**UNITED STATES HOUSE OF REPRESENTATIVES**
**COMMITTEE ON GOVERNMENT REFORM — MINORITY STAFF**
**SPECIAL INVESTIGATIONS DIVISION**
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# INCARCERATION OF YOUTH WHO ARE WAITING FOR COMMUNITY MENTAL HEALTH SERVICES IN THE UNITED STATES

PREPARED FOR

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## EXECUTIVE SUMMARY

The U.S. Surgeon General has found that debilitating mental disorders affect one in five U.S. youth, but access to effective treatment is often limited. This report documents a serious consequence of the health system's failure to ensure effective mental health care: the inappropriate incarceration of youth who are waiting for community mental health services to become available.

Without access to treatment, some youth with serious mental disorders are placed in detention without any criminal charges pending against them. In other cases, such youth who have been charged with crimes but are able to be released must remain incarcerated for extended periods because no inpatient bed, residential placement, or outpatient appointment is available. This misuse of detention centers as holding areas for mental health treatment is unfair to youth, undermines their health, disrupts the function of detention centers, and is costly to society.

At the request of Rep. Henry A. Waxman and Sen. Susan Collins, the Special Investigations Division surveyed every juvenile detention facility in the United States to assess what happens to youth when community mental health services are not readily available. More than 500 juvenile detention administrators in 49 states, representing three-quarters of all juvenile detention facilities, responded. This report, the first national study of its kind, presents the results of the survey. It covers the period from January 1 to June 30, 2003.

The report finds that the use of juvenile detention facilities to house youth waiting for community mental health services is widespread and a serious national problem. The report finds:

- **Two-thirds of juvenile detention facilities hold youth who are waiting for community mental health treatment.** These facilities are located in 47 states. In 33 states, youth with mental illness are held in detention centers without any charges against them. Youth incarcerated unnecessarily while waiting for treatment are as young as seven years old.

  - A Louisiana administrator commented, "The availability of mental health services in this area is slim to none. . . . We appear to be warehousing youths with mental illnesses due to lack of mental health services."

- **Over a six-month period, nearly 15,000 incarcerated youth waited for community mental health services.** Each night, nearly 2,000 youth wait in detention for community mental health services, representing 7% of all youth held in juvenile detention.

  - A Montana administrator wrote, "a majority of the youth held here are warehoused awaiting placement."

- **Two-thirds of juvenile detention facilities that hold youth waiting for community mental health services report that some of these youth have attempted suicide or attacked others.** Yet one-quarter of these facilities provide no or poor quality mental health services, and over half report inadequate levels of training.

  - A Missouri administrator stated, "Youth who are banging their head or fist or feet into walls or who are otherwise harming themselves must be restrained creating a crisis situation. . . . [C]onsequently detention staff have to divert all resources to that one youth for an extended period of time."

- **Juvenile detention facilities spend an estimated $100 million each year to house youth who are waiting for community mental health services**. This estimate does not include any of the additional expense in service provision and staff time associated with holding youth in urgent need of mental health services.

  - A Washington administrator wrote, "We are receiving juveniles that 5 years ago would have been in an inpatient mental health facility. . . . [W]e have had a number of juveniles who should no more be in our institution than I should be able to fly."

While this survey was not designed to assess why so many youth are incarcerated to wait for community mental health services, juvenile detention administrators cite difficulties accessing community residential treatment, inpatient psychiatric care, outpatient mental health care, and foster care services. As an Ohio administrator stated, "Most youth with mental health concerns are housed here whether appropriate or not as there are minimal mental health resources provided . . . for them."

According to experts in mental health and juvenile detention, the survey results likely underestimate the full scope of the problem. Major improvements in community mental health services are urgently needed to prevent the unnecessary and inappropriate incarceration of children and youth in the United States.

