

Research and Program Brief

Research and Program Briefs are periodic publications aimed at improving policy and practice for youth with mental health disorders in contact with the juvenile justice system. This publication is supported by a grant from the **John D. and Catherine T. MacArthur Foundation**.

A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System

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I. Setting the Stage

Over 2.3 million youth are arrested each year. Approximately 600,000 of these youth are processed through juvenile detention centers and more than 100,000 are placed in secure juvenile correctional facilities (Sickmund, 2004). Until the last decade, there was a lack of data and information available documenting the degree to which youth involved with the juvenile justice system were experiencing mental illness. New research, conducted over the last ten years, has expanded our collective understanding of the nature and prevalence of mental disorders among the juvenile justice population and has provided the field with a more precise assessment of the problem.

It is now well established that the majority of youth involved with the juvenile justice system have mental health disorders. For example, we now know that youth in the juvenile justice system experience substantially higher rates of mental disorder than youth in the general population (Otto, Greenstein, Johnson & Friedman, 1992; Wierson, Forehand & Frame, 1992). Studies consistently document that anywhere from 65% to 70% of youth in the juvenile justice system meet criteria for a diagnosable mental

health disorder (Shufelt & Coccozza, in press); Teplin, Abram, McClelland, Dulcan & Mericle, 2002; Wasserman, McReynolds, Lucas, Fisher & Santos, 2002; Wasserman, Ko, & McReynolds, 2004). Further, recent estimates suggest that approximately 25% of youth experience disorders so severe that their ability to function is significantly impaired (Shufelt & Coccozza, in press).

In a recent multi-state mental health prevalence study conducted by the National Center for Mental Health and Juvenile Justice on youth in three different types of juvenile justice settings, over 70% of youth were found to meet criteria for at least one mental health disorder. Disruptive disorders were most common, followed by substance use disorders, anxiety disorders and mood disorders. The majority of youth had multiple diagnoses. For example, over 90% of youth with conduct disorder also met criteria for another disorder (Shufelt & Coccozza, in press).

Many of these youth are detained or placed in the juvenile justice system for relatively minor, non-violent offenses but end up in the system simply because of a lack of community-based mental health treatment. A review in Louisiana by the Annie

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E. Casey Foundation (2003) found that more than 75 percent of Louisiana’s incarcerated youth were locked up for non-violent and drug offenses. A 1999 survey by the National Alliance for the Mentally Ill (2001) found that 36% of respondents reported having to place their children in the juvenile justice system in order access mental health services that were otherwise unavailable to them. More recently, a report issued by Congress in July 2004 documenting the inappropriate use of detention for youth with mental health needs found that in 33 states, youth were reported held in detention with no charges- they were simply awaiting mental health services (US House of Representatives, 2004).

The growing crisis surrounding these youth is further underscored by a plethora of independent reports and media accounts over the last several years drawing attention to the unmet needs of these youth. Investigations by the US Department of Justice into the conditions of confinement in juvenile detention and correctional facilities throughout the country have repeatedly found a failure on the part of the facilities to adequately address the mental health needs of youth in their care (US Department of Justice, 2005). In addition, media inquiries and reports documenting the mental health crisis within the juvenile justice systems in numerous states including New Jersey, Arizona, California, Michigan and Pennsylvania, among others, have drawn national attention to an issue that has traditionally not received much consideration from the media. This unprecedented exposure has put new public pressure on elected officials, policy makers and practitioners to develop more effective responses for these youth.

As a result of this pressure and attention, significant energy has been directed to the development of new tools, policies and strategies to help the field better identify and respond to the mental health needs of these youth. These developing resources and trends include:

- Greater recognition, on the part of both the juvenile justice and the mental health systems, of the extent of the problem and the need for both systems to respond;
- The wider use of standardized mental health screening and assessment procedures for justice-involved youth, such as the MAYSI-2 and the Voice DISC- IV;
- The increasing reliance on evidence-based and promising practices, such as Multi-Systemic Therapy and Functional Family Therapy, to treat mental disorders among youth in the juvenile justice system; and

- The development of collaborative programs and strategies, involving both juvenile justice and mental health agencies, across the country.

