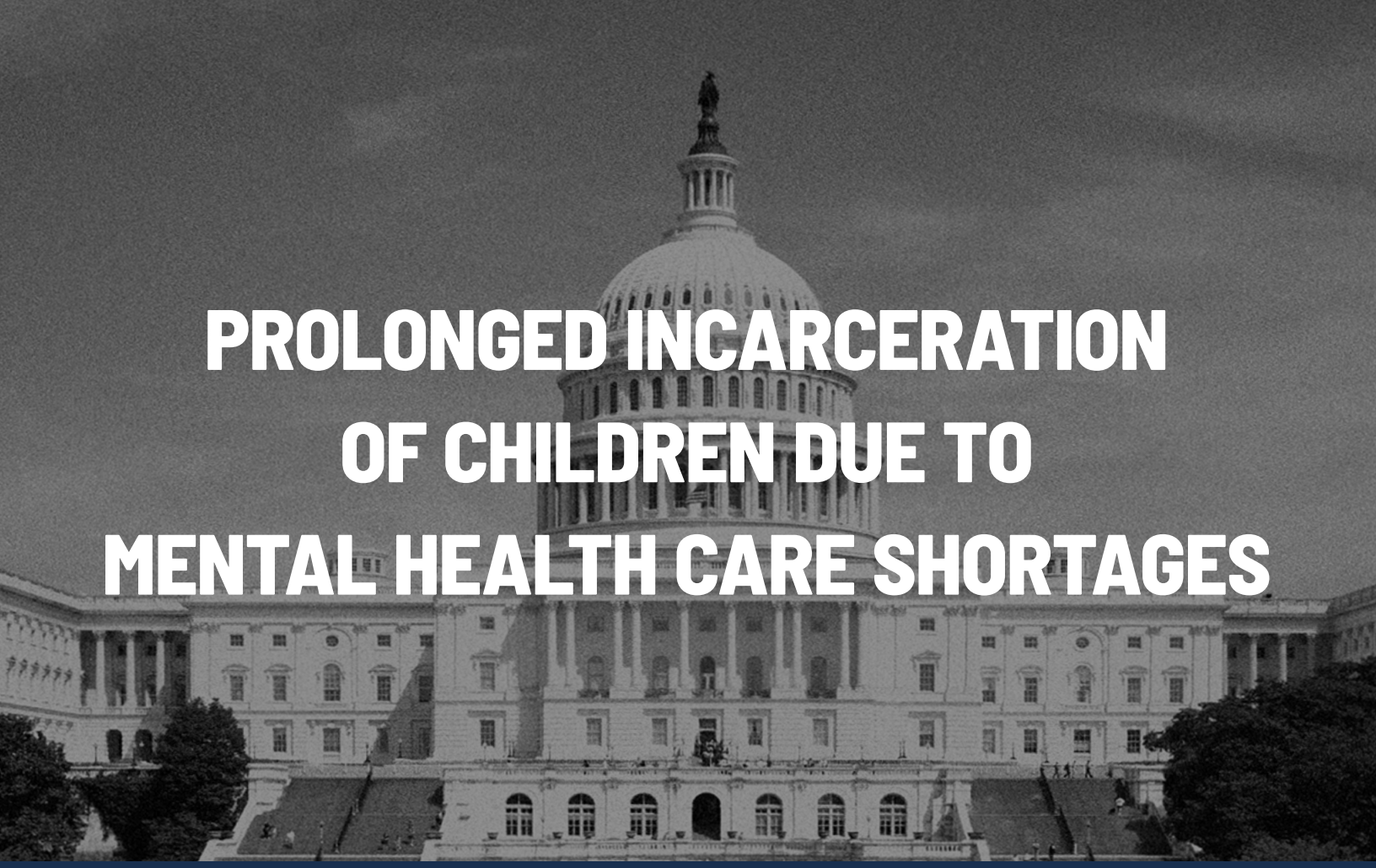

PROLONGED INCARCERATION OF CHILDREN DUE TO MENTAL HEALTH CARE SHORTAGES

U.S. Senator Jon Ossoff of Georgia and Representative Jen Kiggans of Virginia have launched a bipartisan investigation into the incarceration of children with mental health conditions in juvenile detention facilities across the United States.

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I. Executive Summary

U.S. Senator Jon Ossoff of Georgia and Representative Jen Kiggans of Virginia have launched a bipartisan investigation into the incarceration of children with mental health conditions in juvenile detention facilities ("facilities")—centers designed to detain children charged with or sentenced for delinquent offenses—across the United States. As part of this investigation, beginning in May 2024, Sen. Ossoff and Rep. Kiggans surveyed facilities about what circumstances lead to the prolonged detention of children with mental health conditions and children who have not been charged with offenses.

