



THE MENTAL HEALTH SERVICES ACT (PROPOSITION 63) AND JUVENILE JUSTICE YOUTH

This informational piece has been developed (12/04) by the Multi-Association Joint Committee (MAJC) which is a group of state associations that have established collaborative advocacy on behalf of youth in the juvenile justice system who have mental illness and/or substance abuse problems. These associations include the California Mental Health Directors Association, the Chief Probation Officers of California, and United Advocates for Children of California.

The Mental Health Services Act (www.yeson63.org) has the potential to salvage the lives of youth in the juvenile justice system with severe mental illness and their families, a population that has been traditionally underserved by our service systems. There are approaches that work, defray future societal costs, and enhance public safety. California communities can thrive by supporting the healthy development of these youth.

Mental illness often results in problems with self-care, school functioning, family relationships, and one's community. Youth with mental illness can become at risk of removal from home or removed when incarcerated. These youth often need assistance in order to reunite with their families and re-enter their communities. Such re-entry requires an adequate mix of appropriate services to prevent recidivism and repeated incarcerations.

Most of these children have needs in various life domains and require services from multiple public agencies such as education, juvenile justice, mental health, child welfare, and health among others. An interagency community-based service approach, such as that of the Children's System of Care program, is ideal for serving this population of children and youth and their families. This approach is comprehensive, individualized, involves youth and their families as full partners, and emphasizes early identification and intervention. It is also coordinated at both the system level and service delivery level with the agencies that provide services to children and their families and supports their rehabilitation. In addition, many counties have enhanced their Children's System of Care program with services from the Wraparound program which has allowed counties to develop an array of supportive services for these youth. Many of the

children and families have strengths or protective factors which should serve as a foundation for service planning.

The Act also strongly encourages the development of mental health services that prevent a worsening of their mental health problems. The Act also encourages the expansion of successful, innovative services that have already demonstrated their effectiveness, also, known as promising or evidence based services. These services must also be culturally competent which is critical given the phenomenon of disproportionate minority confinement of these youth in our State.

The unmet need for mental health services for children and youth in the state of California is significant. The Mental Health Planning Council estimates that 300,000 children and youth do not receive the mental health services they need.¹ Inadequate access to mental health services has severe consequences for children and their families. California has the largest population in the nation and between 1995 and 2025 is expected to lead the nation in population growth with multicultural and multilingual populations increasing. The diversity of languages and beliefs, coupled with the adverse effects of discrimination and stigma results in significant lack of access to quality mental health services. When quality care is not accessible, the mental health problems worsen, and often children and youth are diverted into non-mental health service systems such as the juvenile justice system. Many California children who are impoverished live in rural communities and are children from families of minority ethnic and cultural groups and experience significant institutional discrimination that both contribute to the development of emotional disorders and interfere with accessing quality mental health care.

The General Accounting Office² (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.² One of the major consequences of this failure to provide sufficient mental health care is the inappropriate use of the juvenile justice system to provide services to children and youth with mental health conditions.

Children and youth in the juvenile justice system have significantly higher rates of mental health conditions than children in the general population³. At least 80% of youth in juvenile justice programs have mental health conditions that include learning disorders. Up to 20% of these youth have serious mental health conditions that include schizophrenia, major depression and bipolar disorder, and 6% of these youth suffer from psychotic disorders. More than half of the children

¹ California Mental Health Master Plan: A Vision for California, March 2003, California Mental Health Planning Council

² 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, April 2003

and youth in the juvenile justice system have co-occurring substance abuse and mental health conditions.³

In a report prepared for the US House of Representatives, *Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States*, 698 detention facilities, including California detention facilities, responded to a survey that found 66% of the detention facilities hold youth who do not need to be in detention as they wait for mental health services outside of the juvenile justice system. These youth represented 8% of the total number of youth held in detention facilities.⁴

With a multi-agency, multi-disciplinary approach to treatment in a children's system of care framework, children and youth with severe mental illness in the juvenile justice system can have their mental health needs addressed by existing and effective interventions which are community based alternatives to residential treatment or incarceration.