Yet, despite these trends and improvements, there had been no attempt made to date to systematically examine these existing efforts, summarizing what it is we now know about the best way to identify and treat these disorders among youth at key stages of juvenile justice processing, and comprehensively package this information as a tool that provides guidance and direction to the field.

II. A Blueprint for Change: The Comprehensive Model

Recognizing this, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) launched their largest investment ever in mental health research in 2001, aimed at providing the field with guidance to help address the problem and to improve the lives of children and youth with mental health needs who end up involved with the juvenile justice system. *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System* (Skowrya & Coccozza, in press), offers a conceptual and practical framework for juvenile justice and mental health systems to use when developing strategies and policies aimed at improving mental health services for youth involved with the juvenile justice system.

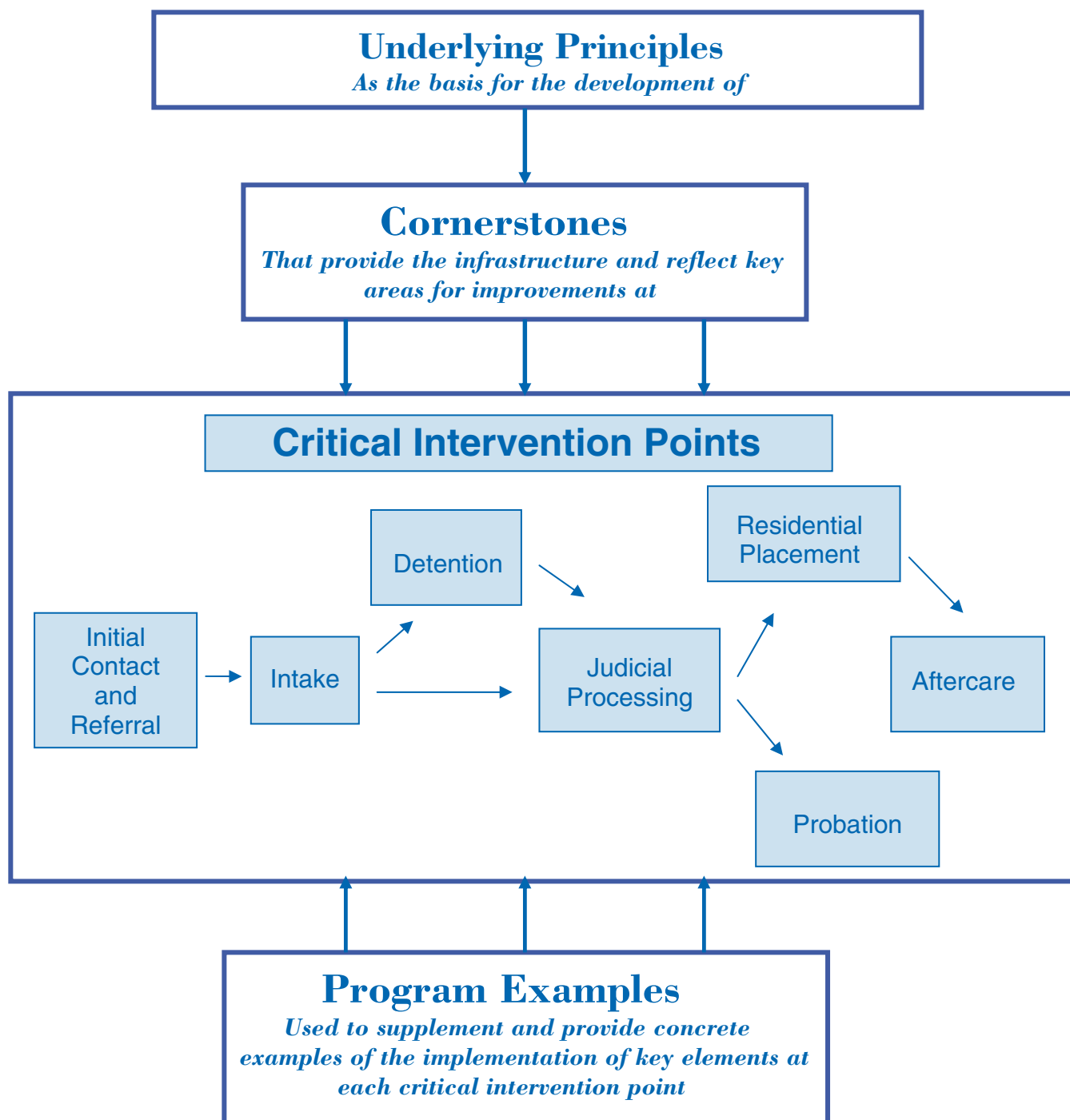
The Model was developed by the National Center for Mental Health and Juvenile Justice in partnership with the Council of Juvenile Correctional Administrators, with guidance from an advisory group of key national experts, and reviewed by a panel of mental health and juvenile justice administrators, practitioners, advocates and youth. It is designed to capture the current activity of the field and present it in a way that examines the juvenile justice system as a continuum, identifying the best ways to respond to youth with mental disorders at key points of contact and providing recommendations, guidelines and examples for how best to do this. The key features of the Model are illustrated in Figure 1 and are described more fully below.

