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Hope for Mentally Ill Youth in Alameda County Juvenile Justice System

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On any given day, more than 100,000 minors are held in detention facilities across the United States,¹ many thousands of them with unmet mental health needs.² The juvenile justice system is ill-equipped to meet the needs of these youth. Unfortunately, this leads to youth languishing in detention centers without treatment, and with little hope of getting better or returning home.

In an effort to better serve these youth, Alameda County, California established the Alameda County Juvenile Collaborative Court (ACJC) in 2007. The ACJC, one of approximately 15 juvenile mental health courts nationwide, is an effort to “enable youth to remain safely in their homes, succeed in school, avoid continued involvement with the delinquency system, and make a successful transition to adulthood.”³ The ACJC’s goal is to “divert mentally ill youth from detention by providing them with better access to the mental health services and community support” they need in order to safely return to their homes and communities.⁴

Mental Illness in the Juvenile Detention Population

A majority of the tens of thousands of minors residing in juvenile detention and correctional facilities nationwide have at least one diagnosable mental disorder.⁵ Mentally ill youth often enter the juvenile justice system because of behaviors caused by their mental illness. Key risk factors include “low caregiver involvement, maltreatment by family members, and poor school performance.”⁶ These stressors are often aggravated by a lack of economic resources and an inability to access adequate mental health treatment.⁷

National and Statewide Problem

The sheer number of detained youth with serious unmet mental health needs has overwhelmed the juvenile justice system. In many jurisdictions, court and probation staff cannot adequately screen or identify youth with mental illnesses, much less offer appropriate treatment. Instead, detained youth with unrecognized or untreated mental illness may languish in detention centers for months at a time waiting for proper assessment. The Congressional Committee on Government

Reform in 2004 found that two-thirds of juvenile detention facilities hold youth unnecessarily due to a lack of available mental health treatment(s).⁸ On average, these youth are jailed longer than the general population of juvenile detainees.⁹ Many of these youth are held for minor offenses that ordinarily would not result in long-term detention.

Local Problem: Alameda County

In 2004, a study of 111 minors in Alameda County’s Juvenile Hall revealed that more than 60 percent of those detained had been previously diagnosed with a psychiatric disorder.¹⁰ The minors examined comprised only 45 percent of the total population at Juvenile Hall, leaving many instances of disorders possibly unreported.¹¹ Of those minors with a previous diagnosis, more than 42 percent of them were diagnosed with two or more psychiatric disorders.¹² In addition, a self-reported survey of 109 of the youth in Juvenile Hall showed that 79.8 percent of them had used illegal drugs prior to being placed in Juvenile Hall.¹³ Although four out of five detainees may struggle with

1. Melissa Sickmund, *Juveniles in Corrections*, Nat’l Report Series Bull. (U.S. Dep’t of Justice), June 2004, at 3, <http://www.ncjrs.gov/pdffiles/ojdp/202885.pdf>

2. Thomas Grisso, Why we need mental health screening and assessment in juvenile justice programs, in T. Grisso, et al. (eds.), *Mental Health Screening and Assessment in Juvenile Justice* (New York: Guilford Press, 2005), p. 7; United States House of Representatives Committee on Government Reform, *Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States*, at 2 (2004).

3. *Alameda County Collaborative Juvenile Court Protocol* (hereinafter *ACJC Protocol*), at 2. On file with Patrick Gardner at the National Center for Youth Law. The Court for the Individualized Treatment of Adolescents (CITA) in Santa Clara County, California served as a model for the ACJC. As such, much of the language contained in the ACJC Protocol, and in the sections of this article describing the philosophy and operation of the ACJC, mirrors the description of the CITA court in David E. Arredondo et al., *Juvenile Mental Health Court: Rationale and Protocols*, *Juv. & Fam. Ct. J.*, Fall 2001.

4. *ACJC Protocol*, *supra* note 3, at 1.

5. Kathleen R. Skowrya & Joseph J. Cocozza, *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System* (Nat’l Ctr. for Mental Health & Juvenile Justice, Delmar, N.Y.), June 2006, at 128, <http://www.ncmhj.com/Blueprint/pdfs/Blueprint.pdf>; see fn.2, *supra*.

6. Kahn, Barbara et. al., *Making the Connection: Legal Advocacy and Mental Health Services*, 45 *Fam. Ct. Rev.* 486, at 488 (2007), referencing Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions 407 (Rolf Loeber & David P. Farrington eds. 1998).

