



Policy brief

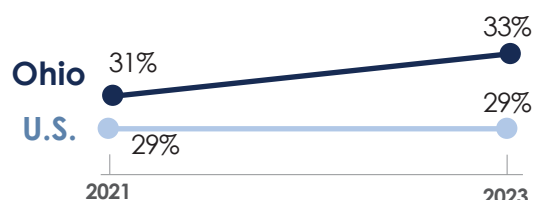
Connections between youth mental health and the juvenile justice system

Many experiences shape the mental health of children and youth, including relationships with family and peers, traumatic events and interactions with the juvenile justice system. By ensuring the health and well-being of children, juvenile justice policies can prevent delinquent behavior and improve community safety.

Figure 1. Poor youth mental health

Percent of high school youth who reported that their mental health was most of the time or always not good, Ohio and U.S., 2021-2023

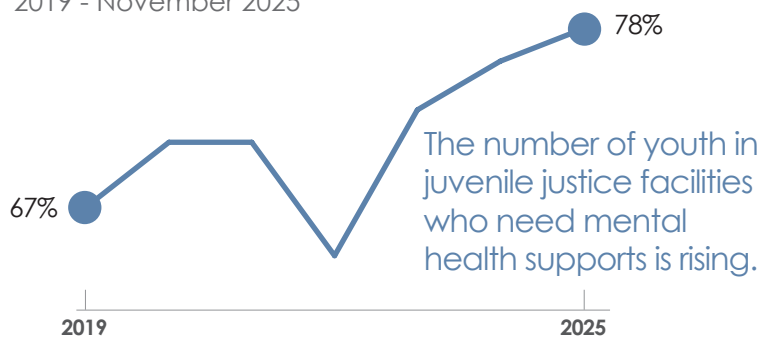
Youth mental health in Ohio has worsened in recent years, in contrast to the U.S. overall.



Source: Youth Risk Behavior Surveillance System

Figure 2. Justice-involved youth who need mental health supports

Percent of youth in juvenile correctional facilities who are on the mental health caseload, Ohio, November 2019 - November 2025



Note: Youth on the mental health caseload have been assessed and identified as having a mental health condition requiring treatment or services
Source: HPIO analysis of Department of Youth Services Monthly Fact Sheets

3 Key findings for policymakers

- 1 Juvenile detention is harmful for youth mental health,** resulting in higher rates of depression and suicidal ideation among justice-involved youth. Research finds that detention does not effectively deter delinquent behavior.
- 2 Some groups of young people, such as Black, Hispanic and LGBTQ+ youth, are unfairly overrepresented in the juvenile justice system.** They are also more likely to have experienced trauma and discrimination, as well as poverty and a lack of neighborhood safety, compounding risk for poor mental health.
- 3 Strengthening crisis intervention, diverting youth from justice involvement and improving mental health treatment access within detention facilities are critical for reducing juvenile justice involvement and improving outcomes.** Youth in DYS facilities need consistent access to evidence-based mental health treatment both while detained and after release.

Taking action

State policymakers can implement the following types of policies to improve mental health outcomes for at-risk youth, promote accountability, cultivate community safety and prevent justice involvement and delinquent behavior:



Strengthen crisis intervention

Increase diversion from the juvenile justice system

Improve mental health treatment access for youth in Department of Youth Services (DYS) facilities

Glossary

- **Adjudication (adjudicatory hearing).** A court process in the juvenile system to determine whether a youth committed a delinquent act (similar to a trial in the adult system). An adjudication is the outcome of the hearing.
- **Commitment.** A court-ordered, longer-term placement of a youth in a state-operated juvenile correctional facility after adjudication (similar to incarceration in the adult system).
- **Community correctional facility.** A residential facility operated by counties and funded by DYS to provide structured, therapeutic programming for adjudicated youth.
- **Crisis intervention.** Services designed to respond to youth experiencing behavioral health crises, often as an alternative to law-enforcement involvement.
- **Delinquent act.** An act committed by a youth that would be considered a crime if committed by an adult.
- **Department of Youth Services (DYS) facility.** A secure residential facility operated by the Ohio Department of Youth Services for youth who have been adjudicated delinquent and committed by a juvenile court for a longer-term placement.
- **Detention (juvenile detention).** Short-term confinement of youth in a secure, facility-based setting while awaiting court hearings or placement decisions.
- **Disposition (disposition hearing).** The stage of a juvenile case where the court orders the consequences or services for a youth adjudicated delinquent (similar to sentencing in adult court). A disposition is the outcome of the hearing (similar to a sentence in the adult system).
- **Diversion.** A set of programs or practices that redirect youth away from formal juvenile court processing and toward community-based treatment or services.

