



SUMMER 2001

# networks

## Mental Health and Juvenile Justice **Seeking Common Ground**

by John D. Kotler, M.S.J.

The young woman stood at the lectern before the luncheon guests at Howard University's Blackburn Center in Washington, D.C. She talked about her life so far, about skipping school, drug abuse, arrests and incarceration. Acknowledging her own responsibilities in this downward spiral, she nonetheless asked for help, for something better, for herself and other young people with mental health problems who become involved with the juvenile justice system.

As the young woman talked, there were nods of understanding from many members of the audience including juvenile justice and mental health officials, clinicians, advocates, family members and other stakeholders seated at the luncheon tables at this conference on juvenile justice and mental health sponsored by the District of Columbia Mental Health Association. Many meeting participants expressed what in recent years has become a national concern about the high proportion of young people with mental health problems who are incarcerated or otherwise under the jurisdiction of the juvenile justice system—and about the lack of effective services to address their mental health problems. Echoing concerns about the increasing number of adults with serious mental illness in jails and prisons, many mental health, juvenile justice and law enforcement officials caution that the juvenile justice system is in danger of becoming a warehouse for youth with mental health problems.

In view of what many experts characterize as an emerging crisis, a number of national public mental health advocacy organizations have called for significant policy and system changes. In an April 2001 position statement on mental health services and the juvenile justice system, the National Association of State Mental Health Program Directors (NASMHPD) called for increased focus on prevention and early intervention services for youth with mental illness who are at risk of becoming involved with the juvenile justice system, improved assessment and evaluation of youth for mental health and co-occurring disorders at each (*continued on page 2*)

### Research Continues on Consumer-Operated Services

What is the role of consumer-operated mental health services? How can they contribute to the continuum of services and supports provided by the public mental health system? These are some of the questions that a 4-year research project funded by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration, seeks to answer.

believe that the project, which began in September 1998, offers the opportunity to investigate the value of consumer-operated services. They hope that the project will provide evidence to assist state and local mental health agencies when considering whether to support consumer-operated programs as an integral element of public mental health services.

Researchers who are participating in CMHS's \$20 million Consumer-Operated Services Program (COSP) Multisite Research Initiative

“Since the multisite study is investigating outcomes for consumer-operated services when offered as an (*continued on page 5*)

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## MESSAGE FROM NTAC

**I**n this issue of *networks*, we address the mental health needs of youth involved with the juvenile justice system through a multi-systems approach.

Historically agencies with overlapping responsibilities for children have had difficulty achieving collaboration and coordination.

The challenge to continue improving services to meet the demands of our communities is not a new one. As we delve into the complex needs of children and youth, breaking down the service system silos of mental health, juvenile justice, child welfare, substance abuse services and education and then building an integrated system of care is a challenge that many proponents of policy and systems change have long advocated.

In addressing the importance of seeking common ground among these systems of care, as we do in this issue, our hope is

that the momentum is sustained when our children and families do the talking. Their cry for help should serve as the driving force for achieving this goal.

Also in this issue, we have highlighted many of NTAC's achievements of the past year. In our work with state mental health agencies, state mental health planning and advisory councils, consumers and family members, we continue to assist states in developing more consumer-centered, culturally-competent and linguistically appropriate mental health delivery systems through innovative and state-of-the-art technical assistance activities.

As we complete another year of service, we thank NTAC's Oversight Committee for its continued guidance and support. As always, we are grateful to the Center for Mental Health Services' Division of State and Community Systems Development and its Director, Joyce T. Berry, Ph.D., J.D.