In survey responses, 75 facilities across 25 states reported incarcerating children who could be eligible for release to mental health care programs outside the facility but remained incarcerated because the care they needed was not yet available. More than half of these facilities reported incarcerating children in these circumstances for at least one month, and some reported incarcerating children in these circumstances for up to a year. Facilities reported incarcerating children who are on the autism spectrum, who have general neurodevelopmental issues, or who engage in severe self-harm, who could be eligible for release to an external program or health facility. One facility in North Dakota reported that children "with neurodevelopmental issues sometimes are held the longest, while waiting on forensic evaluations of competency."

Twenty responding facilities in 13 states reported incarcerating children either with no charges or with charges that would not ordinarily lead to placement in juvenile detention. Many of these facilities reported incarcerating these children because they needed mental health services outside of the facility that were not yet available or needed mental health care available at the facility and not outside. One facility reported that, in the year before the survey was administered, it held as many as 29 children without charges or with charges that would not ordinarily lead to detention due to a lack of available offsite mental health care. Another facility reported that, in the year before the survey was administered, it held 10 children in these circumstances solely so that they could access internal mental health services not available outside the facility. Another reported incarcerating children in these circumstances for more than a year due to lack of offsite mental health care.

Six facilities reported incarcerating children beyond their expected release dates after their charges were dropped or sentences completed, due to lack of available offsite mental health care. One facility reported that it had held roughly 50 children under these circumstances in the year before the survey was administered alone.

According to experts in pediatric care, incarcerated children have high rates of physical, mental health and developmental needs that may be undiagnosed or under-addressed in custodial facilities.[1] Incarcerated children also face limited access to evidence-based medical care and a lack of educational opportunities.[2] Other experts warn that incarcerating children can cause adverse lifelong medical and mental health outcomes including higher rates of depression, and suicidality.[3]

II. Findings

Finding 1: Seventy-five facilities reported incarcerating children who could be eligible for release to offsite mental health care, due to lack of available care.

Seventy-five facilities across 25 states reported incarcerating children of various offenses statuses who could be eligible for release to external mental health care, including psychiatric treatment facilities, home-based services, and community mental health services, because that care was not yet available. Responses from the facilities illustrate the extent and nature of this problem:

- A facility in the Midwest reported that it was the norm to hold children who were waiting on a mental health placement. The facility further expressed concern about the number of children on the autism spectrum held in detention while waiting for placements. In one case, the facility reported that it was pressured to accept a child subject to emergency detention by law enforcement after the child was released from a mental health facility due to the child's risk of serious self-harm, reportedly despite concerns about its ability to keep the child safe and serve as an appropriate placement.
- Another Midwestern facility reported that it had held many children for several months while waiting for beds to open in a state psychiatric residential treatment facility.

1 Elizabeth S. Barnert, Increasing Access to Quality Health Care for Children Who Are Incarcerated: American Pediatrics Society Issue of the Year (2023-2024), 95 Pediatr. Res. 610 (2024), https://pmc.ncbi.nlm.nih.gov/articles/PMC10846482/ (last visited Oct. 22, 2025).

2 *Id.*

3 *Id.*

- A Louisiana facility reported that it had held children with mental health conditions while "waiting on beds to open at a long term psychiatric residential treatment facility. Because of limited bed space at these facilities, sometimes youth would have to wait weeks or months before space became available for them."

- A facility in the Southwest similarly reported that some children were held in the facility while waiting on a bed in a behavioral health inpatient or residential facility, because nothing was available locally. According to the facility, outpatient service providers reportedly visited the facility about once a week to talk to children in these circumstances, but children were usually left without services while in their facility.

- A North Dakota facility reported that this practice occurs regularly in their state because "[t]here [is] no secure and safe public placement option for mentally ill youth who have violent outbursts in North Dakota, and so they come to corrections."

- A facility in Arkansas reported: "Our detention facility is for [y]outh who [are] making poor choices and need time to re-evaluate their decisions, but we find ourselves holding youth who have mental illness and neurodevelopmental issues. Youth with neurodevelopmental issues sometimes are held the longest, while waiting on forensic evaluations of competency."

Fifty-six of the 75 facilities provided information about the average length of time children were incarcerated due to lack of available offsite mental health services. More than two thirds of these 56 facilities reported incarcerating children because of a lack of available mental health services outside the facility for a month or longer, with some facilities reporting incarcerating children in these circumstances for up to a year or more. Full details of the waiting times can be found in Table 1.