Key Features of the Model

A. Underlying Principles

The Model is centered around a set of Underlying Principles that represent the foundation on which a system can be built that is respectful of youth and responsive to their mental

FIGURE 1.
CONCEPTUAL FRAMEWORK
OF THE COMPREHENSIVE MODEL



Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System (Skowyra & Coccozza, in press), offers a conceptual and practical framework for juvenile justice and mental health systems to use when developing strategies and policies aimed at improving mental health services for youth involved with the juvenile justice system.

health needs. These Principles provide a philosophical framework for the Model and provide the basis for the recommendations that are put forward. They include:

1. Youth should not have to enter the juvenile justice system solely in order to access mental health services or because of their mental illness.
2. Whenever possible and when patterns of public safety allow, youth with mental health needs should be diverted into evidence-based mental health treatment in a community setting.
3. If diversion out of the juvenile justice system is not possible, youth should be placed in the least restrictive setting possible, with access to evidence-based treatment.
4. Information collected as part of a pre-adjudicatory mental health screen should not be used in any way that might jeopardize the legal interests of youth as defendants.
5. All mental health services provided to youth in contact with the juvenile justice system should respond to issues of gender, ethnicity, race, age, sexual orientation, socio-economic status and faith.
6. Mental health services should meet the developmental realities of youth. Children and adolescents are not simply little adults.

7. Whenever possible, families and/or caregivers should be partners in the development of treatment decisions and plans made for their children.
8. Multiple systems bear responsibility for these youth. While at different times, a single agency may have primary responsibility, these youth are the community's responsibility and all responses developed for these youth should be collaborative in nature, reflecting the input and involvement of the mental health, juvenile justice and other systems.
9. Services and strategies aimed at improving the identification and treatment of youth with mental health needs in the juvenile justice system should be routinely evaluated to determine their effectiveness in meeting desired goals and outcomes.

B. Cornerstones

From the principles emerged four Cornerstones that form the infrastructure of the Model and provide a framework for putting the underlying principles into practice. The Cornerstones reflect those areas where the most critical improvements are necessary to enhance the delivery of mental health services to youth involved with the juvenile justice system, and include Collaboration, Identification, Diversion and Treatment. The Model includes a discussion of each Cornerstone, as well as detailed Recommended Actions that provide direction on how to implement or address each of these four issues. A brief summary of each Cornerstone is presented below, along with the accompanying Recommended Actions.

Collaboration. In order to appropriately respond and effectively provide services to youth with mental health needs, the juvenile justice and mental health systems should collaborate in all areas and at all critical intervention points.

Despite the large numbers of youth with mental health needs in the juvenile justice system, the current landscape of service delivery for these youth is often fragmented, inconsistent and operating without the benefit of a clear set of guidelines specifying responsibility for the population. In the absence of such direction, a balanced solution is required, one that recognizes that an effective response must include the development of collaborative approaches involving both the mental health and juvenile justice systems.

