



# Checking Up On Juvenile Justice Facilities:

## *A Best Practices Guide*



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*Finally, NMHA acknowledges the five MHA affiliates listed below for their time and hard work in sponsoring a Child Watch event in their communities. Their leadership and experience as child advocates were the reasons for the successful events that they sponsored, and their insights and recommendations form the basis for this document.*

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# INTRODUCTION

*Dear Fellow Advocates:*

*The past 10 years have witnessed a major increase in the number of American children held in juvenile detention and correctional facilities. In addition, a significant number of children with mental health treatment needs — many of whom are of color — are placed in these facilities not because they have committed serious crimes, but because the community lacks anywhere else for them to go.*

*Without intervention, the future for these children looks grim indeed. That is why advocacy is so crucial. It's also why a project guided by the National Mental Health Association (NMHA) in collaboration with the Children's Defense Fund (CDF) can make such a difference.*

*During this year-long initiative, five MHA affiliates used CDF's proven "Child Watch" advocacy model to conduct tours of local juvenile justice facilities. During these tours, participants probed more than the conditions inside the facilities. They used their contact with policymakers, facility staff, and the children themselves to explore factors that have contributed to this crisis, including an often overly punitive approach to juvenile crime as well as inadequate and fragmented local mental health services for children. Ultimately, the MHAs in the project discovered that in addition to yielding important information, these tours open the door to real solutions.*

*This publication takes you along on these five MHA tours. Plus, it goes an extra step, translating the planning steps, tour strategies, and follow-up activities into a "best practices" toolkit ready for you to put to work in your community.*

*You'll find specific guidance on how to build a coalition, organize and conduct a tour of a juvenile justice facility, raise the consciousness of key state and local policymakers, educate the public about the needs and problems that give rise to juvenile offenses, and encourage the development of effective community-based alternatives to incarceration. Plus, we've included people-to-people resources to help you keep moving forward.*

*And if there's anything else you need, remember that all of us at NMHA are here to help. Just give us a call.*

*Sincerely,*



**Michael M. Faenza, MSSW**  
President and CEO

# I. THE CHALLENGE:

## *Serving the Mental Health Needs of Children in Confinement*

It has been said that every child in confinement represents the failure of a system. For children with mental health issues, their confinement represents the failure of a number of systems.

While some children who are confined have committed serious crimes, most of them have not. Instead, these children get in trouble and come into contact with the juvenile justice system because local communities have failed to provide services to address their emotional and behavioral problems. Along with underlying mental disorders, many also have histories of other problems that have not been addressed, including: physical and/or sexual abuse; parental drug or alcohol use; poor school performance or truancy; family discord; co-occurring substance abuse disorders; and learning disabilities.

As hundreds of thousands of young people with mental health and substance abuse problems get caught up in America's juvenile justice system, their treatment needs go unmet. This problem is compounded by overcrowding as juvenile facilities are being asked to accept a growing number of children.

### **A GROWING CRISIS**

According to a series of reports published in 1999 by the Annie E. Casey Foundation, *Pathways to Juvenile Detention Reform*, there has been a 72 percent increase in the number of youth held in secure detention in this country from 1985 to 1995. Of that number, fully two-thirds were confined for non-violent offenses.

**There has been a five-fold increase in the number of juveniles placed in overcrowded facilities.**

The increase in the number of youth in confinement has predictably led to serious overcrowding in an increasing number of detention centers. According to the Casey

Foundation report, from 1985 to 1995, the number of facilities operating above capacity increased from 24 to 178. In 1994, 320,000 juveniles were placed in an overcrowded facility, nearly five times the number from ten years before.

**Children with mental health treatment needs are especially vulnerable in an overcrowded facility.**

A number of studies estimate that children with mental health treatment needs make up between 60 and 75 percent of youth in detention. These children are especially vulnerable in an overcrowded facility.

Alarming reports of unsafe and unhealthy conditions are being received from across the country with greater frequency. Reports of physical and sexual abuse, either at the hands of detention center staff or other young people in the facility, are not uncommon. Investigations have revealed evidence of children with mental health treatment needs being forcibly restrained and over-medicated.

Overcrowding has served to strain an already overburdened system to the breaking point:

- ◆ Youth who are admitted to facilities are often inadequately screened for mental health problems.
- ◆ Facilities are ill equipped to recognize and control suicidal behavior.
- ◆ Many facilities are operating with unqualified or poorly trained correctional staff, inadequate educational programming and a virtual absence of mental health services.

Understanding where a child is in the process — and how he or she got there — helps advocates develop a clearer plan for effecting change in the juvenile justice system and diverting children to appropriate communi-

ty services. That is why it is helpful to understand the different purposes of the types of facilities in which children are confined: “secure detention” and “correctional facilities.”

## **UNDERSTANDING THE TYPES OF FACILITIES**

### ***Secure Detention Facility***

A secure juvenile detention facility provides temporary custody and care of a child within a locked facility. The use of detention is intended to be for a short period of time while the child is awaiting the disposition of his or her case in juvenile court. While detention can be misused, it is not intended as punishment.

Such a facility is usually operated by the local municipality or county. Juvenile courts can order that a child who is alleged to be a juvenile delinquent be held in a secure detention facility. A judge will order the youth’s detention if there is a substantial probability that the youth will not appear in court for his or her next court date or if there is a serious risk that the youth may commit a crime before the next court date.