## I. INTRODUCTION

The Surgeon General has reported that more than one in five U.S. children ages 9 to 17 have a mental or addictive disorder that causes impairment.[1] According to the National Institutes of Mental Health, "no other illnesses damage so many youths so seriously."[2]

While effective therapies for depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, and other conditions exist, families often face difficulties in accessing care. Insurance coverage is often inadequate, and many communities do not have sufficient inpatient, residential and outpatient treatment services.[3] The Surgeon General found that "a high proportion of young people with a diagnosable mental disorder do not receive any mental health services at all."[4]

Inadequate access to mental health care can have severe consequences for children and their families. In April 2003, the General Accounting Office (GAO) reported that at least 12,700 families relinquished custody of their children to the child welfare or juvenile justice systems so that they could receive mental health services.[5] This problem was explored in hearings of the Senate Governmental Affairs Committee,[6] and it is addressed in the Keeping Families Together Act (S. 1704), legislation introduced by Senator Susan Collins and a bipartisan group of her colleagues to assist states in eliminating the practice of parents relinquishing custody of their children solely for the purpose of receiving mental health services.[7]

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1 Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, 123 (1999).

2 National Institutes of Mental Health, *Blueprint for Change: Research on Child and Adolescent Mental Health* (2001).

3 President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America* (July 2003); American Psychiatric Association, *A Vision for the Mental Health System* (Apr. 2003).

4 Department of Health and Human Services, *supra* note 1, at 180.

5 General Accounting Office, *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services* (Apr. 21, 2003).

6 Hearings before the Senate Committee on Governmental Affairs, *Nowhere to Turn: Must Parents Relinquish Custody in Order to Secure Mental Health Services for Their Children?* (S. Hrg. 108-169) (July 15 and 17, 2003).

7 The Keeping Families Together Act would provide funding for interagency systems of care for children and adolescents with serious mental and emotional disorders and

A major consequence of the failure to provide sufficient mental health care is the inappropriate use of juvenile detention centers to hold youth with mental disorders. Some youth are placed in detention without any criminal charges pending against them, solely to wait for community mental health services to become available. In other cases, youth with mental illness who have been charged with crimes are incarcerated only because no mental health treatment is available. The misuse of detention centers as holding areas for mental health treatment is unfair to youth, undermines their health, disrupts the function of the detention centers, and is costly to society.[8]

In a previous report in March 2002, the Special Investigations Division examined the problem of incarceration of youth with serious mental disorders in one state, New Mexico. This report found that 13 of 14 juvenile detention facilities in New Mexico incarcerated such youth solely to wait for mental health services to become available. The report also found that one in seven youth in detention was waiting for mental health treatment.[9]

Prior to this report, there was no national study of children and youth who are incarcerated unnecessarily while waiting for community mental health treatment in the United States.[10] To fill this void, Rep. Henry A. Waxman and Sen. Susan Collins asked the Special Investigations Division to conduct a national survey of juvenile detention facilities to determine what happens to youth with mental disorders when community services are not readily available. This report presents the results of a year-long investigation by the Special Investigations Division.

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establish a federal interagency task force to examine mental health issues in the child welfare and juvenile justice systems. The legislation was also introduced in the House of Representatives by Reps. Jim Ramstad, Patrick Kennedy, and Pete Stark as H.R. 3243.

8 *See, e.g.*, Anne E. Casey Foundation, *Juvenile Detention Alternatives Initiative* (2004) (online at http://www.aecf.org/initiatives/jdai/); National Juvenile Detention Association and Youth Law Center, *Juvenile Detention Center and Training School Crowding: A Clearinghouse of Court Cases* (Aug. 1998); American Academy of Child and Adolescent Psychiatry, *Recommendations for Juvenile Justice Reform* (Oct. 2001).

9 Minority staff, Government Reform Committee, U.S. House of Representatives, *Incarceration of Youth with Mental Health Disorders in New Mexico* (Mar. 18, 2002).

10 The General Accounting Office recommended that the Department of Justice track the inappropriate detention of youth with mental illness across the country. However, the Department of Justice declined to do so, writing that "institution of a long-term tracking program appears premature as we currently have no data regarding the true scope of the problem." General Accounting Office, *supra* note 5; Letter from Assistant Attorney General William E. Moschella to the Honorable Tom Davis (July 30, 2003).

## II. METHODS

In the spring of 2003, the Special Investigations Division adapted the survey used in its 2002 study of inappropriate detention in New Mexico into a national survey covering the period January 1 to July 1, 2003. The survey requested that detention center administrators provide data about "youth with mental illness who do not need to be in detention." Specifically, the survey asked for data about any youth "waiting for mental health services in the community, including placement in a treatment facility . . . [who] leave the detention center as soon as appropriate treatment services become available."