Evidence Based Practices

Counties are strongly encouraged to consider mental health services that have been scientifically proven to be effective or appear to be very promising based on pilot projects or similar efforts. Many of these practices are well publicized nationally while others have had limited exposure. The four models identified in this initial section have been subjected to a rigorous scientific evaluation for their effectiveness. It is widely acknowledged that these models do not cover all service gaps nor meet the needs of all of these youth. In addition, a screening instrument designed for use with this population of youth, now routinely used in more than twenty states, can assist multidisciplinary teams responsible for planning services for purposes of re-integrating incarcerated youth back into their communities. Systematic screening for mental health and substance abuse problems is critical in juvenile halls primarily because most of these youth are released after a brief stay of several days. A partial list is provided.

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and environmental (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. It targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and the youths' families.

³ Challenge Grant II, Final Report 2004, California Board of Corrections

⁴ US House of Representatives, Committee on Government Reform-Minority Staff, Special Investigations Division, July 2004, *Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States*

MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.

The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. MST is provided using a home-based model of services delivery. The usual duration of MST treatment is approximately 60 hours of contact over four months, but frequency and duration of sessions are determined by family need. Outcomes include reductions of 25-70% in long-term rearrest rates, reductions of 47-64% in out-of-home placements, extensive improvements in family functioning, and decreased mental health problems for serious juvenile offenders. Cost savings are favorable when compared to usual mental health and juvenile justice services. MST has been implemented at River Oak Center for Children in Sacramento (jholmes@riveroak.org) and Los Angeles County (swatkins@dmh.co.la.ca.us)

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. It targets youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder. It requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations. It includes flexible delivery of service by one and two person teams to clients in-home, clinic, juvenile court, and at time of re-entry from institutional placement. Various types of interventionists may be used including para-professionals under supervision, trained probation officers, mental health technicians, degreed mental health professionals (e.g., M.S.W., Ph.D., M.D., R.N., M.F.T.) FFT's effectiveness derives from emphasizing factors which enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phasic program with steps which build upon each other. Favorable outcomes include avoidance of more restrictive treatment settings, decreasing anti-social behaviors, and decreased recidivism. Counties launching FFT services include Los Angeles (swatkins@dmh.co.la.ca.us); Santa Cruz (dcervine@health.co.santa-cruz.ca.us); Mono (agimpel@mono.ca.gov); Kern (dcloud@co.kern.ca.us); San Mateo (Dltorres@co.san-mateo.ca.us); Riverside (EDAILY@co.riverside.ca.us); Fresno (gzomalt@fresno.ca.gov); Sacramento (skrabok@dhhs.co.sacramento.ca.us); and San Joaquin (ksuderman@mhs.hs.co.san-joaquin.ca.us)

Multidimensional Treatment Foster Care (MTFC) is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. MTFC is can be successfully provided to teenagers with histories of chronic and severe criminal behavior at risk of incarceration. Training is provided to “community” families with whom the youth may reside initially for a short period. Training is also provided to the youth’s biological or adoptive family with the intention of the youth being placed permanently with this family. Work is also done with the probation officer, teacher, work supervisors, and other key adults. Favorable outcomes include fewer days of incarceration, decreased recidivism, decreased hard drug usage, and avoidance of lengthy placements in more restrictive settings. Cost is also lower than usual services. The average length of treatment is seven months. Counties that are offering MTFC include: Sacramento (Edwards-BuckleyA@SacCounty.net); Merced (jspangler@co.merced.ca.us); Sutter (jhoss@co.sutter.ca.us); Humboldt (lmorton@co.humboldt.ca.us); Shasta (mwayda@co.shasta.ca.us); San Diego (BMitchell@centerforchildren.org); Orange (hmagana@hca.co.orange.ca.us); and Kern (mgreenstein@co.kern.ca.us)

The Incredible Years Series is an early intervention model. It is comprised of three comprehensive, multi-faceted, and developmentally-based curricula for parents, teachers and children designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. It targets children, ages two to eight, at risk for and/or presenting with conduct problems (defined as high rates of aggression, defiance, oppositional and impulsive behaviors). The programs have been evaluated as "selected" prevention programs for promoting the social adjustment of high risk children in preschool (Head Start) and elementary grades (up to grade three) and as "indicated" interventions for children exhibiting the early onset of conduct problems. It addresses multiple risk factors across settings known to be related to the development of Conduct Disorders in children. Outcomes include effective limit setting by parents replacing harsh discipline with non-violent discipline techniques and increased monitoring of children; increased parental self-confidence; positive family communication and problem-solving; increased compliance to parental commands; increased praise and encouragement by teachers; reduced criticism and harsh discipline by teachers; reduced peer aggression in classroom; and more prosocial conflict management strategies with peers.