Because secure detention facilities are intended for short-term use, adequate mental health services are typically not provided.

**In an encounter with the juvenile justice system, detention is the point at which most children should be able to be diverted back into the community.**

During detention, it is vital to explore appropriate alternatives and present to the court a plan that will insure a child receives needed services. This planning is typically coordinated by a juvenile court services officer and involves community mental health and other community service providers, school personnel, and family members. For this to occur, advocates must ask what services need to be in place in their community. An even greater challenge is to ask which of these services are not available, and what must be done to establish them.

### ***Correctional Facility***

When the court determines a longer period of incarceration is needed, children are placed in a juvenile correctional facility. Many youth are adjudicated to a juvenile correctional facility because of the serious nature of their crime and subsequent conviction. However, others are sent to correctional facilities because effective and safe community-based alternatives are not available. When services are lacking, children with mental health needs may spend more time confined to correctional facilities.

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These secure facilities, sometimes called “training schools” or “youth development centers,” are typically under the control of the state juvenile justice authority or another state agency. Many states have contracted with private corporations to operate these facilities. Such facilities warrant the particular scrutiny of advocates since the track records of many of the private companies who manage them are troubling.

An additional concern is that, in most states, youth are committed to correctional facilities for an indeterminate length of time. Eligibility for release is determined by the facility administrator based upon the recommendations of the staff. It is obviously crucial, therefore, that adequate mental health services be available to help determine a child’s readiness to return to the community. Unfortunately, mental health services are typically not available in adequate quantity or quality. The result in many cases is that a child with mental health needs spends more time in confinement than do other children.

## THE NEED FOR COMMUNITY ALTERNATIVES

Children whose offenses are minor or non-violent should, whenever possible, be diverted away from incarceration and towards treatment, services and supervision in their local community. Clearly, many youth end up in correctional facilities because there are no other alternatives in the communities. Since many judges and juvenile court personnel search in vain for alternatives to incarceration, advocates will often find the juvenile court to be a source of support and encouragement in community-change initiatives.

An effective array of community-based mental health services can prevent children from committing delinquent offenses and from re-offending. Such services should include:

- ◆ Prevention
- ◆ Assessment
- ◆ Home-based services
- ◆ Family support groups
- ◆ Residential treatment
- ◆ Inpatient hospitalization.
- ◆ Early identification and intervention
- ◆ Outpatient treatment
- ◆ Wrap-around services
- ◆ Day treatment
- ◆ Crisis services

These services are most effective when integrated at the local level with other services provided by schools, child welfare agencies, and community organizations. It is, of course, critical that families be involved at the earliest stages in addressing their children's problems. Early, intensive work with families can strengthen their ability to care for their children at home.

Because it is not possible to divert all children with emotional disorders, the juvenile justice system and the mental health system should work together to develop programs and services within juvenile systems for these children.

## A CALL FOR ADVOCATES

Juvenile justice advocates need to hold systems and facilities accountable. The need for public safety must be balanced with the need for treatment and rehabilitation. Youth in juvenile institutions have the right to be protected from violent inmates and abusive staff, excessive isolation and unreasonable restraints.

**Advocates can turn a tour of juvenile facilities into a powerful tool for change.**

A tour of a juvenile facility can draw attention to the whole range of issues that exist behind the closed doors of a facility as well as within the community. Through tours, advocates can gain first-hand exposure to the problems and conditions within a facility. These insights — plus an understanding of effective community-based alternatives to detention — provide a solid foundation for developing and executing a plan to hold the facility accountable and demand appropriate changes. The tour itself becomes a powerful tool advocates can use to challenge policy makers and decision-makers to find a better way to serve our youth before, during and after they become involved in the juvenile justice system.

# II. THE PROJECT:

## *Using Juvenile Justice System Tours as Advocacy Tools*

### BACKGROUND

A crucial component of the National Mental Health Association's mission is spotlighting the critical unmet needs of hundreds of thousands of young people with mental health and substance abuse problems who are caught up in America's juvenile justice system.

NMHA is committed to working with our national network of affiliates to help states and communities focus on developing policies and services for vulnerable young people, rather than policies and programs that punish them.

NMHA's Justice for Juveniles Program was begun in 1998 to address a range of problems resulting from the failure of most states and communities to adequately invest in services for children and families that can prevent arrest and incarceration. As the latest step in this on-going effort, NMHA has used the successful Child Watch child advocacy model developed by the Children's Defense Fund (CDF) to mount tours of juvenile facilities.

With generous funding from the Annie E. Casey Foundation, the NMHA project involved five communities where advocates had identified the need to learn more about conditions in local juvenile detention or correctional facilities.

### *Child Watch*

In 1991, the Children's Defense Fund launched its Child Watch Visitation Program to give community leaders and advocates a first-hand experience of what happens to children within the juvenile justice system. Child Watch has proven to be an effective model because it takes participants beyond statistics and reports — making the faces and stories of real children and their families a vital part of the picture. Child Watch gives executives, legislators, clergy and other community leaders a direct connection with the real children and families whose every-day lives — and futures — are affected by their decisions.

A typical Child Watch program itself is approximately four hours long. But participants are asked to become part of an advocacy coalition that will continue to meet and strategize on a regular, on-going basis. Before the event ends, consensus is sought around an initial set of clear goals that the group will pursue.