In the summer of 2003, the survey was reviewed by experts in the fields of mental health and juvenile justice, including state juvenile justice officials recommended by the American Correctional Association.

In late August 2003, the Special Investigations Division mailed the survey to administrators of 814 facilities identified by the American Correctional Association as possible providers of juvenile detention services. A second mailing was completed in October 2003, and one followup phone call to nonresponding facilities was made in November 2003. From the initial list, the Special Investigations Division identified 698 facilities providing secure juvenile detention services.[11]

To estimate the expense of incarcerating youth who are waiting for mental health services, the Special Investigations Division used per-capita cost data from the American Correctional Association.[12] An average per-capita cost was calculated based upon available data and then extrapolated to the total number of unnecessary days in detention.

For the purposes of this report, the term "juvenile detention" refers to the holding of youth age 21 and under in secure correctional facilities in three settings: (1) without charges; (2) pre-adjudication; or (3) immediately post-adjudication. It does not refer to the juvenile prison system, where youth who are convicted of crimes go to serve their sentences. "Community mental health services" refers to

[11] Those facilities that were not counted in the final list of 698 juvenile detention facilities included: (1) facilities that no longer exist; (2) entries that were duplicate; (3) facilities that do not provide juvenile detention; and (4) juvenile detention facilities that are not secure.

[12] American Correctional Association, *National Juvenile Detention Directory 2003–2005* (2003).

mental health services that are available outside of the juvenile justice system, including inpatient hospitalization, outpatient services, residential treatment, and specialized foster care.

## III. FINDINGS

### A. Three-Quarters of Juvenile Detention Facilities Responded to the Survey

Of 698 juvenile detention facilities identified in the United States, 524 responded to the survey (75%). Responses were received from every state except New Hampshire and from all regions of the country (Table 1). Responding facilities included 196 located in rural areas, 191 in urban areas, and 131 in suburban areas.[13]

**Table 1:** Response Rate of Juvenile Detention Facilities by Region

| *Region* | Responding Facilities | Total Facilities | % Responding |
|---|---|---|---|
| Northeast | 58 | 71 | 82% |
| Midwest | 147 | 184 | 80% |
| South | 183 | 269 | 68% |
| West | 136 | 174 | 78% |

### B. Two-Thirds of Juvenile Detention Facilities Hold Youth Who Are Waiting for Community Mental Health Services

Three hundred and forty-seven juvenile detention facilities (66%) report that their facilities hold youths who do not need to be in detention as they wait for mental health services outside of the juvenile justice system. These facilities are located in 47 states — all except New Hampshire (where no facilities responded

[13] Six facilities did not respond to the question.

to the survey), Delaware (where three facilities responded), and Rhode Island (where one facility responded).