The Recommended Actions for addressing Collaboration include:

1. The juvenile justice and mental health systems should recognize that many youth in the juvenile justice system are experiencing significant mental health problems and that responsibility for effectively responding to these youth lies with both the mental health and juvenile justice systems.
2. The juvenile justice and mental health systems should engage in a collaborative and comprehensive planning effort to thoroughly understand the extent of the problem at each critical stage of juvenile justice processing and to identify joint ways to respond.
3. Any collaboration between the juvenile justice and mental health systems should include family members and caregivers.
4. The juvenile justice and mental health systems should jointly identify funding mechanisms to support the implementation of key strategies at critical stages of juvenile processing to better identify and respond to the mental health needs of youth.
5. The juvenile justice and mental health systems should collaborate at every key stage of juvenile justice processing, from initial contact with law enforcement to re-entry.
6. Cross-training should be available for staff from the juvenile justice and mental health systems to provide opportunities for staff to learn more about each system to understand phrases and terms common to each system and to participate in exercises and activities designed to enhance systems collaboration.

Identification. The mental health needs of youth should be systematically identified at all critical stages of juvenile justice processing.

The development of a sound screening and assessment capacity is critical in order to effectively identify and ultimately respond to mental health treatment needs. Screening and assessment should be routinely performed at a youth's earliest point of contact with the system and be conducted using standardized instruments. Further, the results of any mental health assessment should be linked to the results of any risk assessment

performed to help guide decisions about a youth's suitability and need for diversion to community-based services.

The Recommended Actions for addressing Identification include:

1. Every youth who comes in contact with the juvenile justice system should be systematically screened for mental health needs to identify conditions in need of immediate response, such as suicide risk, and to identify those youth who require further mental health assessment or evaluation.
2. The mental health screening process should include two steps- the administration of an emergency mental health screen as well as a general mental health screen.
3. Access to immediate, emergency mental health services should be available for all youth, who based on the results of the emergency screen or the mental health screen, indicate a need for emergency services.
4. A mental health assessment should be administered to any youth whose mental health screen indicates a need for further assessment.
5. Instruments selected for identifying mental health needs among the juvenile justice population should be standardized, scientifically sound, have strong psychometric properties, and demonstrate reliability and validity for use with youth in the juvenile justice population.
6. Mental health screening and assessment should be performed in conjunction with risk assessments to inform referral recommendations that balance public safety concerns with a youth's need for mental health treatment.
7. All mental health screens and assessments should be administered by appropriately trained staff.
8. Policies controlling the use of screening information may be necessary to ensure that information collected as part of a pre-adjudicatory mental health screen is not used inappropriately or in a way that jeopardizes the legal interests of youth as defendants.
9. Mental health screening and assessment should be

The Cornerstones reflect those areas where the most critical improvements are necessary to enhance the delivery of mental health services to youth involved with the juvenile justice system, and include Collaboration, Identification, Diversion and Treatment.

performed routinely as youth move from one point in the juvenile justice system to another, for example, from pre-trial detention to a secure correctional facility.

10. Given the high rates of co-occurring mental health and substance use disorders among this population, all screening and assessment instruments should target mental health and substance abuse needs, preferably in an integrated manner.

Diversion. Whenever possible, youth with identified mental health needs should be diverted into effective community-based treatment.

Many youth end up in the juvenile justice system for behavior brought on by or associated with their mental disorder. Some of these youth are charged with serious offenses; many, however, are in the system for relatively minor, non-violent offenses. Given the needs of these youth and the documented inadequacies of their care within the juvenile justice system, there is a growing sentiment that whenever possible and matters of public safety allow, youth with mental health needs should be diverted into effective community treatment. Mental health experts agree that it is preferable to treat youth with mental disorders outside of juvenile correctional settings (Koppleman, 2005). At the same time, however, a youth's mental illness and level of risk to community safety must both be taken into account when determining whether a youth can be safely diverted into community-based treatment. It is also recognized that diversion into community-based treatment sometimes involves on-going monitoring or supervision on the part of the juvenile justice system in order to ensure compliance with the terms of the referral or court order.