Massachusetts Youth Screening Instrument, 2nd Revision MAYSI-2 is a paper-and-pencil youth self-report inventory of 52 questions which can be administered by non-professional staff. The MAYSI-2 requires a fifth grade reading level and takes approximately 10-15 minutes to complete. The MAYSI-2 is designed to assist juvenile justice facilities in identifying youths 12 to 17 years of age who may have special mental health needs. It is intended for use at any point in the juvenile justice system. The screening instrument addresses alcohol/drug abuse, suicidality, depression, trauma, and psychotic thinking.

These websites provide more information regarding these programs, modules, and services.

Strengthening America's Families

<http://www.strengtheningfamilies.org>

SAMHSA Model Programs

<http://www.modelprograms.samhsa.gov>

Center for the Study and Prevention of Violence - Blueprints Project.

Each of the models of the Blueprints Project have undergone rigorous scientific evaluations.

<http://www.colorado.edu/cspv/>

National Center for Mental Health and Juvenile Justice

<http://www.ncmhjj.com/>

Office of the Surgeon General

<http://www.surgeongeneral.gov/sgoffice.htm>

Promising Practices Network on Children, Families and Communities

<http://www.promisingpractices.net>

Evidence-Based Practices in Mental Health Services for Foster Youth -

California Institute for Mental Health

<http://www.cimh.org/downloads/Fostercaremanual.pdf>

Promising Practices (California Programs/Services)

This section highlights some ideal projects that may not have yet undergone rigorous scientific evaluations, nevertheless, are very promising approaches to working with youth in the juvenile justice system. Some of demonstrated good outcomes when compared to usual and customary services for these youth. A partial list is provided.

Challenge Grant Program (I & II) - Demonstration Projects

A growing concern among agencies dealing with at-risk youth and/or juvenile offenders during the mid-1990s was the fact that youth in the juvenile justice system experienced significantly higher rates of mental health problems than young people in the general population. In response, juvenile justice agencies began partnering with mental health and social service agencies in such efforts as the Juvenile Crime Enforcement and Accountability Challenge Grant Program administered by the Board of Corrections (BOC) www.bdcorr.ca.gov. This program was created through legislation, SB1760 (Lockyer) in 1996. County probation departments served as the lead agency in a mandated broad stakeholder (county children service agencies, community based agencies among others) effort that developed and implemented these programs; these programs generally followed a system of care philosophy. Although the legislation along with funding has sunsetted, some counties have continued these programs through other resources, oftentimes using a combination of funding streams.

Through the Challenge Grant Program, particularly the second allocation of funds in 1999, several counties tested innovative ways to address youth's mental health needs. One key aspect of this program was to compare outcomes of innovative approaches to the usual approaches; some counties included random assignment for research purposes. In general, there were reduced number of arrests, reduced felony arrests, and completion with probation programs in older (aged 15 and older) female and male youth statewide. Although some counties did not find significant improvements in some outcomes, other counties reported improvements in psychosocial functioning, conflict resolution and anger management, communication, school behavior and family functioning as a result of mental health and related interventions. Families were also more involved.