The Child Watch model includes four major components:

- ◆ on-site visits to programs serving children and families, and in this case, a juvenile detention center;
- ◆ briefings by public policy experts and others;
- ◆ written background materials; and
- ◆ experiential activities.

Together, these four components serve to educate community leaders about children's issues and motivate them toward action. Child Watch helps children and families by building awareness, creating new leadership, and inspiring action. (Child Watch Visitation Program, Children's Defense Fund, © 2000).

## **PARTNERING FOR LONG-TERM IMPACT**

NMHA has an established history of working with its affiliates to form advocacy coalitions and helping them become more effective voices for change. Through its Child Watch Visitation Program, the CDF advances the same goal. While the specific focus varies from community to community, the ultimate goal of every Child Watch Visitation Program is to improve the lives of children by promoting action on the local, state, and national levels. Participants learn that every individual, congregation, organization, and business is powerful. Each can —and must — make a difference for children in their communities and across the country.

**Participants learn that every individual, congregation, organization, and business is powerful.**

The combination of NMHA's involvement in the needs of children in the juvenile justice system and CDF's long history of advocacy on behalf of children proved to be a strong and effective one. Advocates in five communities came together to learn more about the serious unmet needs of children who are incarcerated and took up the challenge to continue working together for the needed changes that they identified.

## **A CLEAR FOCUS ON PROBLEMS AND SOLUTIONS**

During the project, advocates proved that a tour of a local juvenile facility can be critical in learning about the need for changes. But the tour was also the first step in a much larger process of addressing complex systems whose failure has resulted in the confinement of many youth who do not need to be confined.

As is often the case with Child Watch tours, participants in the juvenile justice tours conducted as part of the NMHA project were shocked by what they saw and heard. But participants also came away from the experience empowered with the knowledge that they, and sometimes they alone, had the ability to make a difference.

While the problems often appeared large and insurmountable, the tours provided real-life insights into specific areas where changes are needed and specific ways in which advocates can help. Best practices and other successful interventions were discussed, and participants learned how prevention saves lives, money and resources.

The bottom line was that these tours did more than simply bring attention to the problem. They also served as powerful tools for educating the community about solutions. In each of the five communities whose experiences are highlighted in this document, the tours they sponsored provided critical momentum in forming child advocacy coalitions and providing new energy to existing ones.

# III. LESSONS LEARNED:

## *Field Case Studies from Five MHAs*

As part of our project, juvenile facility tours were organized by NMHA affiliates in five communities in late 2001 and early 2002. We are enormously grateful for their willingness to conduct a tour in their community, and for the on-going work they have done since then in the juvenile justice arena. Though the issues were somewhat different in each community, all were successful in bringing together key stakeholders and focusing the attention and energy of the group on problems that are often ignored. They were also successful in gaining access to a system and to facilities that are not normally open to scrutiny.

The case studies that follow provide a snapshot of how they achieved these successes and provide valuable “lessons learned” in how to create an agenda for change that will impact some of society’s most vulnerable young people.

### **MHA in Southwest Louisiana**

**Facility Toured:** Calcasieu Parish Juvenile Detention Center

**Tour Date:** January 17, 2002

**Pre-tour Issues:** Local press reported a number of disturbing conditions in the local detention facility. Advocates cited a virtual lack of mental health services available to at-risk youth prior to their entrance into the juvenile justice system. Louisiana’s eligibility criteria “severity clause” prevented local mental health centers from serving many youth with serious emotional disturbances. In addition, only 13 percent of the mental health budget was currently going to community-based services. Advocates faced significant opposition from the facility staff to the idea of touring the local facility.

**Participants:** Twenty-five participants included a local state representative, the director of the office of juvenile justice services, parents and youth involved in the juvenile justice system, and advocates.

**The Event:** The day began with presentations concerning the needs of youth in the juvenile justice system. A psychiatric nurse spoke about characteristics of at-risk youth; a local psychiatrist, who serves as a consultant at the detention center, offered perspectives on components of an effective mental health program within a detention center; and parents and youth currently involved in the juvenile justice system shared their stories with the group. Participants were then taken by bus to the Calcasieu Parish Juvenile Detention Center where center staff provided an overview of services and the juvenile services department in general. However, participants were only allowed at the center for a short period of time and not permitted a tour of the actual facility.

**What Was Accomplished:** Concerns about conditions and the unmet needs of the youth were heightened by this event. Participants came away with the sense that there were serious discrepancies between how the center was characterized in the administration’s view of the center’s operations and actual operations. For example, while the center leadership indicated that all youth were screened and monitored for mental health needs, advocates and parents were adamant that such screening was superficial — if done at all. Participants were appalled by the statistics they were given by center staff indicating that nearly half of the 927 youth admitted to the detention center in 2001 were there as the result of zero-tolerance infractions at school. And, as is so frequently the case, young black males were disproportionately represented in the admission statistics. The absence of quality community-based alternatives to detention added to the frustration of organizers and participants.

#### **Next Steps:**

- ◆ The detention center is one of four sites participating in an OJJDP-funded project to assess the mental health needs of youth incarcerated there and to recommend treatment strategies. Advocates will follow project data and seek to be involved in the planning efforts that follow.

