the-vote (GOTV), issue advocacy, and election campaigns in their own communities.
- ✓ Provide broad-based and targeted voter education on both the voting process and disability-related issues.

For more information contact VOTE! coordinator Joanne Rich (joanne_r@tndisability.org), the VOTE! organizer Lucy Du (lucy_d@tndisability.org) or the agency website (www.tndisability.org/Voter-Campaign.html). 🏠

**TCCY
Regional Coordinators**

Northeast Tennessee Council
Diane Wise
1233 Southwest Ave., Extension
Johnson City, TN 37604
(423) 979-3200 ext 105
Diane.Wise@state.tn.us

East Tennessee Council
Robert Smith
531 Henley St., 7th Floor
Knoxville, TN 37902
(423) 594-6658
Robert.E.Smith@state.tn.us

Southeast Tennessee Council
Marilyn Davis
540 McCallie Ave., Suite 643
Chattanooga, TN 37402
(423) 634-6210
Marilyn.Davis@state.tn.us

Upper Cumberland Council
Kathy Daniels
1000 Neal Street
Cookeville, TN 38501
(931) 520-4445
Kathy.Daniels@state.tn.us

Mid-Cumberland Council
Jo Stanley
710 James Robertson Parkway,
9th Floor
Nashville, TN 37243-0800
(615) 532-1579
Jo.Stanley@state.tn.us

South Central Tennessee Council
Elaine Williams
Post Office Box 397
Columbia, TN 38402-0397
(931) 388-1053
Elaine.Williams@state.tn.us

Northwest Tennessee Council
Dana Cobb
P. O. Box 586
Huntingdon, TN 38344
(731) 986-4243
Dana.Cobb@state.tn.us

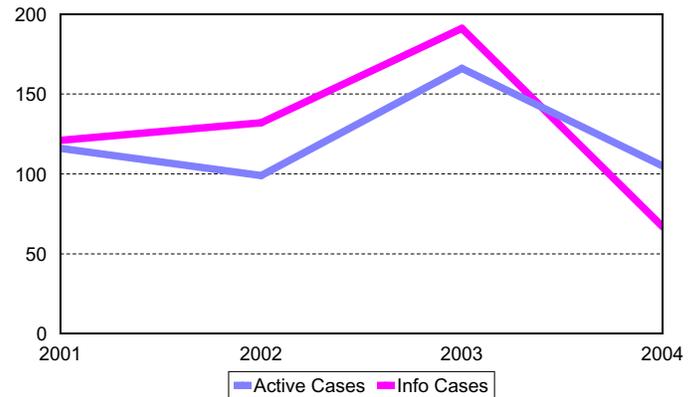
Southwest Tennessee Council
Rodger Jowers
225 Dr. Martin Luther King Drive
Jackson, TN 38301
(731) 423-6545
Rodger.Jowers@state.tn.us

Memphis/Shelby County Council
Gwendolyn Wright
170 N. Main St., 9th Floor
Memphis, TN 38103
(901) 543-7657
Gwendolyn.Wright@state.tn.us

Ombudsman Program Helps Families

The Tennessee Commission on Children and Youth has provided an Ombudsman for Children in State Custody since 1996. Funding has been provided by a Juvenile Justice and Delinquency Prevention Act Challenge Grant. TCCY added a Kinship Care component in 2003 .

Ombudsman Referrals



During Fiscal Year 2003-04, the ombudsman office recorded 172 referrals. More than 60 percent or 105 referrals were regarded as active cases and 67 referrals were categorized as information-only cases. To date, a total of 157 referrals have been closed while 15 referrals (active cases) remained opened.

An examination of cases in May and June of 2004, found 53 percent of active cases concerned children who were adjudicated dependent, neglected or abused, and 29 percent were adjudicated delinquent. The remaining 18 percent had no adjudication given.

Cases so far in fiscal year 2004-05 were distributed across the state, with the highest percentage coming from the Mid-Cumberland region and no cases coming from the Northwest region. ¶

Resources

Incarceration of Youth Who are Waiting for Community Mental Health Services in the United States, U.S. House of Representatives Committee on Government Reform-Minority Staff, July 2004 (<http://www.democrats.reform.house.gov/Documents/20040817121901-25170.pdf>).

Tennessee's Youth in Juvenile Justice Facilities: Mental Health, Substance Abuse, and Developmental Disability Issues, Tennessee Department of Mental Health and Developmental Disabilities, 2003 (<http://www.state.tn.us/mental/cj/jjmhreport061104.pdf>).

Treatment Works for Youth in the Juvenile Justice System, National Mental Health Association, (www.nmha.org/children/justjuv/treatment.cfm).

Community Perspectives on the Mental Health and Substance Abuse Treatment Needs of Youth Involved in the Juvenile Justice System, National Mental Health Association (www.nmha.org/children/justjuv/youth_treatment.pdf). ¶



TCCY Authorization No. 316049. October 2003.