—Catherine Q. Huynh, M.S.W.,  
Assistant Director

### **Common Ground** *(continued from page 1)*

stage in the juvenile justice intake and adjudication process, and a renewed commitment to treatment and rehabilitation that emphasizes community-based services and collaboration with family and other community resources. (To obtain a copy of the *NASMHPD Position Statement on Mental Health in the Juvenile Justice Population*, please contact Roy Praschil at (703) 739-9333, ext. 20, or roy.praschil@nasmhpd.org)

NASMHPD will also established a President's Task Force on Criminal Justice to address a wide range of issues concerning mental health and the criminal and juvenile justice systems. NASMHPD Board of Directors President Barry S. Kast, M.S.W., Administrator of the Oregon Mental Health and Developmental Disability Services Division, cautioned that the "separation of the public mental health system and the juvenile justice system at critical points allows kids to get lost." He said that state and local mental health agencies sometimes have been reluctant to engage the juvenile justice system and called on them to take a more active role in collaborating with juvenile justice agencies to ensure that youth with mental health problems in the juvenile justice system receive needed services and supports and, when appropriate, are diverted to community-based services and programs.

*(continued on page 3)*

Although definitive data are not available on national prevalence rates for youth in the juvenile justice system who have a mental illness, it is clear from a wide range of research during the past decade that a large proportion of the juvenile justice population have mental health problems, asserts Joseph J. Coccozza, Ph.D., director of the National GAINS Center for People with Co-Occurring Disorders in the Justice System, Policy Research Associates, Delmar, N.Y. The Center is funded jointly by the Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration. A smaller but significant proportion of these youth have serious mental health problems. “We think at least 20 percent—one in five—of youth in the juvenile justice system have serious mental health disorders,” Dr. Coccozza notes.

He notes that research suggests that more than half of all youth with mental health problems involved with the juvenile justice system have co-occurring substance use disorders, which presents challenges both in identifying these youth and in developing interagency collaborations necessary to respond to their complex needs.

Issues involving race, ethnicity and gender also need to be considered. According to the National Mental Health Association (NMHA), African American youth ages 10 to 17 account for more than 40 percent of young people in juvenile justice detention and confinement, although they comprise only about 15 percent of youth in this age group. It has been difficult to determine the prevalence of mental health problems among minority youth in the juvenile justice system for a variety of reasons including the lack of culturally competent assessment tools, explains Collie Brown, Senior Director, NMHA Criminal Justice Programs. However, Mr. Brown says that the rate of mental health problems among minority youth in the juvenile justice system is at least comparable to that for juvenile justice-involved youth in the general population, and probably higher. In part, he says, this is because minority youth are less likely than their white counterparts to receive early assessment and intervention; as a result their mental health problems may not be identified until the youth get into more serious trouble and become deeply involved in the juvenile justice system.

To help address these problems, Mr. Brown recommends three primary strategies: providing culturally competent mental health services and supports which recognize that the life experiences of minority youth differ from those of the majority youth population, including experiencing poverty and violence as well as family and community support systems; developing culturally competent screening and assessment tools that address mental health issues and symptoms that may differ from those of majority youth; and increasing outreach by public mental health systems to minority communities to enhance understanding of mental health issues and services, promote trust by demonstrating sensitivity and flexibility in meeting the needs of youth and their families, and increase access to services by “meeting the family where the family is” rather than through the use of traditional mental health services.

Adolescent girls comprise an increasing percentage of youth arrests. Laura Prescott, President and Founder of Sister Witness International, Inc., in Sarasota, Florida, believes that for many adolescent girls, contact with the juvenile justice system has its roots in experiencing physical and sexual abuse. This abuse, often begins a cycle of running away, detainment by juvenile authorities, returning home and running away again, and becoming more deeply enmeshed in the juvenile justice system. In addition, Ms. Prescott points out that abusive home situations are often the catalyst for adolescent girls’ substance abuse, risky sexual behavior, and other self-destructive activities.

To address these issues, Ms. Prescott recommended several strategies including offering a wide range of all-female residential alternatives to incarceration; placing greater emphasis on the impact of abuse and trauma in the provision of mental health services in the juvenile justice setting; and family interventions that include confronting and ending abuse as well as reuniting families. In addition, she says, new assessment instruments and procedures designed specifically for adolescent girls are needed.