- ◆ There was clear consensus about the need to prevent youth with mental health needs from becoming entangled in the juvenile justice system in the first place. Advocates will likely focus on developing a plan to help schools and parents become more aware of community-based mental health services that currently exist in Lake Charles for at-risk youth. At the same time, planners are keenly aware that many needed services simply do not exist, and therefore, a major effort is needed to facilitate their development.
- ◆ Advocates were encouraged by the participation of the local state representative. They plan to discuss ways to engage his assistance in calling attention to problems, particularly the matter of disproportionate minority confinement, and in developing a plan to secure state funding for new services for this population.

## Vermont Association for Mental Health

**Facility Toured:** Woodside Juvenile Rehabilitation Center

**Tour Date:** October 30, 2001

**Pre-tour Issues:** Since 1990, the number of Vermont youth declared delinquent and placed in state custody doubled, rising from 190 to 414. Local press had given a good deal of attention to the problem and the legislature was scheduled to take up the matter of juvenile crime. Some legislators had reportedly been considering the creation of a new, separate state department for juvenile justice, as well as the need to build a new secure detention facility. In addition, many in the community considered the 1986 construction of Woodside an overreaction by the legislature to a horrendous crime committed by two juveniles. At the time, it was thought no punishment harsh enough existed, and so Woodside was created.

**Participants:** Twenty-five individuals, representing every key stakeholder group, participated in the event and gained a clear picture of how the different parts of the state system interacted.

**The Event:** Participants learned about the various services the center is expected to provide, including short-term detention for boys and girls, and a longer-term treatment program for boys only. It became apparent that many in the state view this facility as a source for

services it simply cannot provide and the center management team expressed concerns that Woodside has become a “catch-all” for youth no one knows what to do with. Of particular concern is that, over time, there has been a significant increase in the number of children with mental health disorders. Center statistics point to a longer-than-desirable average length of stay for children committed there, underlining the need for community-based alternatives.

**What Was Accomplished:** At the time Woodside was built, there was never a thorough analysis as to its role in the overall juvenile justice system. All participants — including Woodside staff — agreed that Woodside’s mission and role must be revisited before the legislature makes further moves toward building another secure facility. In fact, there was clear consensus that the state does not need another secure facility. Participants agreed an examination of Woodside should extend to include a review of the entire array of services available to this at-risk population. As one participant put it, “We have ‘A,’ and we have ‘D’; but we need more ‘B’ and ‘C,’” articulating the need for more intermediate, community-based services to be made available. It was noted that Medicaid could be accessed for community-based services, which would provide an incentive for the state to see more such services as alternatives to the 100-percent state-financed institutional care.

### Next Steps:

- ◆ The Vermont Association for Mental Health continues the discussion about the role of Woodside, the future of youth services, access to mental health treatment and our major state systems including the Department of Corrections, the Department of Social & Rehabilitation Services and the Department of Developmental and Mental Health Services.
- ◆ The association made a commitment to monitor all pending legislation and legislative proposals that might influence services and programs for juveniles in Vermont’s state system.
- ◆ Tour participants agreed to reconvene regularly throughout the legislative session to exert influence on state policy. A report summarizing the results of their legislative activities will be produced at the end of the legislative session.

## MHA in Orange County, NC

**Facilities Toured:** C.A.Dillon Training Center and the Whitaker School

**Tour Date:** November 7, 2001

**Pre-tour Issues:** The MHA in Orange County and other advocates in the Raleigh-Durham area of North Carolina had long held a number of concerns about conditions in the state's juvenile justice system, intensified by press reports about assaults involving staff on youth at the C.A. Dillon Training Center in Durham, NC. In addition, the state legislature had proposed drastic budget cuts for the Department of Health and Human Services that would prompt closure of the Whitaker School, an effective residential program in Butner, NC, serving youth who would otherwise often end up in the state training center.

**Participants:** The 28 participants included representatives from the North Carolina Department of Juvenile Justice, family advocacy organizations including the local NAMI chapter and the United Way, the North Carolina Department of Juvenile Justice, UNC-Chapel Hill, the Jordan Institute of Social Work, and a locally based System of Care, plus two county commissioners and members of the media.

**The Event:** Presenters included the mother of a child incarcerated in North Carolina who described her son's need for mental health services and difficulties experienced in attempting to obtain them. The tour of the training school included a presentation by a panel of 15 youth incarcerated in the facility. They described the situations that brought them to the school and offered insights about services that would help them to return successfully to the community.

**What Was Accomplished:** Data presented by training center staff underscored the state's over-reliance upon institutional care. For example, state training centers, by their own definition, are for "juveniles posing the greatest risk to the community." The data, however, indicates that of the 879 youth incarcerated in the five centers, 226 — more than one-fourth of the total — had committed only "minor offenses." Participants were left wondering why such offenders were placed in secure facilities and

supported advocates' complaints about the absence of community-based alternatives.

### **Next Steps:**

- ◆ Participants agreed on the need to identify and develop community-based alternatives to detention and incarceration. The local System of Care coordinator has already begun this effort. Developing and funding alternatives will require review of the entire service delivery system.
- ◆ In response to the fact that problems regarding assault of youth by staff at the facility were indirectly acknowledged by a department official, advocates agreed that a process of monitoring complaints should be implemented.

## MHA in Hamilton County, Indiana

**Facility Toured:** Hamilton County Juvenile Detention Center

**Tour Date:** November 15, 2001

**Pre-tour Issues:** The Hamilton County Juvenile Detention Center opened in 1993. Although intended to house youth from other counties as a means of generating revenue for Hamilton County, the detention center today houses 24 juveniles, ages 10 – 19, all of whom have been charged with a felony and all of whom are from Hamilton County. The growing number of local-area youth being incarcerated caught the attention of local advocates.