The Recommended Actions for addressing Diversion include:

1. Whenever possible, youth with mental health needs should be diverted to community treatment.
2. Procedures must be in place to identify those youth who are appropriate for diversion.
3. Effective community-based services and programs must be available to serve youth who are diverted into treatment.
4. Diversion mechanism should be instituted at virtually every key decision-making point within the juvenile justice processing continuum.

5. Consideration should be given to the use of diversion programs as alternatives to traditional incarceration for serious offenders with mental health needs.
6. Diversion programs should be regularly evaluated to determine their ability to effectively and safely treat youth in the community.

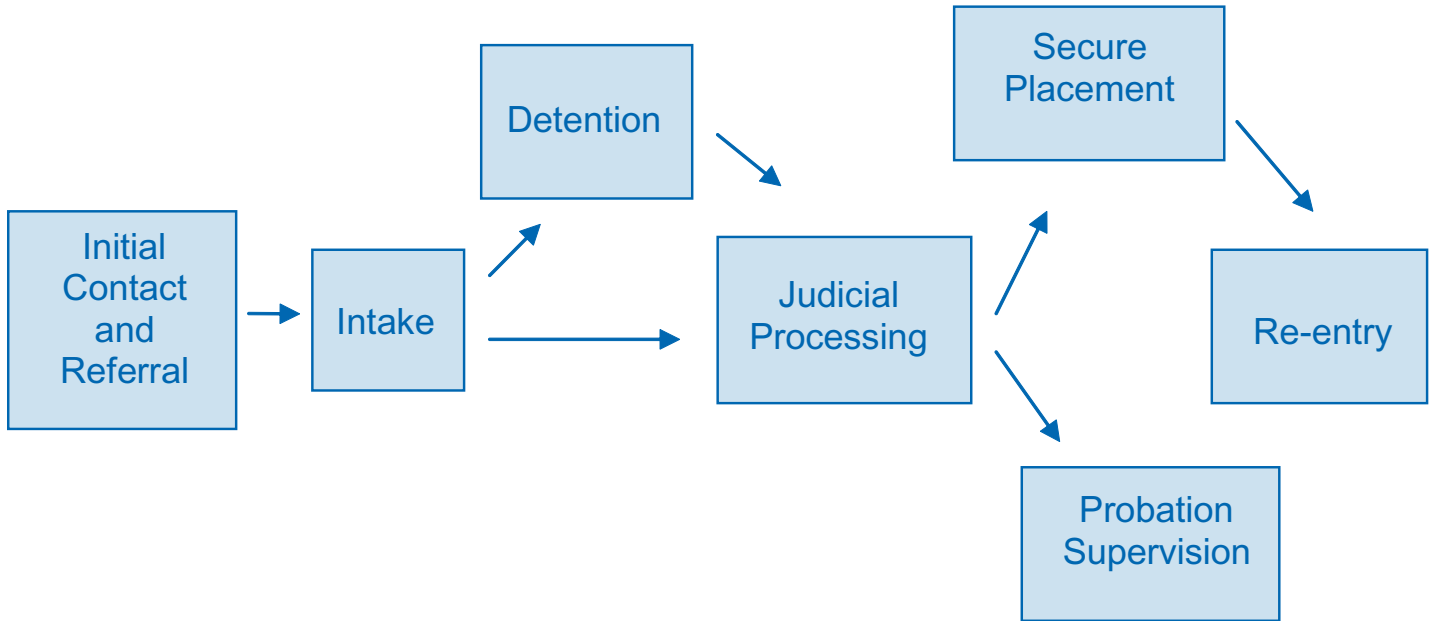
Treatment. Youth with mental health needs in the juvenile justice system should have access to effective treatment to meet their needs.