Although it is unclear whether there has been a significant shift in the percentage of young people with mental illness in the juvenile justice system during the past decade, the actual number of such youth appears to have risen in conjunction with the growing population of youth who have come under juvenile justice jurisdiction. This growth, experts say, reflects a range of factors including national “get tough” policies that have resulted in a more punitive approach to juvenile justice. Reductions in some funding for mental health and other services for children and youth have also made an impact. “What is clear is that there is a huge gap between the mental health needs of this population and the services that are available,” Dr. Coccozza emphasizes.

Despite concerns about these trends, many in the field express hope about the possibilities for improvements in addressing the mental health needs of youth in the juvenile justice system through collaborative efforts involving mental health, juvenile justice, schools, substance abuse treatment programs, child welfare and other agencies to provide a range of effective services that have emerged during the past decade.

Programs such as Wisconsin’s Wraparound Milwaukee, Project RENEW in New Hampshire, and Youth Villages in Tennessee and several other states have demonstrated cost-effective, community-based alternatives to incarceration and residential treatment for young people with mental health problems who have committed delinquent acts or who are at risk of doing so. Among the hallmarks of these programs are a “strength-based” philosophy that seeks to recognize and build upon the positive aspects of troubled youth and their families; provision of intensive, individualized services aimed at increasing communication and discipline within the family while reducing the influence of antisocial peers; and collaboration among the full continuum of youth-serving agencies to address service needs identified by youth and their families. Service models that have proven to be effective include cognitive-behavioral

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# NTAC Highlights

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**P**roviding technical assistance to state mental health agencies to improve the delivery of public mental health services is our core mission. One critical aspect of this mission is to facilitate effective partnerships among consumers, family members, state planning and advisory councils, and state mental health agencies. Guided by our Oversight Committee, the staff of the National Technical Assistance Center for State Mental Health Planning (NTAC) have engaged in a variety of technical assistance activities focused on accomplishing this mission. Here are a few highlights of recent and upcoming technical assistance activities:

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## On-Site Technical Assistance

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**Performance Indicators.** NTAC conducted a one-day, technical assistance meeting in Alexandria, Virginia, on October 22, 2000, to assist the District of Columbia's Commission on Mental Health Services in developing a model for measuring systems performance. A team of consultants and researchers recommended specific performance indicators for the District's mental health authority.

**Disaster Crisis Services.** NTAC held a two-day, on-site technical assistance training activity, February 26-27, 2001, in Salt Lake City, Utah, for representatives of the state's community mental health centers, state emergency managers, the Red Cross and other agencies involved in emergency response. Training focused on the development of collaborative partnerships in preparing to respond to unforeseen major disasters and potential crises at the upcoming 2002 Olympic Winter Games to be held in Salt Lake City.

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## Meetings and Focus Groups

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**Cultural Competence.** NTAC sponsored the first National Meeting of State Mental Health Agency Multicultural and Deaf Services Coordinators. This two-day meeting held June 28-29, 2001, in Washington, D.C., explored ways to incorporate culturally competent and linguistically appropriate services and supports in the public mental health system.

**Recovery.** In collaboration with Boston University's Center for Psychiatric Rehabilitation, NTAC hosted focus group teleconferences with nine states represented by directors/commissioners and/or designated state mental health agency staff to study recovery-oriented policy and practice. This multiyear study also involves the National Association of Consumer/Survivor State Mental Health Administrators (NAC/SMHA) and the Consumer Organizing and Networking Technical Assistance Center (CONTAC), which will conduct a survey of states, develop a report and convene a national training institute.

**Consumer/Survivor Leadership and Conflict Resolution Training.** As a co-sponsor of the Alternatives 2001 Conference, August 23-26, 2001, in Philadelphia, Pa., NTAC will provide funds to support

consumer facilitators in leading a discussion on building consensus in the development of action plans on mental health issues of importance to consumer/survivors. NTAC will also provide funding for a conflict resolution training activity to be facilitated by the Collaborative for Conflict Management.