**Participants:** Approximately 20 individuals attended the tour of the facility. Participants included representatives from the juvenile probation department and protective services, mental health providers, two members of the local city council, and the parent of a child who was incarcerated there at the time.

**The Event:** Presentations provided helpful information concerning the history and function of the center. During the tour, participants noted a tough prison environment, with youth wearing striped jumpsuits and being referred to as "inmates" who live in "cell blocks." Among the most alarming data was the fact that in any given month in 2001, an average of 66 percent of the youth confined there were on psychotropic medication

— an increase of approximately 30 percent within just one year. Even more alarming, this figure does not include children in the facility who have a mental health disorder but who are not on medication. In spite of this clear and significant need, the center provides no mental health services.

**What Was Accomplished:** It was identified that the average length of stay at this facility (20-29 days) is longer than what is generally considered optimal. This reflects the unavailability of alternative, community-based services and the need for the center to be more responsive in accessing such services and moving these children out of detention in a more timely fashion. Coalition organizers and the center's director agreed with the need for an on-site mental health professional who can begin to address the mental health and substance abuse needs of the youth at the center, and insure services are provided more responsively.

**Next Steps:**

- ◆ The coalition leader has begun meeting biweekly with the detention center director to explore how the coalition can help advocate for necessary changes.
- ◆ The executive director of the NMHA affiliate in Southeastern Pennsylvania has begun providing consultation to the MHA leadership in Indiana following their successful implementation last year of a mental health and substance abuse screening process for all youth entering the detention facility there.
- ◆ Coalition members plan to engage the probation department in discussions regarding what process is in place to expedite the development of discharge plans. Steps need to be taken to address the obvious inadequacy of the educational services being provided to the youth incarcerated at the facility. The coalition will outline specific changes that it views as important to strengthening that aspect of the program.

## **MHA of the Southern Tier, New York**

**Facility Toured:** Juvenile Court and Detention Process; Haskins Non-Secure Detention Facility

**Tour Date:** November 30, 2001

**Pre-tour Issues:** Advocates were increasingly concerned about the obvious lack of community-based alternatives to detention. In addition, while substance abuse is recognized as a serious problem among Broome County youth, the area has the fewest substance abuse services of all of 62 New York counties. In fact, there is only one provider for an exclusively in-patient program. Other concerns focused on the Haskins non-secure detention facility in Binghamton, including the fact that while the facility is co-ed, it appears ill-designed for such a demand.

**Participants:** The 18 participants represented significant stakeholders from the Broome County community, including the superintendent and assistant superintendent of the local public school district, the director of the local residential treatment center, the chief of outpatient programs for the local community mental health center, local MHA staff and board members, two parents of juvenile offenders, and other advocates.

**The Event:** During the tour, participants assumed the identity of an actual child recently seen in juvenile court, and were processed through the juvenile system as that child was — meeting with the public defender, being ushered into the courtroom before a real judge, placed in handcuffs by a sheriff's deputy and ushered out of the courtroom into the jail next door where they were placed in a holding cell to await transport to the detention facility. Still in handcuffs, tour members were loaded into a sheriff's van for the 15-mile trip to the detention facility where they were processed into the facility. The experience had a significant impact on participants, providing a real taste of the fear, humiliation, anger and depression likely experienced by the actual youth.

**What Was Accomplished:** In planning the tour, the local MHA had believed Haskins' co-ed structure to be the major problem with the facility. As a result of the tour, however, they instead chose to focus on the need for community-based alternatives to institutionalization.

This is a very significant outcome in that it will help divert money toward services rather than toward the bricks-and-mortar solution the MHA initially envisioned. The MHA is now acutely aware of its role in advocating for these changes in the community and had begun to weave this message into all of their ongoing outreach efforts. In particular, advocates have agreed that the development of more substance abuse services for youth is a priority.

***Next Steps:***

- ◆ Coalition leaders are arranging meetings with the Broome County Commissioner of Mental Health in order to present the coalition's observations and concerns and seek his help in presenting their case to their state legislative delegation and their local — and influential — state senator who chairs the state's Mental Health and Developmental Disabilities Committee.
- ◆ Advocates are exploring how to bring about public policy change to allow mental health services to be provided in detention. Officials at Haskins explained that since it is intended to be a "short-term" program, mental health services are not seen as necessary and therefore cannot be billed to the state. Youth cannot receive mental health services until final disposition, which can take anywhere from 30 to 90 days. Some youth have been in detention for as much as 180 days or longer.
- ◆ In response to the virtual absence of any semblance of mental health programming at the Haskins facility, MHA staff have begun regular visits there in order to provide some basic mental health educational information, and they are coordinating the involvement of other local agencies in this regard as well.

# IV. THE TOOLKIT:

## *A Guide to Implementing the Process in Your Community*

The case studies in the previous chapter illustrate how much can be accomplished through a facility tour. In this chapter, we've synthesized the experiences of our five affiliates into a practical set of tools you can use in your own community. This step-by-step guidance lets you use best practices to save time and increase success as you organize and implement a juvenile facility tour as a powerful first step in developing a child advocacy coalition.