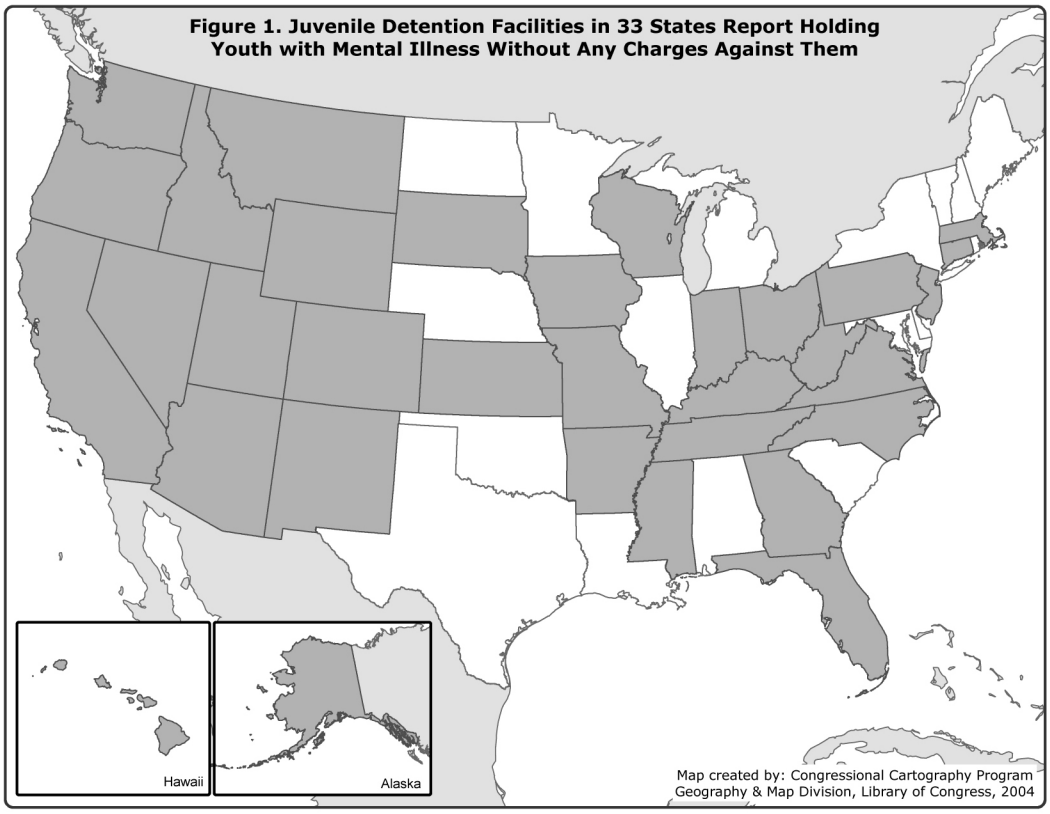
Detention center administrators report the unnecessary use of detention for youth with mental illness in all regions of the country, and in rural, urban, and suburban settings (Table 2).

A Louisiana administrator who submitted written comments with the survey described the problem as follows: "The availability of mental health services in this area is slim to none. We have had to detain and monitor closely juveniles who are acutely depressed/suicidal due to lack of bed/space at the state mental health facilities. We appear to be warehousing youths with mental illnesses due to lack of mental health services."

**Table 2:** Juvenile Detention Facilities Holding Youth Who Are Waiting for Community Mental Health Services, by Region and Setting

| *Region* | Facilities Holding Waiting Youth | Responding Facilities | % Holding Waiting Youth |
|---|---|---|---|
| Northeast | 45 | 58 | 78% |
| Midwest | 97 | 147 | 66% |
| South | 110 | 183 | 60% |
| West | 95 | 136 | 70% |
| *Setting* | | | |
| Rural | 119 | 196 | 61% |
| Urban | 138 | 191 | 72% |
| Surburban | 87 | 131 | 62% |

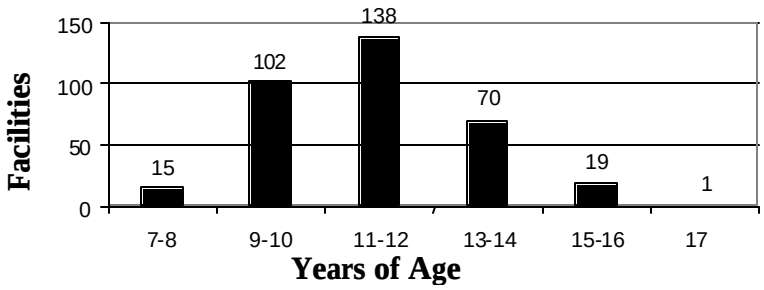
The legal status of incarcerated youth who are waiting for services varies. Two hundred and sixty-one facilities hold youth waiting for community mental health services prior to their adjudication; 229 hold such youth after adjudication. Seventy-one juvenile detention facilities in 33 states report holding youth with mental disorders without any charges against them (Figure 1). In one such facility, a Georgia administrator stated simply, "No other place would accept the child."




## C. Children as Young as Seven Years Old Are Incarcerated while Waiting for Mental Health Services

Juvenile detention facilities frequently hold young children because of the absence of community mental health services. One juvenile detention facility reports holding a 7-year-old child, 117 juvenile detention facilities report holding children 10 years and younger, and a majority of detention facilities report holding youth under 13 years of age (Figure 2).

