

Mental health issues

Studies conducted in the 1990s documented a clear and increasing reliance on the adult justice system to care for the mentally ill. This trend also is seen in the juvenile justice system. According to OJJDP, research has shown that youth involved in the juvenile justice system have higher rates of mental illness than youth in the general population. At least 20 percent of youth in the juvenile justice system have a serious mental health problem.¹ Most of these disorders are diagnosable but tend to remain untreated or mistreated. Strategies promoted by OJJDP to address the issue include community-based alternatives to detention and developing mental health treatment plans and services in correctional facilities.

The Mental Health and Juvenile Justice Initiative allows counties to refer mentally ill youth in detention to community-based mental health services. However, in 2006, the initiative removed detention as a requirement for eligibility. Referrals may come from any juvenile justice contact, including probation officers, court officials, and **court services**, within six months of a youth's initial contact.

The initiative began in January 2000 when the Illinois Department of Human Services awarded contracts to providers for case monitoring of youth in detention identified as having a mental illness. The program operates in all counties in Illinois that house youth detention centers. Eligibility is based on the presence of a psychotic or affective disorder. Youth with behavioral disorders are excluded from the program unless they occur with a psychotic or affective disorder. Wards of Illinois Department of Children and Family Services are not eligible. Court staff may refer youth to the program, but the screening tool, Childhood Severity of Psychiatric Illness (CSPI), determines who receives services. A program liaison conducts the initial eligibility screening after referral from a juvenile justice professional. The liaison then develops a treatment plan and connects the youth to appropriate treatment services.

Data summary

The number of referrals made to the Mental Health and Juvenile Justice Initiative varied widely across counties, mostly due to issues of eligibility. Of the number of youth screened and deemed eligible, the state recorded a 91 percent participation rate. Eight counties had 100 percent participation rates. Madison County had the lowest participation rate, with 62 percent of their eligible youths participating (*Table 17*).

Table 17
Illinois Mental Health and Juvenile Justice Initiative participation, FY06

Detention center	Number of referrals	Number Screened	Number eligible	Number that participated	Percent eligible that participated
Adams	32	31	31	31	100%
Boone	66	52	52	46	88%
Champaign	54	54	24	21	87%
Cook	185	128	126	121	96%
DuPage	58	57	57	57	100%
Franklin	44	44	42	42	100%
Kane	33	21	21	21	100%
Knox	4	4	4	4	100%
Lake	96	56	56	56	100%
LaSalle	25	25	25	25	100%
McLean	56	56	53	38	72%
Macon	61	52	48	44	92%
Madison	170	166	66	41	62%
Peoria	43	43	43	42	98%
St. Clair	33	29	28	27	96%
Sangamon	59	58	33	29	88%
Vermilion	25	25	25	25	100%
Will	20	20	20	19	95%
Total	1,064	924	754	684	91%

Adapted from Lyons, John S., et al., *The Evaluation of the Mental Health Juvenile Justice Initiative: Results from the Third Year of a Statewide Demonstration Project*, Chicago, IL: Northwestern University, Mental Health Services & Policy Program, July 2004

An evaluation of the initiative revealed that participants have lower rates of recidivism compared to detained youth who do not receive mental health treatment. Recidivism was defined by the rate at which youth detained are re-arrested. The study showed 27 percent of participants were rearrested in FY05, and 28 percent were rearrested in FY06, while non-participants had a 72 percent recidivism rate.²

Notes

¹ Coccozza, Joseph J., and Kathleen Skowyra, *Youth with Mental Health Disorders: Issues and Emerging Responses*, Juvenile Justice, Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, 7(1) (April 2000), NCJ 178256: 5.

² Lyons, John S., et al., "Clinical and Forensic Outcomes from the Illinois Mental Health Juvenile Justice Initiative," 1632.