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## Publications

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***The Change Agent's TOOL BOX.*** Written by veteran change agent David M. Wertheimer, M.S.W., this eight-part series promotes systems integration for consumers with multiple needs. Beginning with the first issue, "Making the Case," and concluding with the "Core Qualities of the Change Agent," this series captures the process of achieving systems change.

***The Cultural Diversity Series*** is designed to facilitate a greater understanding of the need for culturally competent mental health services and supports, strategies for providing them and resources to develop them. The series includes reports on the mental health needs of African Americans; Asian and Pacific Islander Americans; Gay, Lesbian, Bisexual and Transgender persons; Latino Americans and persons who are Deaf.

***Law, the Role of Government and the Future of Public Mental Health.*** John Pettila, J.D., one of the nation's leading authorities on mental health and the law, reviews the evolution of mental health law and the role of government in development and delivery of mental health services during the past 40 years.

***networks.*** NTAC's newsletter has addressed a wide range of emerging issues in the public mental health arena including the role of evidence-based practices, conflict resolution, and recognizing and supporting parents with psychiatric disabilities.

***Offices of Consumer Affairs: A Pathway to Effective Public Mental Health Services.*** This manual represents a collaborative effort by the NAC/SMHA, NTAC and the National Association of State Mental Program Directors (NASMHPD) to gather and synthesize information on establishing and staffing state Offices of Consumer Affairs.

***Partnerships.*** NTAC and NASMHPD collaborated with the National Association of State Mental Health Planning and Advisory Councils to develop this report on successful partnerships between councils and state mental health agencies.

***Review of Recovery Literature: A Synthesis of a Sample of Recovery Literature 2000.*** Noted researcher Ruth O. Ralph, Ph.D., provides an insightful review of the literature on recovery.

For information on obtaining technical assistance, please visit our web site at [www.nasmhpd.org/ntac](http://www.nasmhpd.org/ntac) or call Catherine Q. Huynh, M.S.W., NTAC Assistant Director, at (703) 739-9333, ext. 33, or email [Catherine.Huynh@nasmhpd.org](mailto:Catherine.Huynh@nasmhpd.org) ♦

## Consumer-Operated Services *(continued from page 1)*

adjunct to traditional mental health services, the results of the multisite study have the potential to change the way mental health services are delivered in the future,” predicts Jean Campbell, Ph.D., Director of the Program in Consumer Studies and Training at the Missouri Institute of Mental Health, University of Missouri-Columbia School of Medicine, who serves as Principal Investigator of the COSP initiative’s Coordinating Center. The Coordinating Center oversees the national research project and collects and analyzes data received from the seven research sites in Connecticut, Florida/California, Illinois, Maine, Missouri, Pennsylvania and Tennessee. For purposes of this project, the Florida and California programs (known collectively as FliCA) are coordinating their efforts and are considered a single site.

Although the project sites provide different types of services, all demonstrate several “common ingredients” and principles, explains Sally Clay, who will edit a book to be written by consumers at each site on different facets of the project and aspects of consumer-operated services. Among the common ingredients Ms. Clay identifies are the fact that each program is operated and staffed by consumers, with recipients of mental health services comprising at least half of the members of the board of directors of each site; the high value placed on peer support—consumers providing services and supports to each other; and the “helper principle,” which holds that by helping others and advocating on behalf of persons who receive mental health services, consumers also grow as individuals, gain a wide range of skills and capabilities, and promote recovery for themselves as well as those whom they help.

Bonnie Schell, Executive Director of the Mental Health Client Action Network in Santa Cruz, California, and Chair of the COSP initiative’s national Consumer Advisory Panel, explains that the project’s research goals include assessing the impact of consumer-operated services on consumers’ empowerment; perceptions of self, social functioning and symptoms; social inclusion; and satisfaction with services. In addition, researchers will analyze program costs and potential savings generated in the areas of housing, criminal justice, vocational rehabilitation, physical health care and income supports.

