



Intervention Unit, also known as solitary confinement, at MacLaren Youth Correctional Facility in Woodburn (Photo by Diego Diaz)

Report finds inadequacies in placement, treatment of Oregon's mentally ill youths

Juvenile detention centers – where most inmates experience mental illness – aren't equipped to handle kids with serious needs

by **Emily Green** ([/users/emily-green](#)) | 29 Jan 2016

In Oregon, kids with mental health needs who come into state custody are being warehoused in juvenile detention facilities because there's nowhere better to place them, according to a draft [report from the Oregon Judicial Department](https://news.streetroots.org/sites/default/files/Oregon%20State%20Court%20Juvenile%20Justice%20Mental%20Health%20Task%20Force_1.pdf) (https://news.streetroots.org/sites/default/files/Oregon%20State%20Court%20Juvenile%20Justice%20Mental%20Health%20Task%20Force_1.pdf).

Additionally, as these youths bounce between the care of different state agencies, their service providers and medications often change, their medical records don't follow them, and their prescription plans are subject to varying levels of protections, with kids in correctional facilities receiving less oversight and review of psychotropic medication regimens than kids in foster care.

The report and its recommendations are the result of more than a year's worth of research and deliberation conducted by Oregon State Court Juvenile Justice Mental Health Task Force. Approved on Jan. 22, the findings will soon be delivered to Chief Justice Thomas Balmer, who in 2014 convened the task force in response to the increasing number of youths with mental illness within Oregon's juvenile justice system and concerns about inadequacies within the system's ability to serve them.

The task force was composed of leaders within the agencies serving these youths, including Oregon Judicial Department, Child Welfare, Oregon Youth Authority, Youth, Rights and Justice and Oregon Health Authority. Multnomah County Circuit Court Presiding Judge Nan Waller co-chaired the task force with Judge Lisa Greif of Jackson County.

The task force surveyed juvenile court judges and county juvenile department heads across the state and surmised that “with limited exceptions, mental health services provided to at-risk and delinquent youth with mental health issues are frequently not adequate and not well coordinated when youth move between systems.”

Among judges surveyed, 73 percent reported that within the past year they had committed at least one youth – one judge committed more than 20 – to an Oregon Youth Authority correctional facility because there was nowhere else locally they could place the youths that would serve their mental health needs.

But Oregon Youth Authority facilities aren't staffed or designed to treat kids with serious mental health issues, and such placements can “exacerbate underlying trauma, are expensive and are not conducive to producing positive outcomes,” states the report.

FROM OUR ARCHIVES: [Oregon Youth Authority rethinks how it manages troubled youths \(https://news.streetroots.org/2015/01/10/kids-hall-oregon-youth-authority-rethinks-how-it-manages-troubled-youths\)](https://news.streetroots.org/2015/01/10/kids-hall-oregon-youth-authority-rethinks-how-it-manages-troubled-youths)

Of county juvenile department directors surveyed, 86 percent reported difficulty in finding residential placement for kids with a diagnosed mental illness, and 83 percent said the length of incarceration among mentally ill youths could be reduced if residential and crisis beds were more readily available.

While Oregon Health Authority is currently mapping out precise gaps in Oregon's mental health treatment services, the task force's survey indicates the state is significantly lacking in emergency placement beds, with 90 percent of judges indicating a need for more beds in their community.

According to the report, the Governor's Advocacy Office has received complaints about situations arising from this shortage, ranging from a child stranded in an emergency room for three days only to be sent home because no psychiatric beds were available, to a child welfare worker staying overnight in a Department of Human Services office to be with a child with “significant mental health needs” because there was no other option.

Statewide statistics on the overall number of mentally ill youths coming into contact with the justice system are not available. Only 37 percent of Oregon's county juvenile departments conduct any type of mental health screening on youths when they enter the system, and only 14 percent of counties collect data on the prevalence of youth with mental health issues who are referred to their juvenile departments, according to the survey results.

The report's authors are recommending to Chief Justice Balmer that all youths entering the state's juvenile departments be screened and then connected with services if needed – and that efforts need to be made to identify and treat kids with mental health issues before they get arrested.

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According to Oregon Youth Authority data, in 2014, 94 percent of females and 74 percent of males housed in its correctional facilities were diagnosed with at least one mental illness, but the report offered little information about how the youth authority could better serve those youths, only that they shouldn't be in its custody.

A glaring omission in the report is the youth authority's use of intervention units, more commonly known as solitary confinement, in its juvenile detention facilities – and how the practice might affect its predominantly mentally ill inmate population.

On Jan. 25, President Barack Obama announced a ban on using solitary confinement with juvenile offenders in federal prison. In an [op-ed for the Washington Post, Obama argued \(https://www.washingtonpost.com/opinions/barack-obama-why-we-must-rethink-solitary-confinement/2016/01/25/29a361f2-c384-11e5-8965-0607e0e265ce_story.html\)](https://www.washingtonpost.com/opinions/barack-obama-why-we-must-rethink-solitary-confinement/2016/01/25/29a361f2-c384-11e5-8965-0607e0e265ce_story.html), “Prisoners in solitary are more likely to commit suicide, especially juveniles and people with mental illness.”

But the ban does not apply to Oregon Youth Authority facilities, which are state run, not federal.

Under current law, Oregon's juvenile detention centers can house youths as young as 12 in isolation units for up to five days, and exceptions to the rule allow for longer durations. Legislation aimed at limiting the length of stay to 60 hours per week failed to pass in 2015 session.

In January 2015, mental health experts at Cascadia, Mental Health Association of Portland, ACLU and Multnomah County all told Street Roots that any amount of time in solitary confinement can be harmful to a young mind, and will only serve to further exacerbate symptoms of trauma and mental illness.

Megan Hassen is a law and policy analyst for the Judicial Department who served as staff to the task force. When asked why there was no mention of solitary confinement in the report, she said the task force's Incarceration Committee was focused on what it saw as the biggest problem – inconsistencies in psychotropic medication prescribing.

“The problem of keeping youth stable ate up all the time,” she said.

As the task force held its last scheduled meeting to approve the report, Judge Waller said it should not be “just another report.”

“Action is needed,” she said.

The task force would like to see increased regulation of psychotropic medication prescribing in youth correctional facilities enacted, and the formation of a "Children's Cabinet" to bring together all three branches of Oregon's government, as well as local agencies, to coordinate reform efforts on a statewide level, and to oversee further studies.

In summation, Waller told the group convening in her courtroom, "We have a tall vision for ourselves in terms of what we accomplish next.

"That's as it should be when we're talking about children."

UPDATE: Read the [FULL REPORT](#)

(https://news.streetroots.org/sites/default/files/Oregon%20State%20Court%20Juvenile%20Justice%20Mental%20Health%20Task%20Force_1.pdf), released Feb. 4.

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