Youth mental health and juvenile justice

Youth in juvenile justice facilities have higher rates of mental health disorders, including depression, obsessive-compulsive disorder, suicidal ideation and suicidal behavior.¹ Research also finds that poor mental health can contribute to delinquent behaviors or behaviors that can otherwise lead to detainment (e.g., drug use, aggression).²

There are youth who are more likely to have worse mental health and to become justice involved because of their exposure to trauma, discrimination and harmful community conditions (further explored in the root causes section on pages 3-4). For example, while girls are less likely to be admitted to a DYS facility than boys, girls who are admitted often have more complex trauma histories³; all girls within the DYS system are on the mental health caseload.⁴

Trauma of juvenile justice system involvement

Involvement in the juvenile justice system is itself traumatic, can negatively affect the mental health of youth involved in the system and is not an evidence-informed way to deter delinquent acts (i.e., “crimes” in the adult system).⁵ Youth can be exposed to violence and isolation, in addition to separation from their families and communities; these events compound with past traumas and impact mental health.⁶

The more contacts a young person has with the juvenile justice system, the worse their mental health outcomes are likely to be.⁷ Child and adolescent brains are rapidly developing, adapting to new experiences quickly. Commitment, confinement and separation from community are negative experiences that impact children more severely than adults.⁸ And these negative impacts are typically most severe for younger children.⁹ In state fiscal year 2025, 6.2% of youth admitted to Ohio juvenile justice facilities were ages 14 and younger.¹⁰

The role of schools in poor mental health and justice involvement

The risky behaviors associated with poor youth mental health, including aggression and drug use, can disrupt learning and lead to poor educational outcomes.¹¹ At the same time, discriminatory discipline practices in schools, such as the use of suspensions and expulsions, directly worsen mental health and increase the risk of justice involvement, and Black and Latino students are disproportionately affected.¹² Suspension increases the risk of a student dropping out, which can then increase their risk of justice involvement. Additionally, schools with police presence (e.g., school resource officers) are more likely to have higher rates of disciplinary actions and more frequent arrests for minor offenses like disorderly conduct.¹³