**Figure 2: Youngest Age of Youth Waiting for Mental Health Services in Detention**




## D. In a Six-Month Period, Nearly Fifteen Thousand Youth Waited in Detention for Community Mental Health Services

Administrators from 280 facilities were able to provide quantitative data on the number of children and youth with mental illness who were waiting for community mental health services. These data indicate that 14,603 youth were incarcerated at these facilities while waiting for mental health services from January 1 to July 1, 2003, representing 8% of the total number of juveniles held by these facilities (181,865).

The narrative comments of detention center administrators illustrate the magnitude of the problem:

- A detention center administrator from Oklahoma wrote, "To put it simply we are the dumping grounds for the juvenile system. Understand this and understand it well: when the system is unable to get youth placed in a treatment facility or a mental health facility, they will be placed in a detention facility. If a youth needs to be detained in a mental health facility it will not happen; they will be placed in a detention center."

- A California administrator commented, "We are overwhelmed by the sheer number of mentally challenged youth that we must deal with. We have become the depository of last resort for all acting out, behaviorally challenged, developmentally disabled [youth] when others don't know how to handle [them]."

Youth who are held while waiting for treatment stay longer than the general population of juvenile detainees. Detention center administrators report that youth who are waiting for services stay an average of 23.4 days in detention, versus 17.2 days for all detainees.[14]

Assuming an even distribution of unnecessary stays in detention, this means that on any given night, there are 1,903 incarcerated youth waiting for community mental health services. On any given night, these youth represent 11% of all youth incarcerated at these facilities (347,419 total person-days out of a total of 3,128,283) and 7% of all youth at all responding facilities.

According to the detention centers, this is a growing problem:

- A Montana administrator commented, "I feel that a majority of the youth held here are warehoused awaiting placement."

- A Pennsylvania administrator commented, "This juvenile detention center . . . has become not only the most expensive mental health ward for youth in the county, I believe that it admits more youth with mental problems than any other facility in the county. . . . Mentally ill youth placed in juvenile detention facilities stress our centers more than any other problem I know."

- A Washington administrator wrote, "We are receiving juveniles that 5 years ago would have been in an inpatient mental health facility. . . . [W]e have had a number of juveniles who should no more be in our institution than I should be able to fly."

## E. Two-Thirds of Juvenile Detention Facilities That Hold Youth Waiting for Community Mental Health Services Report That These Youth Have Attempted Suicide or Attacked Others

Of 347 facilities where youth are held while waiting for community mental health services, 168 facilities (48%) report suicide attempts among these youth. One hundred and ninety-five facilities (56%) report that these youth have attacked others. In total, 241 facilities (69%) report either suicide attempts or aggressive behavior by youth waiting for mental health services.

[14] Administrators from 252 detention facilities were able to provide data on this topic.

These episodes can be very difficult for detention facility personnel. For example:

- An Arkansas administrator wrote, "We've experienced juveniles of this sort attack other juveniles, staff. Throw feces, urine, spit, smear feces on walls and themselves. We are not equipped to handle these juveniles."

- A Georgia administrator commented, "Residents who await mental health treatment create an unsafe environment for themselves, other residents, and staff."

- A Missouri administrator wrote, "Youth who are banging their head or fist or feet into walls or who are otherwise harming themselves must be restrained creating a crisis situation. . . . [C]onsequently detention staff have to divert all resources to that one youth for an extended period of time."

- A New York administrator explained, "When youths are made to wait for placement, they become hostile and threatening to staff and sometimes assaultive towards staff."

- A Pennsylvania administrator recounted, "We have had mentally ill residents try to hang themselves, to mutilate themselves (even with pencil erasers), to smear feces and urine in their rooms, on roommates, on staff, throw food, attack staff, attack other residents, refuse to shower or bathe."

## F. Detention Facilities Are Generally Not Equipped to Provide Adequate Care to Youth with Mental Illness Who Are Incarcerated while Waiting for Treatment Services

Juvenile detention administrators report that incarcerated youth who are waiting for community mental health services suffer from a range of serious mental disorders, including depression (noted in 315 facilities), substance abuse (315 facilities), attention deficit hyperactivity disorder (302 facilities), retardation and learning disorders (234 facilities), and schizophrenia (137 facilities). Other conditions noted by administrators among children unnecessarily incarcerated include anorexia nervosa, post-traumatic stress disorder, and autism.