Crystal Blyler, Ph.D., Social Science Analyst at CMHS’s Community Support Programs Branch, and a Project Officer of the COSP initiative, expresses the hope that data generated by the research project will enable consumer-operated services to obtain additional funding and support from state mental health agencies. “I hope the project will give state mental health agencies a lot of good information about how consumer-operated programs work and about their effects and benefits,” Dr. Blyler says. Ms. Schell notes that at a recent meeting of the national Consumer Advisory Panel, site representatives summed up the essential goals of consumer-operated services in this way: reducing isolation, being part of a community and regaining hope about living a meaningful life. For more information, contact Jean Campbell, Ph.D., at (314) 644-7829. ♦

## SUGGESTED READING

Bilchik, S. (July 1998). *Mental Health Disorders and Substance Abuse Problems Among Juveniles*. OJJDP Fact Sheet. No. 82. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Coalition for Juvenile Justice. (2000). *Handle with Care: Serving the Mental Health Needs of Young Offenders* (2000 Annual Report). Washington, DC: Coalition for Juvenile Justice.

Cocozza, J. (ed.). (1992). *Responding to the Mental Health Needs of Youth in the Juvenile Justice System*. Seattle, WA: The National Coalition for the Mentally Ill in the Criminal Justice System.

Cocozza, J., and Skowrya, K. (April 2000). “Youth with Mental Health Disorders: Issues and Emerging Responses,” *Juvenile Justice*. 7 (1). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Grisso, T., and Schwartz, R.G. (Eds.). (2000). *Youth on Trial: A Developmental Perspective on Juvenile Justice*. Chicago: The University of Chicago Press.

Henggeler, S.W. (May 1997). “Treating Serious Antisocial Behavior in Youth: The MST Approach,” *Juvenile Justice Bulletin*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Knitzer, J. (1982). *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*. Washington, DC: Children’s Defense Fund.

National Mental Health Association. *Mental Health and Youth of Color in the Juvenile Justice System* (Fact Sheet). Alexandria, VA: National Mental Health Association.

Oldenettel, D., and Wordes, M. (March 2000). “The Community Assessment Center Concept,” *Juvenile Justice Bulletin*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Prescott, L. (1998). *Improving Policy and Practice for Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System*. Delmar, NY: The National GAINS Center for People with Co-Occurring Disorders in the Justice System.

***Focus on the States***

**Michigan Uses Block Grant Funds To Support Screening,  
Assessment of Youth in Juvenile Court**

The Michigan Department of Community Health has initiated a pilot project to provide funds from the federal mental health block grant to county mental health agencies to screen and assess youth for serious emotional disturbances prior to adjudication in the juvenile justice system. The goal of the project is to ensure that youth with serious mental health problems who come before the juvenile court receive needed services and, when appropriate, are diverted from the juvenile justice to the youth mental health system and other community-based services.

Through this initiative, county mental health agencies may apply for grants ranging from \$25,000 to \$50,000 to establish screening, assessment and diversion activities. To be eligible, counties must contribute at least 20 percent of the total program cost and demonstrate that they have developed an effective youth screening process using a "valid and reliable screening instrument" and that it has created a plan for incorporating the screening and assessment activities into the juvenile court proceedings, according to program guidelines.

To date 11 community mental health centers that serve 13 of Michigan's 83 counties have received grants through the pilot program, and seven others will be funded this year in the project's second phase, notes James Wotring, Director of Programs for Children with Serious Emotional Disturbances, Michigan Department of Community Health. Mr. Wotring says that the majority of grantees have used the funds to provide a mental health staff member to work with the juvenile court system to help ensure that youth who come before the court undergo screening to identify potential mental health problems. If the screening indicates possible concerns, the youth receives a comprehensive mental health assessment.

Using information from the screening and assessment process, the children's mental health representative collaborates with juvenile court and probation staff to develop recommendations regarding the disposition of the case and potential service referrals. Depending on the seriousness of the charge and the individual's mental health status, they may recommend that the youth be diverted to community-based mental health services and related programs or that the youth receive appropriate mental health services while remaining in the juvenile justice system.