At the end of this chapter you'll find a detailed timeline. Use it to plan and execute each component of your tour and follow-up action.

### **STEP 1: DEVELOP A COALITION**

If you are involved with an existing coalition or task force that is working on children's issues, it is not necessary or advisable to attempt to create a separate coalition. There is no reason to create an entirely new entity if an existing organization is interested in juvenile justice issues and willing to sponsor a facility tour. If you do need to start from square one, however, here's what to do:

#### ***A) Create an informal planning committee***

Start with two or three other interested individuals. This committee can help determine who should be a part of the coalition, the specific juvenile justice issues that should be addressed by the coalition, and what can be accomplished by the event.

#### ***B) Form close working relationships with detention center officials***

In order to gain access to the facility, it is essential to gain the trust of the juvenile justice officials responsible for its operation. This requires the careful development of a relationship, and a concerted effort to keep everyone engaged and informed about the tour and the coalition's objectives.

Early in the planning process, be sure to include these officials as well as other "system insiders," including parole officers, probation, detention center staff, judges, public defenders, and prosecutors.

- ◆ Thoroughly explain the coalition's objectives in terms of serving the best interests of the youth and the community.
- ◆ Be sure to include the director (to the degree possible) in your planning efforts from the beginning.
- ◆ Instead of placing blame on the facility staff for perceived problems, emphasize your coalition's value as a partner in addressing issues that are common areas of concern.

If efforts to develop a working relationship with facility staff fail and access to a facility is denied, it may be necessary to ask key community stakeholders for help. Elected officials can be especially helpful in intervening on the coalition's behalf. Remember, while some facilities were more reluctant to grant access than others, all five of our MHA coalitions eventually were permitted some degree of access.

#### ***C) Include key stakeholders***

An effective coalition and successful facility tour should involve community stakeholders who can be key in helping bring about real, lasting change. Consider public, private, and non-profit sector organizations already involved in meeting children's needs in your community (hospitals, housing agencies, schools, day care programs, religious congregations, volunteer organizations, etc.). Be sure to include individuals and organizations that represent the diverse population in your community. Such stakeholders might include:

- ◆ members of the local city and county government;
- ◆ state and federal elected officials and/or members of their staff;
- ◆ representatives from local foundations;
- ◆ superintendent of the local school district;

- ◆ director of the local community mental health center and senior staff;
- ◆ other mental health service providers;
- ◆ other child-service organizations, including those that do not necessarily provide mental health services;
- ◆ members of the clergy;
- ◆ representatives from the legal community, including attorneys, prosecutors, and judges;
- ◆ business leaders from the community;
- ◆ youth who have been involved in the juvenile justice system and their parents; and
- ◆ members of the affiliate's board of directors.

#### **D) *Involve the media***

What you are doing has all of the elements of a “good story.” Establish contacts with the local media at the very beginning of your efforts. Invite interested media representatives to the event. To help them understand the problems that exist and the coalition’s goals, provide printed background material. Consider issuing a press release before and after the event.

## **STEP 2: SET YOUR STRATEGY — AND AGENDA**

### **A) *Focus on one or two specific issues***

There are many issues surrounding juvenile detention and correctional facilities, but focusing on too many issues dilutes both resources and the impact of the tour. It’s better to focus attention on one or two specific issues prior to the event. For example, you might want to emphasize a particular problem that has been reported in the local media. Or, you may want to make the community aware of reports received from a youth(s) who had been incarcerated at the facility or from their parents. Another approach is to focus on the fact that the juvenile facility may have been the target of an investigation by the Justice Department because of poor conditions. The sharper the focus, the greater the value of the tour.

### **B) *Educate the coalition and community***

Organizers may wish to familiarize themselves with NMHA’s publication *Checking Up on Juvenile Justice Facilities*. This document provides a helpful overview of the typical problems one might encounter in a juvenile

facility, and outlines the standards by which a facility should be judged and to which it should be held accountable. NMHA can also provide informative fact sheets on a variety of pertinent issues — you can make these available to the coalition as well. In addition, NMHA staff are always available to provide technical assistance in helping coalition organizers determine a focus for their efforts, and to help research particular issues.

As mental health advocates, organizers should pay particular attention to the unmet mental health and substance abuse needs of youth in the juvenile justice system. Few facilities are designed and equipped to address the needs of these youth. And while it may come as a surprise to advocates, facility administrators often readily admit that such unmet needs exist, and agree that more needs to be done. As a result, the coalition can come to be viewed by facility administrators as a source of help in seeing that more services are made available.

Organizers should have background material available to distribute at the event. In addition, one or more individuals will need to be selected and prepared to address participants the morning of the event.

## **STEP 3: STAGE A SUCCESSFUL TOUR**

### **A) *Forge unity***

Have participants gather at a central location and then be taken by bus to the facility itself. Gathering in this way eliminates logistical problems and gives you a valuable opportunity to:

- ◆ Brief participants on the goals for the day.
- ◆ Provide background material about what they will be experiencing.
- ◆ Create rapport and dialogue before the actual tour begins.
- ◆ Develop recognition of participants’ common goal of serving the community.

### **B) *Involve participants in “real world” experiences***

One of the best ways to educate — and motivate — tour participants is to make the world of juvenile facilities come alive. As described in the Case Studies, Broome County’s “a day in the life” turned an extremely personal

tour into a powerfully galvanizing experience where participants had first-hand exposure not only to the system, but to the fear, helplessness and humiliation felt by children within it.