7. Goldkamp, J.S., & Irons-Guynn, C. (April, 2000). Emerging judicial strategies for the mentally ill in the criminal caseload: Mental health courts in Fort Lauderdale, Seattle,

San Bernardino, and Anchorage. U.S. Justice Department, Office of Justice Programs, Bureau of Justice Assistance, NCJ182504.

8. Cocozza et al., GAINS TAPA Center Easy Access Net/Teleconference: Diverting Youth with Mental Health Needs from the Juvenile Justice System: Critical Issues and Model Approaches. Slide 8.

9. U.S. House of Representatives Comm. on Gov’t Reform, *supra* note 2, at 9.

10. Huskey & Associates, Inc., *Alameda County, California Comprehensive Study of the Juvenile Justice System* 5.42 (Huskey & Associates, Inc.) (2004).

11. *Id.*

12. *Id.* at 5.43.

13. *Id.* at 5.46.

drug abuse and dependency, minors do not receive substance abuse treatment in the hall or upon their release.¹⁴

Alameda County's experience is typical. For youth, as for adults, incarceration is the substitute for an adequate public mental health system. Considering the high percentage of youth detained in Alameda County who have psychiatric disorders, it is likely that many of them find themselves on the wrong side of the law as a result, at least in part, of their unmet mental health needs.

Addressing the Problem: The Alameda County Juvenile Collaborative Court

In 2007, under the leadership of Commissioner Paul D. Seeman and Presiding Juvenile Judge Gail Bereola, Alameda County established the Alameda Collaborative Juvenile Court (ACJC). The ACJC's intent is to avoid criminalizing youth who have become involved in the juvenile justice system primarily because of their mental illnesses. It is believed that both the troubled youth and the community will benefit when youth remain in their homes and communities, avoid continued contact with the delinquency system, and transition successfully into adulthood.¹⁵ As a collaborative court, the ACJC seeks to improve coordination between the juvenile justice and mental health systems so that juveniles with serious mental health needs get the treatment they need to keep them out of trouble with the law.¹⁶

Program Goals

The ACJC attempts to place mentally ill minors with their families or in the most family-like, least-restrictive, prac-

tical alternative. The assumption is not that the youths' families are ideal—many are far from it—but that restrictive, congregate care alternatives are almost always worse. The ACJC works through a Multi-Disciplinary Team structure to reach a common understanding of how the best interests of the child with mental illness, his or her family, victims, and the community might be served.¹⁷

Program Participants

Candidates for the program are minors charged with a criminal offense and suffering from a mental illness, disorder, or problem. These afflictions include depression, bipolar disorder, schizophrenia, severe anxiety disorders, and attention deficit hyperactivity disorder (ADHD), as well as developmental disabilities like mental retardation, and autism spectrum disorders. Sexual offenders with serious mental illness also are eligible. Youth with "conduct disorder" or "oppositional defiant disorder," diagnoses are not eligible. Minors charged with murder, robbery or other serious crimes of violence are, with few exceptions, excluded from the court.¹⁸

The Collaborative Court Team

The Court's Multi-Disciplinary Team (MDT) consists of the Commissioner, representatives from Behavioral Health Care Services, Probation, the Office of the District Attorney, the Office of the Public Defender, Social Services, Bay Area Legal Aid, and the National Center for Youth Law.

The collaborative court works by consensus. Youth referred to the court are evaluated by a deputy district attorney, who places particular emphasis on whether they meet of-

fense criteria. Behavioral Health Care staff prepare a mental health report for each youth, focusing on whether the youth's strengths and needs are a good match for the collaborative court. A deputy public defender, in consultation with the youth and his family, determines whether participation in the court is in the minor's interest, and makes a recommendation to the client accordingly. Then, the MDT determines whether to accept the child into the court.

When a youth is accepted into the court, a hearing date is set—usually within two weeks—and the MDT begins to fashion a treatment plan, called an Individualized Service Plan. Probation staff share responsibility for intensive case management, a critical part of which involves linking youth to appropriate mental health services and supports. The Commissioner presides over the MDT and supervises overall progress of the participants.

Civil Advocates

An important feature of the ACJC is its civil advocacy component. Once a minor is accepted into the court, a civil advocate conducts an intake interview with the family and reviews available records to assess civil legal needs. These needs may involve education, housing, Regional Center services,¹⁹ and a range of other government benefits such as CalWorks, Medi-Cal, and Supplemental Security Income (SSI). The civil advocate provides advice and counsel, brief service, or full representation.