Many administrators do not feel that their facilities are equipped to provide care to youth who are inappropriately detained. Of the 347 facilities that held youth waiting for services, 95 (27%) report poor, very poor, or no mental health treatment for youths in detention.

Even when treatment is available, the staff is often ill-equipped to handle the youth. Of the 347 facilities that held youth waiting for services, 187 (54%) report that staff receive poor, very poor, or no mental health training. As a North Carolina administrator commented, "This population is very difficult to manage due to staff not being trained adequately to deal with mental health issues." A Tennessee administrator wrote, "Upon admission we screen for mental illness, but the only training we've received is a seminar."

Juvenile detention administrators also commonly report frustration with the quality of services provided by outside agencies. For example, an Arizona administrator wrote, "The community behavioral health specialist agency does a poor job of working closely with detained juveniles." An Indiana administrator wrote that the local mental health agency "does not have the ability to deal with them on the Inpatient unit. They try to tell us the juveniles would be better off in our facility." A Minnesota administrator commented, "We have very few resources in the state of Minnesota to refer these youths, especially inpatient facilities." And a North Dakota administrator noted, "We have limited time with psychiatric services."

A Texas administrator described a case of an incarcerated youth with "auditory and visual hallucinations and is homicidal/suicidal." The administrator explained what happened:

> We immediately contacted [the mental health department]. They came and did a brief assessment and identified a need for hospitalization. However, we were told it would be at least a month before he could even see the psychiatrist. He was not of top priority because he was in a secure environment. The psychiatrist then refused to see him without a parent present. I explained that the court had placed him in our care . . . . I was told this was my problem. I finally got him into a psychiatrist 45 mins away, because the local [mental health department] was being so difficult. He is now on medication and doing well.

Even when care is available, the juvenile detention facility is not an optimal setting. For example, a Maine detention facility administrator noted, "Due to the high turnover, it is difficult to do long-term treatment."

## G. Detention Facilities Spend Nearly $100 Million Each Year to House Youth Waiting for Community Mental Health Services

Incarcerating youth who are waiting for community mental health services is costly. Of the 347 facilities holding youth unnecessarily, per-capita information on cost was available from the American Correctional Association for 163 facilities. The mean per-capita cost at these facilities was $140 per day. These facilities spent an estimated $17.9 million for unnecessary detention in the first six months of 2003. Extrapolating this rate of expense to the total reported number of unnecessary days produces a cost estimate of $48.9 million in the first six months of 2003. On an annual basis, this is a $98.8 million expense.

This calculation does not take into account any additional expenses, such as extra service provision and staff time associated with incarcerating youth with urgent mental health needs.

## H. Youth Wait in Detention for a Variety of Community Mental Health Services

The most appropriate setting for treatment of youth with mental health disorders depends on the severity of the disease. Youth with the highest risk of causing injury to self or others require inpatient psychiatric hospitalization. Those requiring close monitoring by professionals can thrive in residential placements, such as group homes. Others can live with their families at home if intensive community-based services are available. Finally, some youths can leave detention once a foster family is located.

While the survey was not designed to determine why so many youths are incarcerated to wait for mental health services, detention facilities across the country report deficiencies in many levels of care. Youth waited for residential treatment in 337 facilities (97%), for inpatient hospitalization in 190 facilities (55%), for outpatient services in 140 facilities (40%), and for foster placement in 161 facilities (46%).

These services can be very difficult to access. For example:

- A Massachusetts administrator commented, “In-patient hospitalization has become extremely scarce. . . . Our staff work diligently to stabilize these clients but their illness calls for a multilateral approach towards treatment, which really is not available in a juvenile detention center.”

- A Nevada administrator wrote, "We have limited options for placement. We have a private hospital who can refuse admittance and a state program that is always hard to get admittance, if not impossible."

- A Utah administrator commented, "The facility has to rely on local mental health agency and at times those staff are not available when a need arises. Availability is the biggest problem."

- A Virginia administrator noted, "We feel that we are used as a mental health facility. It isn't unusual for a mental crisis counselor to decide to leave a suicidal child in detention. . . . The waiting list for outpatient appointments is 6–8 weeks. There are very few services for detention."