Enormous advances have been made in this area over the last decade and there are now evidence-based interventions that are well-documented and proven effective for treating mental disorders among youth (Hoagwood, 2005). These include psychosocial approaches such as Cognitive Behavioral Therapy (Rhode, Clarke, Mace, Jorgensen & Seeley, 2004); community-based approaches such as Multi-Systemic Therapy (Elliot et. al., 1998) and Functional Family Therapy (Alexander & Sexton, 1999); and medication therapy (Jensen & Potter, 2003). Currently, however, the vast majority of mental health services and programs available to treat youth involved with the juvenile justice system are not evidence-based. More work is necessary to promote the wider use of evidence-based practices with justice-involved youth.

The Recommended Actions for addressing Treatment include:

1. Youth in contact with the juvenile justice system who are in need of mental health services should be afforded access to treatment.
2. Regardless of the setting, all mental health services provided to youth should be evidence-based.
3. Responsibility for providing mental health treatment to youth involved with the juvenile justice system should be shared between the juvenile justice and mental health systems, with lead responsibility varying depending on the youth's point of contact with the system.
4. Qualified mental health personnel, either employed by the juvenile justice system or under contract through the mental health system should be available to provide mental health treatment to youth in the juvenile justice system.
5. Families should be fully involved with the treatment and rehabilitation of their children.

Figure 2: Critical Intervention Points



6. Juvenile justice and mental health systems must create environments that are sensitive and responsive to the trauma-related histories of youth.
7. Gender-specific services and programming should be available for girls involved with the juvenile justice system.
8. More research is necessary to ensure that evidence-based interventions are culturally sensitive and designed to meet the needs of youth of color.
9. All youth in the juvenile justice system should receive discharge planning services to arrange for continuing access to mental health services upon their release from placement.

C. Critical Intervention Points and Program Examples

The Cornerstones of the Model were then applied to the juvenile justice processing continuum to identify places within the entire continuum- from intake to re-entry- where opportunities exist to make better decisions about mental health needs and treatment. This examination resulted in the identification of seven Critical Intervention Points, shown in Figure 2, where the Cornerstones could be addressed or implemented. These points include:

Initial Contact and Referral: Often, a youth’s disruptive or delinquent behavior is the result of a mental health problem that has gone undetected and untreated. The problem may manifest itself in behavior that brings the youth to the attention of law enforcement. Police response at this initial contact has significant implications in determining what happens next. An opportunity exists at this point for law enforcement, upon an encounter with a youth who appears to have a mental health problem, to connect the youth with emergency mental health services or refer the youth for follow-up mental health screening and assessment.

Program Example: The Rochester, NY Community Mobile Crisis Team responds to calls from the police, as well as parents and schools, regarding youth experiencing a mental health crisis in order to provide these youth with immediate access to mental health services. They perform assessments and facilitate access to a range of intensive and coordinated mental health services that are available through Youth Emergency Services (YES) including outpatient, home-based and mobile mental health services. The team also conducts follow-up with the youth.

Intake: Intake is very often viewed as the “gatekeeper” to family court and represents an ideal opportunity to intervene early and identify the need for mental health and other types of rehabilitative services. Considering the potential influence that intake decisions can have on subsequent juvenile justice processing, it constitutes one of the most critical points within the juvenile justice continuum for applying prevention and early intervention strategies (Kelly & Mears, 1999). These strategies include the use of standardized mental health screening and assessment measures on all youth entering intake, as well as the institution of diversion mechanisms and programs so that youth in need of mental health services can be appropriately diverted into community-based treatment.

Program Example: Family Intervention Specialists (FIS) of Georgia provide intensive family intervention services to youth with mental health disorders, who are at risk of out of home placement. At intake, specialized probation officers, who are trained to identify mental health and substance use disorders among youth, use the MAYSI-2 to screen all youth at intake. Youth diverted to the program undergo further evaluation and receive Brief Strategic Family Therapy as the primary intervention. Services are provided by FIS staff who work closely with probation throughout the period of involvement.