Civil advocates are key to the success of the program. Civil advocates substantially increase the array of resources available to juveniles involved with the court – resources that are

14. *Id.* at 6.11.

15. *ACJC Protocol*, *supra* note 3, at 2.

16. *Id.*

17. *ACJC Protocol*, *supra* note 3, at 2.

18. *Id.* The charges that result in exclusion are listed at section 707(b) of the California Penal Code.

19. California has a network of "regional centers" that are responsible for services to persons who are developmentally disabled or brain injured.

often unknown to prosecutors, public defenders, probation officers and others involved with the juvenile court. Civil advocates also increase the likelihood of diversion from the juvenile justice system because services and resources accessible through civil advocacy are not dependent on the continuing jurisdiction of the juvenile court.

Individualized Service Plans

The MDT collaborates on the design of each participant's treatment plan, emphasizing the youth's individual strengths and needs. A plan may include psychiatric and psychological evaluations; medication evaluation, monitoring and support; individual, group, or family counseling; intensive home-based services such as Therapeutic Behavioral Services; emergency services and crisis intervention; links to educational services, including special education services and the development of Individualized Education Plans; access to vocational/employment services; mentoring programs; services for transition-aged youth; and assistance with accessing government benefits or entitlements.²⁰

The planning process focuses on individually tailored services, family participation, and collaboration among the ACJC partners. The Plan is approved by the team members, the minor, and his or her parents or guardian.²¹

Court Appearances

Each youth appears in court periodically, at intervals of 15 to 90 days, according to the MDT's assessment of the minor's needs. This allows the judicial officer and the team to commend youth who are doing well and to urge greater efforts by those who are not. The youth's individualized program may be changed at these periodic sessions to account for changed

circumstances. The main subjects of discussion are the youth's living arrangements, school work, vocational or work preparation, and progress in controlling behavior and coping with crises.

Completion of Program

The ACJC assumes that mental illness does not preclude successful completion of the program.²² Many youth will face a lifetime of mental challenges, with periods of stability punctuated by episodes of crisis.

Program completion occurs when the juvenile's behavior has improved and his or her living situation is stable.²³ The goal is to put in place community supports that can sustain the family after intense case management ends.

Program termination and reversion to the regular probation/detention system may occur if the juvenile commits a new crime (not simply a probation violation), consistently fails to follow court orders or the treatment plan, or if the minor or the parent/guardian voluntarily withdraws from the program.²⁴

Defining and Evaluating Program Success

Although the number of mental health courts in North America has risen dramatically in recent years, evaluations of these courts are lagging.²⁵ A key to evaluating any program's success is defining success itself. Given the flexible and individualized approach of the ACJC, defining its success is no simple task. The ACJC's benchmarks for success include ensuring that mentally ill youth have better access to mental health services, are connected to appropriate educational and vocational services, remain in their homes and communities, spend reduced amounts of time in detention facilities, and exit

the juvenile justice system without endangering public safety.²⁶

Results so far are encouraging. In the last six months, 11 of the 13 youth who entered Alameda's collaborative court with out-of-home placement orders now live at home. It is a modest beginning, but promising. Because the ACJC is one of the first juvenile mental health courts in the United States, evaluation and analysis of its accomplishments may prove valuable for planning future juvenile mental health courts across the country.

Conclusion

Untreated, seriously mentally ill youth nationwide may be headed for a lifetime of failure, including never graduating high school or getting a job and/or ending up homeless or incarcerated. Alameda County's Juvenile Collaborative Court is an innovative initiative designed to link mentally ill youth with mental health, social, educational, and civil legal services that in combination can steer these youth away from continued involvement with the juvenile justice system. Through collaborative efforts, the ACJC addresses, in an individualized manner, the underlying psychological, developmental, and social needs that contribute to juvenile offending. If successful, the ACJC will not only lead to a more cost effective system for the county, but also to a brighter outlook and better outcome for youth with serious mental illness in Alameda County.

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20. ACJC Protocol, *supra* note 3, at 2.

21. *Id.* at 6.

22. *Id.*

23. *Id.* at 8.

24. *Id.*

25. Richard D. Schneider, Hy Bloom & Mark Heerema, *Mental Health Courts* at 182 (2007).

26. ACJC Protocol, *supra* note 3, at 2.