While not every community can arrange that degree of involvement, many other creative possibilities exist. At the very least, make sure your participants come away from the event feeling they had an opportunity to experience to a small degree what it feels like for a young person to be incarcerated. During the Indianapolis tour, for example, participants were each placed in a child's cell for an extended period of time during which they experienced the child's sense of isolation and despair that can occur there. On other tours, participants came face to face with youth who had been incarcerated and their parents. This personal contact gave participants a far better appreciation for the urgency of the situation.

#### **STEP 4: TRANSFORM THE TOUR INTO ADVOCACY**

The tour will be a powerful experience for participants. Allow sufficient time following the event for everyone to process their reactions, and then move forward.

##### ***A) Share reactions***

Invite participants to share their feelings about the event. This is a crucial first step in identifying the issues that the coalition will want to address. This type of discussion is also valuable in helping secure commitment for further involvement from participants.

##### ***B) Define “where we go from here”***

Organizers should lead the group in a process of defining the key issues brought to light by the tour. “Were the group's initial concerns valid?” “Are there other important issues that had not been initially identified?” It is important that the coalition be specific in identifying their concerns. It will also be helpful if participants can begin to prioritize issues.

Often, there is a clear need for more information. This should be addressed by determining a specific method for obtaining and assigning responsibility for gathering the information.

##### ***C) Develop an action plan***

Once issues have been identified and prioritized, the group must decide what action can be taken — immediately and down the road. Put each action step in writing. It is very important that participants agree to continue to meet as a coalition. Set up the next meeting before the group adjourns to assure continuity and ongoing progress.

##### ***D) Pull in all the resources***

As you move forward, continue to look for resources beyond the current coalition. At every step, brainstorm about possibilities and what other individuals could be helpful and whose involvement should be sought.

At this point, additional technical assistance from NMHA staff may be particularly useful. Staff can help organizers process the experience and clarify initial goals. Staff will also be able to share information regarding the experiences of other coalitions — pointing out the specifics of successful strategies and tips, plus pitfalls to avoid. And again, staff can be helpful in gathering additional statistics and data determined to be important by the coalition members.

## PLANNING TIMELINE

**MONTH 1:** Form a planning committee comprised of MHA staff, representatives from the local juvenile detention facility, and other advocates. Be sure to include individuals and organizations from a broad range of groups that represent the diverse population in your community. (The planning committee is a subset of individuals that will also participate in the coalition.) The planning committee's role will be to assist in seeking broader support for the coalition as well as in organizing the first coalition meeting.

**MONTH 1:** Assess the community's needs. Identify major issues that impact youth involved (or those at risk for involvement) with the juvenile justice system. Develop consensus on these issues among the committee members. Convey these issues and use them to recruit other individuals who would be effective on the planning committee and advocacy coalition.

**MONTH 1:** Convene an initial meeting of the planning committee members to centralize focus of the planning and coalition building efforts. Develop a list of potential advocacy coalition members. These could include business leaders, school representatives, elected officials, juvenile justice officials, mental health system representatives, and other interested parties.

**MONTH 2:** Develop relationships with detention facility and other key players (e.g., probation and parole officials) to gain access to the facility and to begin a dialogue.

**MONTH 2:** Evaluate local issues (e.g., legislation, community detention center policies) to help focus the coalition's advocacy agenda.

**MONTH 2:** Convene a second meeting of the planning committee to determine training and tour date.

**MONTH 3:** Hold a "training" event for members of the planning committee to begin to flesh out plans for the tour. Remember to include a representative from the local juvenile detention facility at the training. Select a meeting site for the tour, and guest speakers, and individuals to invite to participate in the tour. Begin to develop an agenda and evaluation forms for use on the day of the tour. Focus on the main objectives to be addressed. Decide which information to include in the

literature packet to be disseminated at the event. (See Appendix.) Make sure to include NMHA's *Checking Up on Juvenile Justice Facilities: A Handbook for Child Mental Health Advocates*.

**MONTH 3:** Send invitations to guest speakers.

**MONTH 4:** Arrange transportation for participants of the tour (if necessary, reserve a tour bus.)

**MONTH 4:** Make follow-up calls to confirm guest speakers (30 days after sending invitations.)

**MONTH 4:** Draft a press release.

**MONTH 4:** Finalize the selection of the meeting site and the agenda for the event with assistance from the planning committee.

**MONTH 5:** Send invitations to participants (at least 30 days before the event.)

**MONTH 5:** Finalize plans for transporting participants to the facility and back to the meeting site (three weeks before the event.)

**MONTH 5:** Send media alerts to local newspaper, radio and television stations and other media (two weeks before the event.)

**MONTH 5:** (optional) Arrange for refreshments to serve on the day of the tour (two weeks before the event.)

**MONTH 5:** Assemble literature packets to be distributed during the event (one week before the event.)

**MONTH 6:** On event day, distribute the literature packets, sign-in sheet, and evaluation forms for participants to complete and return.

### POST-EVENT FOLLOW-UP:

- ◆ Immediately compile a report summarizing the event. Document and gather the perceptions / feedback of the participants about the facility and tour. (One week after the event.)
- ◆ Reconvene the coalition and flesh out an action plan. Bring together the coalition to meet at least once a month. The coalition should continue to meet regularly in order to be effective in implementing the action plan. Track and document progress of the coalition.