Detention: Juvenile detention can be a traumatic experience for all youth but the situation can be much worse for youth with mental health needs. Feelings of depression, anxiety and hopelessness are heightened for all youth in detention, some of whom are experiencing their first separation from parents or caregivers, but can be more intense for youth with mental health problems. Detention can also mean an interruption in both medication and therapeutic services for youth who receive these things in the community. Employing standardized mental health screening and assessment measures for all youth entering detention is critical. The institution of diversion mechanisms at detention is also recommended to identify those youth who could be safely diverted to community-based treatment. Finally, in order to ensure access to treatment, linkages between the detention center and community-based mental health providers should be established to provide treatment to youth while they are in detention.

Program Example: The Bernalillo County, New Mexico Juvenile Detention Center (BCJDC) developed an intake process that identifies youth with mental health needs and diverts these youth to a community mental health clinic, the Children’s Community Mental Health Clinic, which is located 200 yards away from the detention center. The clinic serves all youth in the county and accepts referrals from the juvenile detention center, care providers, parents and others, thereby reducing any incentive to refer youth to detention simply in order to access mental health services. Youth brought to the detention center undergo a comprehensive intake screen to identify any mental health problems. Youth identified as in need of immediate services or further evaluation are walked to the clinic, where they receive a variety of clinical services including individual therapy, medication management, substance abuse services and case management. Services are provided to youth while they are in detention, as well as in their homes after they are released.

Judicial Processing: It is of critical importance that judges have sufficient information about a youth’s mental health treatment history and current needs in order to determine how a youth’s mental health disorder may have contributed to the problem behavior or offense, and to make an informed dispositional decision. Ideally, information on a youth’s mental health status should be collected prior to the youth’s case being referred to the court for an adjudicatory hearing, and the information used to divert the youth to treatment earlier in the process. However, for many youth, these diversion opportunities do not exist and the first attempt to identify any mental health concerns come at the time when a youth has been adjudicated and intake staff are developing recommendations to the court. Every effort must be made to ensure that a youth’s mental status is thoroughly evaluated at this stage so that this information can be presented to the court and considered as part of the dispositional plan.

Program Example: The Cook County, Illinois Juvenile Court Clinic is responsible for providing a variety of services to judges and court personnel regarding clinical information in juvenile court proceedings. A multidisciplinary staff of psychologists, psychiatrists, social workers and lawyers provide consultation regarding requests for clinical information, forensic clinical assessments and information regarding community-based mental health resources. With a clinical coordinator present in the court room, the Court Clinic is able to provide guidance to judges and probation staff about whether an evaluation is necessary and whether a youth's needs can be met in a community-based program or setting.

Program Example: Recognizing the sizable population of youth with mental health needs in their system, the Washington State Juvenile Rehabilitation Administration (JRA) created a program that incorporates best practice interventions for youth with mental health needs. The Integrated Treatment Model (ITM) takes the evidence-based components of Functional Family Therapy, Cognitive Behavioral Therapy, and Dialectical Behavior Therapy and uses these therapies to provide individual treatment and skill development to youth from the point that they are admitted to the facility through their release back to the community (Juvenile Rehabilitation Administration, 2002). Staff within the facilities are extensively trained to use cognitive-behavioral treatment interventions to address the multiple needs of youth and prepare them for their return home. JRA also redesigned its aftercare program, creating a new service delivery model based on Functional Family Therapy, which gears aftercare services to the entire family, not just the youth.

Secure Correctional Placement: The most restrictive sanction a juvenile court can impose entails committing a youth to a secure juvenile correctional facility. Traditional juvenile correctional facilities have not been found to be effective in running rehabilitative programs (Greenwood, Model, Rydel & Chiesa, 1996), or at reducing recidivism (Howell, 1998). Further, recent government investigations have documented the failure of many facilities to meet even the most basic of mental health needs of youth in their care (US Department of Justice, 2005). It is critical that future efforts focus on the development and implementation of evidence-based mental health treatments that can be provided to youth during their incarceration.

Probation Supervision: Probation supervision is the sanction most often applied to adjudicated youth in a dispositional hearing. Often, a judge will impose a period of probation with other conditions, such as participation in treatment, as well as restitution or community service. This represents an ideal opportunity to link a youth with treatment, while at the same time, affording the leverage of the juvenile court to ensure that the youth complies with the terms of the disposition.