Root causes of mental health challenges for youth at risk of justice involvement

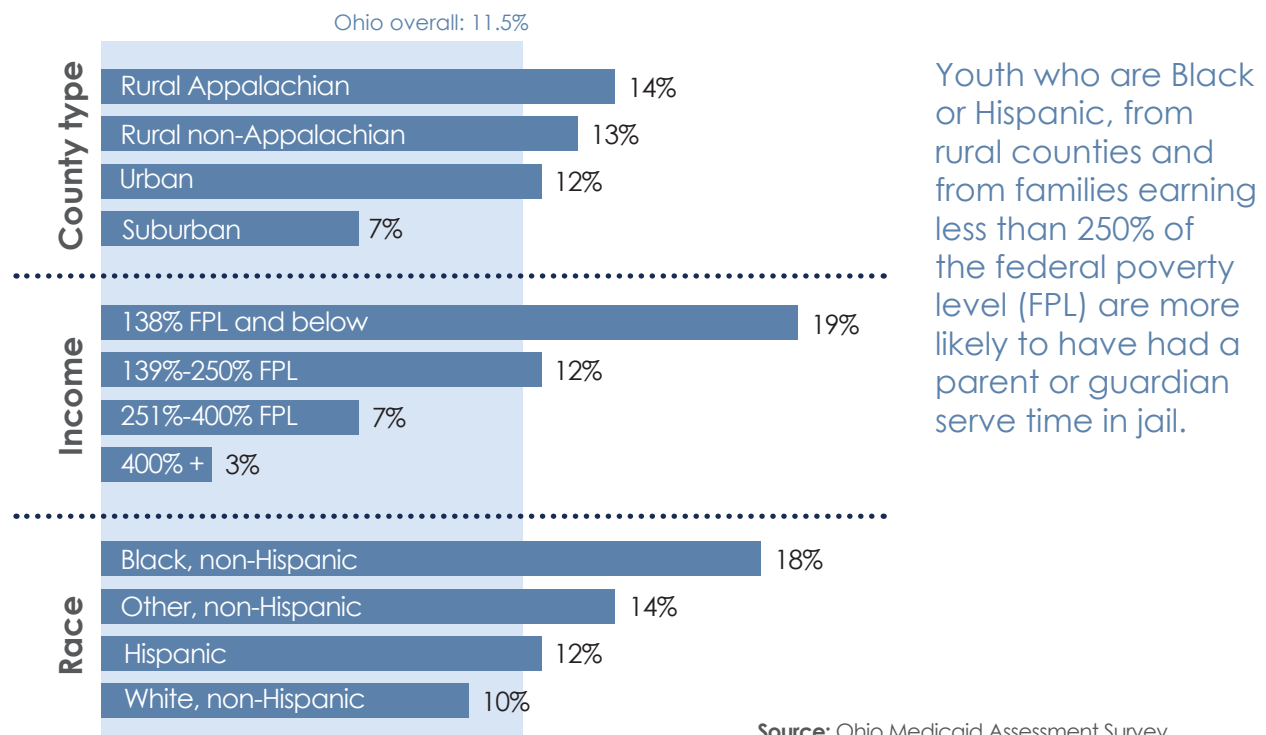
There are several factors that contribute to poor mental health among children and teens, but some are more common among youth who become involved in the juvenile justice system, including adverse childhood experiences (ACEs) and encountering racism and other forms of discrimination.¹⁴ These experiences can contribute to worse mental health, increasing the possibility of drug use and other delinquent behaviors among youth and the risk of justice involvement.

Trauma and ACEs

Certain ACEs are more common among youth who become justice-involved, specifically sexual abuse, neglect and living in a household with someone who was incarcerated.¹⁵ According to HPIO's [Health Impacts of ACEs in Ohio](#) brief, sexual abuse and incarceration of a household member are also two of the ACEs that have the most significant impact on the health of Ohioans.

Figure 3. **Youth with a parent or guardian who served time in jail**

Percent of Ohio children, ages 0 to 18, who ever experienced a parent or guardian serving time in jail, 2023



There are youth who are more likely to be exposed to ACEs, including those more common among justice-involved youth, worsening their mental health and increasing their risk of demonstrating delinquent behaviors. Black youth, youth with a disability and youth from families with lower incomes are more likely to experience multiple ACEs, increasing the likelihood of negative outcomes, such as depression.¹⁶

Related work on youth mental health and well-being

In addition to key juvenile justice involvement risk factors described in this section, more exploration of the risk factors for poor mental health in youth more generally are provided in the following HPIO briefs:

- Ohio Child Mental Health Project: [Factors contributing to child and youth mental health struggles](#)
- Connections between criminal justice and health: [Impacts on children and families](#)
- Ohio ACEs Impact Project: [Taking action to prevent adverse childhood experiences \(ACEs\) in Ohio](#)