"The most important aspect of this program is having a liaison between mental health staff and staff in the juvenile justice system so that we understand each other's language, processes and procedures," Mr. Wotring explains. "That way we can work

together to provide judges with the best possible information in making hard decisions regarding each youth." Mr. Wotring notes that the screening and assessment project has been welcomed by many juvenile court judges and other juvenile justice officials because it offers a wider range of treatment and service alternatives than previously available for youth who come before them.

An underlying concern for participating agencies is who will take financial responsibility if a youth is found to require residential treatment or other expensive mental health services. Mr. Wotring points out that having a mental health representative in the juvenile court makes it possible to discuss such issues and to work out an equitable balance of financial responsibility.

Sherida Falvay, Director of Mental Health Services to Children and Families, Michigan Department of Community Health, notes that the screening and assessment program emerged from a 1998 workshop of Midwestern states focusing on mental health and juvenile justice that was part of the State/University Interdisciplinary Collaboration Project funded by the federal Center for Mental Health Services and supported by a number of mental health associations including the National Association of State Mental Health Program Directors, the National Mental Health Association and the American Psychiatric Association. Participating states sent teams with members representing children's mental health, juvenile justice, child welfare and other youth-serving agencies. Each team developed a specific plan for addressing one aspect of mental health-juvenile justice collaboration. In addition to implementing the screening and assessment program, Michigan has held two statewide meetings on juvenile justice and mental health issues.

Ms. Falvay notes that meetings of state mental health officials with juvenile justice and mental health representatives at grant sites made it clear that the participating agencies believe the program is working well. In the future, the state plans to provide a formal evaluation of the program. Other state and local mental health agency staff who have key roles in the project include Douglas Nurenberg, who coordinates state mental health block grant funds for children's services, and Matthew Wojack of the Clinton-Eaton-Ingham Community Mental Health Center in Lansing, who coordinates training and technical assistance for the project.

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therapy, multi-systemic therapy (MST), functional family therapy, wraparound services and integrated systems of care. A number of successful programs have pooled funds and other resources from a variety of programs and agencies including Medicaid, juvenile justice, substance abuse, mental health and education into a flexible package that makes it possible to tailor services to the needs and goals of youth and their families. Wraparound Milwaukee, established in 1994 with a grant from the Center for Mental Health Services, now has an annual budget of \$28 million from a range of sources that can be used to provide services to youth and their families referred by juvenile justice and child welfare agencies, according to Bruce Kamradt, M.S.W., director of the Children's Mental Health Services Division for Milwaukee County, operator of Wraparound Milwaukee.

An important ingredient in improved services for this population is early screening and assessment to identify youth with mental illness when they first come into contact with the juvenile justice system as well as those who may be headed in that direction. "At the first sign of problems, we need to figure out what's going on and do an assessment," emphasizes Shay Bilchik, Executive Director of the Washington-D.C.-based Child Welfare League of America and former Director of the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

OJJDP funds initiatives in Colorado and Florida to demonstrate the agency's Community Assessment Center (CAC) concept. Community assessment centers provide 24-hour, single-point-of-entry juvenile justice intake and mental health assessment for youth taken into custody by police or at risk of coming into contact with the juvenile justice system. In an effort to expand the community assessment center concept to include prevention and early intervention, the Center for Mental Health Services in conjunction with the Centers for Substance Abuse Treatment and Prevention has made grants to develop community assessment and intervention centers (CAICs) in four Florida sites, notes Patricia Shea, Public Health Advisor in CMHS' Division of Special Programs, Populations and Projects. Youth can access these centers without law enforcement involvement.

Another step forward has been the development of effective, easy-to-use screening instruments that help to identify youth in the juvenile justice system who have mental health and co-occurring problems. One of the most widely used of these screening tools is the Massachusetts Youth Screening Instrument: Second Version (MAYSI-2), a 52-item instrument that can be administered in less than 15 minutes and scored and interpreted by nonclinical staff. While screening instruments such as the MAYSI-2 are not intended for diagnosis or placement, they can help identify those who need further assessment and evaluation.