The Model provides a detailed blueprint for how to achieve these goals. What it cannot do, however, is actually affect the change. That must come from the leaders in the juvenile justice and mental health fields who have been struggling to develop solutions for these youth.

Program Example: The Integrated Co-Occurring Treatment Program in Akron, Ohio is an intensive home-based treatment model specifically designed to treat mental health and co-occurring substance use disorders among youth referred by the court as a condition of probation. Program clinicians, who work with the youth's probation officers, are available to youth and their families 24 hours a day, 7 days a week and use individual and family therapy interventions to focus on skill development and asset building while simultaneously addressing risk reduction. Services are delivered in the home, school and community.

Re-Entry: The goal of a placement is to successfully rehabilitate youth for their eventual return home. Critical to this is recognizing a youth's need for mental health services while in custody, providing effective treatment

while a youth is in care, and ensuring that linkages are securely in place to allow for continued access to mental health care upon release. Ideally, planning for a youth's re-entry into the community should begin shortly after a youth's arrival in the facility, and should include efforts to ensure a youth's enrollment in Medicaid or some type of insurance plan to pay for services once the youth is released.

Program Example: Project Hope, originally supported by a federal Systems of Care grant, is an aftercare program in Rhode Island that targets youth with serious emotional disturbances who are returning to their communities from the Rhode Island Training School (RITS). All youth with a mental health diagnosis are eligible to participate. Project Hope services are accessed by youth transitioning out of the training school through the RITS clinical social worker 90 to 120 days prior to the youth's discharge. Family service coordinators work closely with the clinical social worker while the youth is incarcerated and with the youth's probation officer when the youth returns to the community. Individualized service plans are modified as necessary and a case manager is assigned to ensure implementation of the plan for a period of 9 to 12 months following discharge.

III. Affecting Change: What Happens Next?

The Comprehensive Model provides a conceptual and practical framework for responding to the large numbers of youth in the juvenile justice system with mental health needs. This challenging project has culminated in the first-ever systematic review of the juvenile justice system in its entirety to identify ways in which mental health service delivery strategies can be strengthened. While the document is targeted to state and county administrators and program directors from the juvenile justice and mental health systems, all staff within those systems can benefit from the information and examples provided. The Model also serves a dual role. It offers a blueprint for how mental health issues can be better addressed within the juvenile justice system as a whole; it also compartmentalizes the system into discreet points of contact, allowing jurisdictions to consider implementing individual components of the Model as a first step in improving their system.

The premise of the Model is not complicated: stronger partnerships between the juvenile justice and mental health systems can result in better screening and assessment mechanisms at key points of juvenile justice system contact; enhanced diversion opportunities for youth with mental health needs to be treated in the community; and increased access to effective mental health treatment. The Model provides a detailed blueprint for how to achieve these goals. What it cannot do, however, is actually affect the change. That must come from the leaders in the juvenile justice and mental health fields who have been struggling to develop solutions for these youth. The Model provides the tool to move forward. The energy, hard work and political will to make this happen must come from them. ■

(For an electronic copy of the Model, please visit the National Center for Mental Health and Juvenile Justice website at www.ncmhjj.com).

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About the National Center for Mental Health and Juvenile Justice

Recent findings show that large numbers of youth in the juvenile justice system have serious mental health disorders, with many also having a co-occurring substance use disorder. For many of these youth, effective treatment and diversion programs would result in better outcomes for the youth and their families and less recidivism back into the juvenile and criminal justice systems. Policy Research Associates has established the National Center for Mental Health and Juvenile Justice to highlight these issues. The Center has four key objectives:

- Create a national focus on youth with mental health disorders in contact with the juvenile justice system
- Serve as a national resource for the collection and dissemination of evidence-based and best practice information to improve services for these youth
- Conduct new research and evaluation to fill gaps in the existing knowledge base
- Foster systems and policy changes at the national, state and local levels to improve services for these youth

For more information about the Center visit our website at www.ncmhjj.com.

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For more information...
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