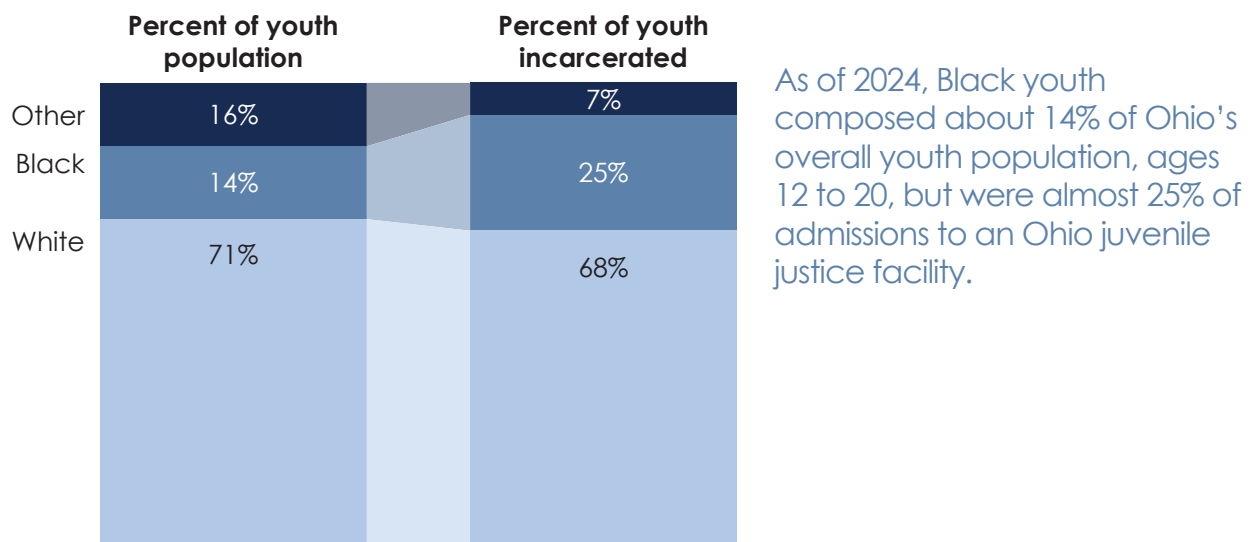
Racism and discrimination

Youth who are Black¹⁷, Latino¹⁸ or LGBTQ+¹⁹ are more likely to face adversity and trauma, including discrimination, and/or report experiencing poor mental health. They are also overrepresented in the juvenile justice system compared to the general youth population.²⁰

Many of the racial biases that underly the adult legal system (described in HPIO's [Insights on Justice and Race](#) brief) are also present within the juvenile system, conflicting with the juvenile system's goal of rehabilitation.²¹ A [2020 report](#) found that Black youth made up over half of adjudicated youth (i.e., youth determined to have committed a delinquent act) in Ohio despite being only a small portion of Ohio's population.²² Even when controlling for a range of delinquent behavior, racial disparities exist in youth arrest and detention rates.²³

Figure 4. Racial disparities in youth detention

Percent of Ohio youth admitted to a Department of Youth Services facility, by race, 2024; Ohio youth population, by race, 2024



Note: Other for Ohio's youth population includes youth who are American Indian or Alaskan native, Asian, Native Hawaiian and other Pacific Islander and youth who identify as some other race or as two or more races.

Source: Ohio Department of Youth Services and the U.S. Census Bureau, American Community Survey, public use microdata, 1-year estimates

Research finds that risk of future juvenile justice involvement is correlated with a history of children services involvement, particularly a history of experiencing abuse or neglect and out-of-home placement in a group setting.²⁴ LGBTQ+ youth are three times more likely to have been removed from their home and five times more likely to have been placed in a group setting than straight, cisgender youth.²⁵ Discrimination, including familial rejection and social stigma, also contribute to worse mental health among LGBTQ+ youth.

Overview of the juvenile justice system

The goals of the juvenile justice system include promoting accountability, providing care for youth in the system and ensuring public safety. The juvenile justice process emphasizes the growth and reintegration of children and adolescents into their families and communities.²⁶ Because of this, the terminology of the juvenile justice system centers treatment and education, rather than punishment (see examples below and in the glossary on page 2).

The process of the juvenile justice system in Ohio is outlined below.

1 Contact with law enforcement

A situation occurs that results in the presence of law enforcement. The youth may be arrested for a delinquent act or probation violation. In some jurisdictions, law enforcement can either divert the youth to community-based treatment or refer the case to juvenile court.

2 Intake and initial detention

An intake or probation officer at the juvenile court reviews the case. If the youth is taken into custody, a detention hearing with a judge must be held promptly to decide if the youth should remain in detention while they wait for their adjudicatory hearing.