Several federal agencies have initiated or announced projects to address mental health and juvenile justice issues. The Office of

## CALENDAR OF EVENTS

July 11-15: National Alliance for the Mentally Ill (NAMI). **Annual Convention.** Washington, DC. Call (800) 950-6264, (703) 524-7600 or TDD (703) 516-7991; [www.nami.org](http://www.nami.org)

July 22-25: Association for Persons in Supported Employment. **12<sup>th</sup> Annual Conference.** Washington, DC. Contact Mary Callender at (804) 278-9187; [www.apse.org](http://www.apse.org)

July 23-27: Center for School Mental Health Assistance, University of Maryland. **School Health Institute Program: *If Children Have a Safe Harbor, None Will be at Risk.*** Towson, MD. Contact Sylvia at (888) 706-0980 or (410) 706-0981; <http://csmha.umaryland.edu>

July 29-August 1: National Association of State Mental Health Program Directors. **NASMHPD Summer 2001 Commissioners' Meeting; Children, Youth and Families Annual Meeting.** Minneapolis, MN. Contact Roy Praschil at (703) 739-9333, ext. 20; [www.nasmhpd.org](http://www.nasmhpd.org)

August 5-7: Center for Mental Health Services. **2001 National Technical Assistance Mental Health Block Grant Conference: Performance Partnerships.** Washington, DC. Contact Cynthia Elliott at (240) 631-3953 or [celliott@masimax.com](mailto:celliott@masimax.com); [www.mentalhealth.org](http://www.mentalhealth.org)

Juvenile Justice and Delinquency Prevention has provided a \$1 million grant to Dr. Cocozza of Policy Research Associates for an 18-month project to develop a comprehensive model for the provision of mental health services to youth in the juvenile justice population. "We're trying to develop a model that addresses every point in the juvenile justice system. What would it look like? How would it follow the youth?" says Karen Stern, Ph.D., Program Manager, OJJDP's Research and Program Development Division. "If a youth receives great care in an institution but loses those services when he or she returns to the community, what have you gained?"

CMHS's Targeted Capacity Expansion program for 2001 includes funds for evidence-based mental health services for youth with juvenile justice involvement. In addition, CMHS is collaborating with the Center for Substance Abuse Treatment and the U.S. Departments of Justice and Labor on a \$79 million initiative that will focus on helping persons ages 14 through 35 make the transition from juvenile and criminal justice settings back to their communities and families. Information about this program is available in the June 1, 2001 *Federal Register* (online at [www.mentalhealth.org](http://www.mentalhealth.org)). Applications are due October 1, 2001. ♦

## Law, Government and Public Mental Health



For a fascinating and informative overview of legal and legislative issues that affect public mental health systems and services, readers can look to the NTAC publication *Law, the Role of Government and the Future of Public Mental Health* by John Petril, J.D., one of the nation's leading experts on mental health and the law. Mr. Petril reviews the evolving relationship between law and the public mental health system in the United States, including interactions between the public mental health and the criminal and juvenile justice systems; the changing role of government; and the impact of such legal, legislative and economic events and trends as the enactment of the Americans with Disabilities Act (ADA), the rise of managed care and the U.S. Supreme Court's *Olmstead* decision.

To order a copy of *Law, the Role of Government and the Future of Public Mental Health*, please send a check for \$10 made payable to NTAC, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314.

The National Technical Assistance Center for State Mental Health Planning provides focused, state-of-the-art technical assistance and consultation to State Mental Health Agencies, State Mental Health Planning and Advisory Councils, consumers and families to help ensure that the best practices and most up-to-date knowledge in mental health and related fields are translated into action at the state and local levels.

Catherine Q. Huynh, M.S.W., *assistant director*

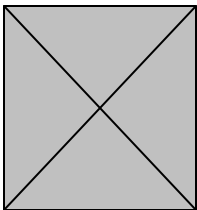
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