## **APPENDIX A**

### *Sample Letter of Invitation to Join Coalition*

Dear \_\_\_\_\_:

I am writing as a representative of the Mental Health Association in \_\_\_\_\_ to ask you to join a Juvenile Justice/Mental Health Coalition we are establishing in our community. We are hoping to familiarize community leaders and other influential citizens to the mental health needs of children in the juvenile justice system and to show them there are positive, concrete steps they can take to help solve the problems they see.

The Juvenile Justice/Mental Health Coalition aims to personalize children's struggles by taking participants on an organized tour of our local juvenile detention/correctional facility, INSERT NAME OF FACILITY. The tour will help raise awareness about the range of problems facing children caught up in the juvenile justice system, as well as successful alternatives to incarceration. Before the tour, participants will receive a briefing from a number of program and policy experts. Following the tour, participants will regroup to develop goals and action steps that will guide the coalition in its ongoing efforts.

The Juvenile Justice/Mental Health Coalition is an excellent opportunity for local organizations to work together to build an integrated, sustained response to children's needs. We hope that you or your representative can participate on the coalition. Background information about this effort is enclosed. A member of our planning committee will contact you soon to follow up on this invitation and to answer any questions you may have.

We look forward to working with you.

Sincerely,

Juvenile Justice/ Mental Health Coalition Planning Committee Member

## **APPENDIX B**

### *Sample Agenda*

Mental Health Association in / of \_\_\_\_\_

Juvenile Facility Tour

(INSERT DATE HERE)

(INSERT LOCATION HERE)

8:00 a.m. – 8:15 a.m.	Registration
8:15 a.m. – 8:40 a.m.	INTRODUCTION AND OVERVIEW OF ISSUES
8:40 a.m. – 9:15 a.m.	(NAME OF EXPERIENTIAL ACTIVITY: Describe activity designed to help participants experience the problems in the juvenile justice system from the perspective of a child. Helpful activities include role-playing, guided imagery or a more in-depth experience)
9: 15 a.m. – 10:30 a.m.	PANEL PRESENTATION  (Allow approximately 15 minutes per panelist and time for questions.)
10:30 a.m. – 11:00 a.m.	Bus Ride to Juvenile Facility
11:00 a.m. – 12:00 p.m.	Tour of the Facility
12:00 p.m. – 12:30 p.m.	Return Bus Ride and Box Lunch
12:30 p.m. – 2:30 p.m.	Debriefing Session and Action Planning

## APPENDIX C

### *Checklist of Items for Tour Information Packet*

- ◆ Agenda
- ◆ Participants list
- ◆ Evaluation form
- ◆ Handouts on the presentations that will be made
- ◆ News articles that highlight the mental health problems and/or the abuse of youth at the local detention facility
- ◆ NMHA's *Checking Up on Juvenile Justice Facilities: A Guidebook for Child Mental Health Advocates*
- ◆ NMHA's juvenile justice program fact sheets
- ◆ One-page description of the purpose and goal of the event
- ◆ Statistics on the local detention facility
- ◆ Statistics on the local mental health system
- ◆ Information on current /relevant juvenile justice or children's mental health legislation
- ◆ Business card

# APPENDIX D

## Sample Media Advisory

(Organization's Logo)  
Organization's address  
Website

Contact: Local contact person  
Telephone  
E-mail address

### **(MHA of/in... ) and Community Leaders To Tour Juvenile Mental Health Detention Center (Date)**

NAME OF TOWN, State (DATE) On (day, date), community leaders (list name(s) if well-known) will join the Mental Health Association of/in \_\_\_\_\_ for a tour of the (facility name) in (city). The tour will provide key business leaders, clergy, legislators and other community leaders with the opportunity to see first-hand the conditions and issues that youth in the juvenile justice system face.

“(Name of your organization) hopes this effort will prompt our community leaders to develop policies and invest in services that will improve the lives of youth involved in the juvenile justice system,” said (name and title of organization’s spokesperson.) “We are committed to raising awareness of the mental health and substance abuse needs of these youth and ensuring that they are addressed within justice facilities and in the communities to prevent arrest and incarceration.”

A briefing will take place before the tour to inform participants and other members of the community about the mental health and substance abuse needs of youth involved, or at risk for involvement, with the juvenile justice system and other concerns with the current system.

What: (Title or topic of briefing)

Who: (Names of speakers and youth/family presenters)

When: (Date and time of briefing)

Where: (Name of location and address of event)

**Note to Reporters:** For more information or to register for the tour contact (contact name) at (phone.)

*(Provide short paragraph about your organization or coalition here)*

###

# APPENDIX E

*Sample Evaluation Form*

NAME: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**1. Please rate the presentation on how much it increased your understanding of the topic:**

MINIMALLY	MODERATELY			EXTREMELY		
1	2	3	4	5	6	7

Comments:

**2. Please evaluate the effectiveness of the experiential activity:**

MINIMALLY	MODERATELY			EXTREMELY		
1	2	3	4	5	6	7

Comments:

**3. Please evaluate the helpfulness of the briefers:**

MINIMALLY	MODERATELY			EXTREMELY		
1	2	3	4	5	6	7

Comments:

**4. Please let us know if you have any suggestions for future tours:**

Please return your completed form to: (INSERT CONTACT INFORMATION)

## CONTACT INFORMATION

### *NMHA*

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