3 Judicial process

The juvenile court determines whether the youth committed the alleged delinquent act. This stage includes a preliminary hearing to present the charges (arraignment), an adjudicatory hearing (similar to a trial), and a disposition hearing (similar to sentencing).

a Diversion and alternatives to placement in a juvenile justice facility

Youth can be diverted to treatment or community-based programs rather than formal adjudication. There are several diversion programs in Ohio (pages 6-7 contain more information). Diversion can also happen during steps one and two of this process.

4 Court-ordered placement or probation

Based on the outcome of the disposition hearing, youth may serve a term of probation in their community, be placed in a community correctional facility or be committed to a juvenile justice facility. Placement options in Ohio include:

a DYS facilities

Ohio has **3 state-operated facilities** for longer term placements.

b Community corrections

There are **11 facilities** in Ohio funded by DYS and operated by counties for shorter term placements.

c Community-based placement

Options can include treatment foster care, behavioral health treatment programs and community control (e.g., court-ordered supervision).

5 Reentry

When youth leave a facility, they transition back to the community with a reentry plan. Reentry plans link youth to community services, behavioral health treatment, education or vocation supports and other necessary supports and services. For youth who were detained, there will likely be a period of probation or community control.

Mental health treatment access for justice-involved youth

There are several points throughout the juvenile justice process, described above, during which mental health care could be provided to youth. Research evidence describes effective ways to care for the mental well-being of justice-involved youth during crisis intervention, diversion and commitment in a DYS facility.



Law enforcement and crisis intervention

Mental health crises occur when a person's behavior puts them at risk of harming themselves or someone else, or when they are otherwise unable to properly care for themselves (e.g., eating, caring for their health and well-being).²⁷ While many crises can be prevented with earlier treatment, there are several barriers to care, including insurance coverage gaps and behavioral health workforce challenges.²⁸ As a result of these barriers, a child experiencing a crisis may first come into contact with the justice system.

Crisis Intervention Teams (CIT) are an evidence-based method for responding to children and youth in crisis. CIT is a specialized, cross-agency partnership, typically involving law enforcement, mental health professionals, and community organizations, that is trained to de-escalate situations, connect families to appropriate mental health services and reduce unnecessary justice system involvement by prioritizing treatment over arrest.²⁹ There are CIT programs operating across Ohio, and the state has supported CIT training and technical assistance.³⁰

Ohio has also invested in programs designed to prevent kids in crisis from becoming justice involved, such as Mobile Response and Stabilization Services (MRSS) and OhioRISE:

- **MRSS** is a youth crisis response alternative to emergency department visits and law enforcement interactions, carried out by trained professionals who respond to behavioral health crises for children and youth age 20 and under at no cost to the family. The program was expanded in September 2025 from 58 counties to all 88 counties in Ohio and can now be accessed by contacting 988. More information can be found on the [Department of Behavioral Health website](#).
- **OhioRISE** is a specialized managed care program for Medicaid-eligible children and youth (ages 0-20) with complex behavioral health and multi-system needs that is provided statewide by Aetna Better Health of Ohio, in partnership with [18 regional care management entities](#).

Treatment to divert youth in crisis away from justice involvement is often dependent on the type of insurance they have. While these types of services are available to Medicaid-enrolled youth through OhioRISE, youth who are not Medicaid-eligible often lack access.

More information about these programs and other community-based mental health supports for youth are provided in HPIO's [Access to mental health care for Ohio children and youth](#) brief.