TABLE 1
Length of youth incarceration due to lack of available external mental health services

Time Range	Number of Facilities Nationwide
0-14 days	13
15-29 days	4
1-3 months	25
4-8 months	8
9-12 months	5
More than 12 months	1

Finding 2: Twenty facilities reported incarcerating children without charges or with charges that "would not ordinarily lead to placement in a juvenile justice facility."

Of the 49 facilities responding to a question about whether children were incarcerated with no charges, 20 facilities across 13 states reported incarcerating children without charges or children whose charges would not "ordinarily lead to placement in a juvenile justice facility," many of them due to the children's need for mental health care.

Of the 49 responding facilities, 12 facilities across nine states reported incarcerating children who had "never been charged with delinquent offenses that would ordinarily lead to placement in a juvenile justice facility" because the children needed mental health care that was not yet available outside the facility.

Some of these children were reportedly taken in as "courtesy holds" or had been designated a "child in need of support" ("CHINS") by a court. One facility reported incarcerating such children—with no charges or whose charges would not typically lead to placement in the facility but who were incarcerated due to lack of offsite mental health care—for more than a year.

Another facility reported incarcerating such children for 9-12 months. In one reporting facility, as many as 29 children were reportedly held under such circumstances over the course of the single year before the survey was administered; another reported that an estimated 10 children were held in these circumstances in the same timeframe.

Seven facilities across six states reported incarcerating children without any charges "for the purpose of accessing mental health services" inside the facility "that were not available outside of the facility." One facility reported that it had held children solely so they could access internal mental health care for as long as 9-12 months. Another reporting facility reported that it had held 10 children in the year before the survey was administered solely so they could access internal mental health care.

Finding 3: Six facilities reported incarcerating children beyond their expected release dates due to lack of available offsite mental health care.

Six responding facilities across 6 different states reported incarcerating children whose charges had been dropped or who had already served their full sentences because they needed offsite mental health care that was not yet available. One facility in the Midwest estimated that it had held 50 children in the year before the survey was administered in these circumstances. Another facility reported that it had held such children for more than a year, and in another facility for 9-12 months.

Finding 4: Facilities reported that children have been incarcerated on pretextual charges or charges for behaviors indicating a mental health crisis.

Some responding facilities reported that even when children are charged with delinquent acts, delinquent behavior may be a manifestation of a mental health crisis rather than criminal intent. Other facilities reported that children had been incarcerated on pretextual charges, when the underlying reason for detention was reportedly a mental health issue. Comments from several facilities illuminate some of these circumstances and resulting practices:

- A facility in the Southeast reported that some children are placed in detention facilities based on inappropriate charges, like violations of probation from years before, when mental health issues are the real reason for their detention.
- Facilities reported similar accounts of incarcerating children manifesting apparent symptoms of mental health disorders that reportedly resulted in charges of domestic violence. A facility in the Northwest reported that it had held a 10-year-old who was arrested and charged with a crime because his parent was reportedly unable to care for him safely. The facility reported that a bed would have been made available in a mental health center if the child was over 13 years old, but the state reportedly does not have beds for children under 12. According to the facility, situations like this arise frequently and reportedly cause more trauma for the children and their families.
- Another facility in North Dakota reported holding a child "with documented autism

spectrum disorder and a handful of mental health issues [who] was involved in a domestic altercation in his home. Law enforcement was called. State code requires a perpetrator of domestic violence to be removed from the home, even if the perpetrator is a youth who hits his mom during an argument. This is an example of the collateral consequences that sometimes befall youth when state law does not consider the age of the actor."

IV. Methodology

Senator Ossoff and Representative Kiggans developed this survey in the spring of 2024. Experts on mental health and juvenile detention at the Johns Hopkins Bloomberg School of Public Health provided input on survey development and analysis. State juvenile justice administrators identified by the National Partnership for Juvenile Services also provided input with regard to the wording of the survey. Questions broadly pertained to descriptions of youth being held who require mental health services; why youth, including those who require mental health services, were held; the challenges of holding youth who require mental health services; and mental health services available in the juvenile detention centers.

Survey recruitment of administrators from public juvenile detention facilities occurred between May and September 2024; participation was voluntary.[4] The survey was distributed via email to 355 juvenile detention center administrators. 157 juvenile detention center administrators across the country responded to the survey. The geographic regions of the facilities represented in survey data included: South (43%), Midwest (37%), West (14%), and Northeast (6%).

4 The survey was sent to administrators of public juvenile detention centers only; administrators of private juvenile detention centers were not invited to participate.