## I. Administrators of Juvenile Detention Facilities Report Frustration with the Incarceration of Youth Who Are Waiting for Mental Health Services

In written comments to the survey, juvenile detention administrators provided descriptions of their experiences incarcerating youth with mental illness who are waiting for community mental health services. These comments overwhelmingly reflect frustration with the current use of detention centers as holding facilities for mental health treatment. A selection of additional comments by administrators can be found in Table 3.

**Table 3**: Additional Comments by Juvenile Detention Facility Administrators

| | |
|---|---|
| Colorado | "Budget cuts have affected placements for kids with [mental health] problems. Youth corrections continues to see a rise in mental health kids." |
| Connecticut | "[C]learly children are being stabilized here when a more therapeutic environment, if available, would be more suitable." |
| Florida | "It appears that detention is used as a dumping ground for youth with mental health problems that no one else can control." |
| Georgia | "These youth should be served in a mental health facility not in a detention facility." |

**Table 3**: Additional Comments by Juvenile Detention Facility Administrators

| | |
|---|---|
| Iowa | "The problem with our system is the youth cannot be detained in a hospital setting due to their behaviors, while it is unsafe for them and center staff for them to remain in the center." |
| Kansas | "There [are] clearly not enough resources for these juveniles, with severe problems. Detention has become the catchall for juveniles that nobody wants. . . . Unfortunately juvenile detention centers are not equipped nor funded to deal with this type of population." |
| Michigan | "Children are entering the juvenile justice system who should be cared for by mental health OR social services solely because [juvenile justice] is long-term care (the wrong kind but still long-term)." |
| Mississippi | "The two places youth are sent are 50 to 100 miles away. It would be helpful to have something closer to treat the youth. It will be very nice to have a waiting center locally to keep these youth in the proper place, not detention." |
| Nebraska | "Currently, there are long waiting lists at the majority of our out of home treatment facilities. Therefore, youth sit in detention until an opening is available." |
| Ohio | "Most youth with mental health concerns are housed here whether appropriate or not as there are minimal mental health resources provided by this state for them." |
| Oregon | "In our area, detention has become one of the only resources for mental health care for adolescents. . . . This is a very bad situation." |
| South Dakota | "It is very stressful for my staff to have to constantly watch a juvenile that has a mental illness." |
| Tennessee | "I find the last place some of these kids need to be is in detention. The kids with conduct disorder end up |

| **Table 3**: Additional Comments by Juvenile Detention Facility Administrators | |
|---|---|
| | being locked in their cell for their actions. Those with depression are locked up alone to contemplate suicide. I guess you get the picture." |
| Wisconsin | "Things need to change. Too many people of all ages are being held in corrections rather than in mental health institutions where they would receive needed services." |

## IV. POTENTIAL FOR UNDERESTIMATION

For several reasons, the results presented in this report are likely to underestimate the extent to which youth are incarcerated unnecessarily while waiting for community mental health services:

- One-quarter of secure juvenile detention facilities did not respond to the survey. These detention centers appear similar in geographic distribution to those that responded.[15] Unnecessary detention of mentally ill juveniles in these institutions is not included in the totals presented in this report.

- Among responding administrators, some did not provide usable quantitative data. As a result, these facilities also did not contribute to the totals in this report.[16]

- According to several experts consulted by the Special Investigations Division, other administrators may have been reluctant to report the inappropriate use of their facility out of fear that it would reflect poorly on the detention center itself.

[15] Southern juvenile detention facilities were somewhat less likely to respond to the survey than facilities from other regions (68% versus 79%). Other regions were equally represented.

[16] For example, 280 facilities provided usable quantitative data on the number of youth with mental illness waiting for services, and 252 facilities provided quantitative data on the number of days spent by these youth in detention.

## V. CONCLUSION

The unnecessary detention of youth who are waiting for mental health treatment is a serious national problem. Detention facility administrators across the country report that thousands of youth with mental health problems are being held unnecessarily in the juvenile justice system. Inappropriate detention is dangerous for youth and the staff of detention centers and is costly to society. Major improvements in community mental health services are urgently needed.