Diversion and alternatives to detention

Once youth are involved in the juvenile justice system, they can be diverted to treatment or community-based programs rather than continue on to formal adjudication. In Ohio, there are several diversion initiatives, including:

- **Behavioral Health/Juvenile Justice (BH/JJ) Initiative**. A set of evidence-based programs designed to divert justice-involved youth with significant behavioral health needs into community-based treatment. The initiative brings together county Alcohol, Drug and Mental Health boards, juvenile courts and behavioral health providers to create individualized service plans for justice-involved youth. Funded by DYS and the Department of Behavioral Health, the initiative currently supports 10

local programs serving youth in 15 counties. An evaluation of the initiative found that among BH/JJ participants aged 10–17 (from 2014–2019), 69% successfully completed the diversion program, and while in treatment, 71% of youth reduced their contact with police.³¹

- **Juvenile Detention Alternatives Initiative (JDAI)**. A set of eight core strategies used to safely reduce the use of secure detention and instead connect youth with community-based supports. Created by the Annie E. Casey Foundation in the 1990s and implemented in Ohio beginning in 2010, juvenile justice practitioners in **19 Ohio counties** are utilizing the JDAI model. There is evidence that JDAI reduces youth detention and recidivism.³²
- **RECLAIM Ohio**. A DYS funding initiative that supports the ability of juvenile courts to establish community-based treatment and supervision options for youth, diverting them from DYS facilities. The initiative has two components. First, Competitive RECLAIM is a performance-driven grant program available to juvenile courts and local communities to reduce the need for costly and ineffective services and placement. Second, Targeted RECLAIM funds promote the use of model and evidence-based programs in the counties with larger numbers of DYS commitments to divert appropriate felony youth into effective community-based alternatives, with the goal of reducing admissions to DYS. A 2014 evaluation found lower rates of recidivism, less DYS commitment and lower cost of care for youth in RECLAIM.³³

Restorative justice programs also divert youth from the justice system. Restorative justice programs, often referred to as “Restorative Justice Circles” in Ohio communities³⁴, are interventions that emphasize repairing harm, holding youth accountable and involving victims, families and communities in the resolution process, rather than relying solely on formal court sanctions. Research finds that restorative justice can reduce recidivism for low- to moderate-risk youth and improve victim perceptions of fairness.³⁵

For more information on diversion from the juvenile justice system, including opportunities for diversion at each step of the process, see [The Supreme Court of Ohio’s Juvenile Diversion Toolkit for Judicial Use](#).



Mental health care in juvenile justice facilities

Mental health screenings are completed upon admission to a juvenile justice facility. However, access to effective mental health services within juvenile justice facilities is also inconsistent, and many detained youth across the country do not receive mental health services at all.³⁶ Black and Hispanic youth, girls and LGBTQ+ youth are the least likely to be effectively treated while in detention.³⁷

While there are several evidence-based treatment modalities to support the mental health of justice-involved youth and reduce future delinquency, it is generally unknown which of these modalities are available to youth within a facility, if any, and how many youth are served by them.³⁸

Regardless of the approach used, youth who have been held in juvenile justice facilities have complex histories that may negatively affect their mental well-being and require support. Justice-involved youth with trauma histories and mental health conditions are more likely to act in disruptive or violent ways³⁹, and mental health support is needed to maintain the safety of the youth, their peers and the staff in juvenile justice facilities, as well as prepare youth for reentry.

While mental health treatment can mitigate the effects of trauma and poor mental health in youth, staffing shortages across the behavioral health workforce affect the ability of the juvenile justice system to provide timely and consistent access to effective mental health treatment for committed youth. Treatment may be supported by the use of telehealth.⁴⁰

Treatment access upon reentry

Mental health treatment is a critical support for the long-term health and well-being of youth reentering communities after placement in a juvenile justice facility.⁴¹ However, access to community mental health services is inconsistent.⁴² These services are not always available in the child's community⁴³, which can compound other community-based barriers to child mental health care, such as those described in HPIO's [Uplifting community voice: Caregiver experiences with barriers to child and youth mental health care](#) brief.

As of January 2025, [states are required](#) to provide medically necessary screenings, diagnostic services and case management services to juveniles eligible for Medicaid in the 30 days prior to release from commitment. In September 2025, [Ohio's Medicaid State Plan was revised](#) to incorporate this requirement. The federal government also offers the option for states to provide Medicaid coverage for eligible juveniles who are in detention awaiting adjudication. Ohio has not pursued this option.

