



**CAMPAIGN OF THE NATIONAL JUVENILE JUSTICE & DELINQUENCY
PREVENTION COALITION**

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Juvenile Justice and Delinquency Prevention Act (JJDP A) Fact Sheet Series

Mental Health

BACKGROUND: The week of December 10, 2018, Congress passed [H.R. 6964](#), the Juvenile Justice Reform Act of 2018 (the Act) with overwhelming bipartisan support. The President signed the bill into law on December 21, 2018, amending the Juvenile Justice Delinquency Prevention Act (JJDP A) after years of collaborative efforts among juvenile justice organizations and advocates across the United States.

Below, please find a summary and impact of the provisions related to mental health in the bill:

WHAT'S NEW:¹ The reauthorization incorporates mental health services and expertise throughout the Act. One of the key purposes added to the Act is “to support a continuum of evidence-based or promising programs... that are trauma informed, reflect the science of adolescent development, and are designed to meet the needs of at-risk youth and youth who come into contact with the justice system.”² These programs include mental health programs in express terms.³

The reauthorization also brings mental health experts into the juvenile justice policy fold in multiple ways. It adds the Assistant Secretary for Mental Health and Substance Abuse to the Coordinating Council on Juvenile Justice and Delinquency Prevention.⁴ It also expands the membership requirements for State Advisory Groups to include representatives of public agencies concerned with mental health treatment and persons who are licensed or certified by the state and have expertise and competence in preventing and addressing mental health and substance abuse needs.⁵

Under the JJDP A, states must create three year plans and update them on an annual basis. The Act lays out an extensive list of priorities for these plans, several of which touch on mental health:

¹ The amendments made to the Juvenile Justice and Delinquency Prevention Act by this law will not take effect until the beginning of Fiscal Year 2020.

² 34 U.S.C. § 1102(4).

³ *Id.*

⁴ 34 U.S.C. § 11116(a)(1).

⁵ 34 U.S.C. § 11133(a)(3)(A)(ii)(III) and (VIII).

- States must provide alternatives to detention such as home-based or community based services or treatment for youth with mental health needs.⁶
- States are supposed to encourage courts to develop and implement a continuum of pre-adjudication and post-adjudication alternatives, including secure community-based treatment facilities linked to mental health support services.⁷
- States should develop programs designed to provide mental health or co-occurring disorder services for court-involved and incarcerated youth.⁸
- These services include assessments, development of individualized treatment plans, provision of treatment, and development of discharge plans.⁹
- State plans should describe the evidence-based methods they will use to conduct mental health and substance abuse screenings, assessments, referrals, and treatments for youth who request a screening, show signs of needing a screening, or are held in a facility for more than 24 hours that provides for initial screening.¹⁰
- The state is also supposed to describe how they plan to provide or arrange for these treatments from a practical standpoint.¹¹

ADDITIONAL RESOURCES:

- For additional resources on mental health and juvenile justice visit the [National Center for Youth Opportunity and Justice website](#).
- The Coalition for Juvenile Justice’s Fact Sheet on updates to the [SAG membership requirements](#).

This fact sheet was prepared by:



⁶ 34 U.S.C. § 11133(a)(7)(B)(iv).

⁷ 34 U.S.C. § 11133(a)(9)(M)(i).

⁸ 34 U.S.C. § 11133(a)(9)(T).

⁹ *Id.*

¹⁰ 34 U.S.C. § 11133(a)(30)(A).

¹¹ 34 U.S.C. § 11133(a)(30)(B).