Taking action

To improve mental health outcomes for at-risk youth and prevent justice involvement, while preventing delinquent behavior, promoting accountability and cultivating community safety, state policymakers can implement the following policies that:

- ▶ Strengthen crisis intervention
- ▶ Increase diversion from the juvenile justice system
- ▶ Improve mental health treatment access for youth in DYS facilities

Community behavioral health treatment is also essential for reducing the number of Ohio youth who become justice-involved and improving mental health. By expanding prevention programming, intervening earlier and increasing access to quality care in community and school-based settings, children and youth can be kept safe and supported before their challenges escalate into crises. For more information about strategies to improve community mental health treatment for children and teens in Ohio, see the [Access to mental health care for Ohio children and youth](#) brief.

The following policy options were identified through a review of the Department of Justice [Crime Solutions](#) inventory, and through the expertise of the HPIO [Child Mental Health](#) advisory group.

Strengthen crisis intervention

State policymakers can:

1. **Expand access to [Crisis Intervention Teams \(CIT\)](#) training specific to the needs of youth**, including resources provided by the [Ohio Criminal Justice Coordinating Center of Excellence](#), so that law enforcement agencies, community behavioral health treatment providers, school-based health teams, and other community organizations can better assist youth during behavioral health crises.
2. **Fund formal evaluations of OhioRISE and the state's Mobile Response and Stabilization Service (MRSS) program**, and support increased awareness of these services among Ohio families, including those with commercial insurance.

Increase diversion from the juvenile justice system

State policymakers can:

3. **Support local [police-initiated diversion programs for youth](#)**, such as those in [Montpelier](#) and [Boardman](#), by allocating funding for police departments to create or expand diversion programs. State policymakers can also establish statewide standards and model protocols (e.g., intake forms, eligibility screens, diversion agreements, partner agreements) to relieve administrative burden on police departments implementing diversion programs.
4. **Require or incentivize commercial insurers to expand coverage** of community mental health services used for diversion, such as multisystemic therapy and functional family therapy⁴⁴, to better align with Ohio Medicaid benefits.
5. **Expand [juvenile court diversion programs](#)**, such as JDAI, RECLAIM, and BH/JJ, to reduce formal system involvement and connect youth to behavioral health treatment.
6. **Encourage and fund [restorative justice programs](#)**, such as those in [Franklin](#) and [Fairfield](#) counties, especially for first-time offenders or youth at low risk of recidivism.
 - Begin restorative justice programs earlier — at the time of intake into the juvenile justice system — so that a formal delinquency petition and referral to the juvenile court is avoided when possible. Ensure coordination between police, prosecutor intake, juvenile courts and community providers. (For more information, see the [RJP Diversion Toolkit for Communities](#))

Taking action (cont.)

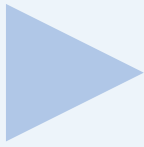
Improve mental health treatment access for youth in DYS facilities

State policymakers can:

7. **Augment the behavioral health services** offered in DYS facilities (in alignment with the recommendation of the **Juvenile Justice Working Group**) and ensure high quality behavioral health treatment for all youth who are detained, such as:
 - Screening and assessment for mental health conditions, including suicide risk, at intake into the DYS facility with validated tools
 - Access to psychiatric services and medication management for youth who need medication to manage their mental health conditions
 - **Telemental health services** to connect detained youth to specialists and community-based providers
8. **Prioritize trauma-informed care** and environments within DYS facilities (including aspects of trauma-informed care such as cultural competence, family engagement, safety) and enhance staff training to reduce re-traumatization and improve engagement in treatment.
9. **Require individualized reentry planning** so that youth reentering their communities have continuous access to treatment, including health insurance enrollment and warm handoffs to community treatment providers, including access to evidence-based treatment modalities (e.g., **cognitive behavioral therapy, multisystemic therapy, functional family therapy**).
 - Ensure that local juvenile justice, behavioral health and child-serving organizations are aware of the **new opportunity** to cover screening, diagnosis and enhanced case management services for Ohio youth in the 30 days prior to release from a juvenile justice facility (**CAA Section 5121**)
 - Pursue **CAA section 5122**, which allows states to provide Medicaid coverage to eligible youth during pretrial detention

Notes

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