Contra Costa's *Circle of Care* programs were a collaboration between a Community Based Organization, Probation, County Office of Education and Mental Health. Day treatment programs were integrated within a school classroom for adolescent girls who were on probation (602 offenses) or at risk (601 offenses). A Probation Officer was on-site which enhanced structure for the youth at the school site. The length of stay was approximately 6 months. School transportation was provided to some of the youth. Students were randomly assigned to a program as per research protocol. Girls were screened in 6 general areas for admission (education, substance abuse, gang involvement, mental health/child abuse, family factors, pregnancy). Education and delinquency data was collected pre, during and post with some site specific elements developed for the uniqueness of the programs (i.e., one program developed a computer skills class as a preparation for school and work). Outcomes included much improved school attendance, improvement of academic performance, and decreased recidivism during the time youngsters

were enrolled in the program. Contact: Sandy Marsh at smarsh@hsd.co.contra-costa.ca.us

The Santa Cruz County project, known as the *Placement Alternative Resources for Kids* (PARK) Program, established two collaborative site-based day treatment centers for delinquent juveniles who were at imminent risk for out of home placement. The collaborative effort harnessed the services of county Mental Health, Probation, Juvenile Court, and Office of Education, along with community-based providers to offer comprehensive counseling, mental health assessment/treatment, probation supervision, classroom education, vocational training and job placement, as well as recreational and cultural opportunities. Multiple funding sources supported this project. The combined philosophies of Balanced and Restorative Justice, Wraparound, System of Care and Strength Based Practices guided the development of the program's operational approach. The outcomes included: less out-of-home placement, less recidivism, less incarceration, much improved school attendance, more favorable behavioral reports from parents, and less recreational drug use. Contact: Dane Cervine at dcervine@health.co.santa-cruz.ca.us

San Diego's *Breaking Cycles* program is a family-focused, delinquency prevention and intervention system which was established in July of 1997. The program was designed to prevent youth from becoming delinquent by focusing strengths-based, family-centered community resources and programs on "at-risk" youth and their families; to improve the juvenile justice and community intervention for juvenile offenders through a system of graduated sanctions (intervention). The intervention component is an interagency collaborative approach effort that reduces the reliance on incarceration and increases family involvement and parental participation. It also includes substance abuse services, mental health treatment, and educational services. Program services are responsive to gender and cultures as well as offender accountability. Outcomes included decreased arrests, decreased probation referral, decreased sustained petition, increased completion of probation programs, and decreased institutional usage. Contact: Kim Broderick at Kim.Broderick@sdcounty.ca.gov.

Specific information about the Challenge Grant I projects, including county contacts, is available at:

<http://www.bdcorr.ca.gov/cppd/challenge%20grant%20II/interim%20report/toc.htm>;

for Challenge Grant II projects at:

http://www.bdcorr.ca.gov/cppd/challenge_grant/finalcg2report2004.pdf.

Juvenile Justice Crime Prevention Act (JJCPA) Programs

The favorable outcomes, such as a reduction of juvenile crime and delinquency, of the Challenge Grant county projects in large part compelled the state legislature to pass AB1913 (Cardenas) now called the Juvenile Juvenile Justice Crime Prevention Act (JJCPA), which provides funding to counties on a per capita basis for programs based on approaches that have proved successful in reducing juvenile crime and delinquency. The JJCPA enabled numerous counties to continue and/or expand their Challenge demonstration projects and currently funds over 190 programs in 56 counties. The county projects were planned and overseen by a broad stakeholder group similar to that in the Challenge Grant projects. Some counties used a portion of their funds for direct mental health services such as Multisystemic Therapy.

A Mental Health Court for Youth (Los Angeles) was established to assist those children and youth who have committed an offense and who have a severe mental illness and/or a developmental disorder such as mental retardation. This has resulted in the reduction of unnecessary incarceration and providing community based services for these youth with multiple needs. Contact: davida_davies@probation.co.la.ca.us. (Santa Clara launched the first such court .See <http://training.ncjfcj.org/Juve%20Sanctions%20Bulletins/PDFs/May%2004%20edition.pdf>)

More information on the JJCPA and county-specific programs it supports is available at: <http://www.bdcrr.ca.gov/JJCPA/FinalJJCPAreport2004.pdf> and http://www.bdcrr.ca.gov/cpa2000/program_description.asp

Other Promising Programs in California

The Family Mosaic Project (FMP) in San Francisco is a capitated service program that provides intensive care management and wraparound services to seriously emotionally disturbed children, youth and their families, particularly those who are at risk for out-of-home placement or are currently in such a placement. Through an integrated, interdepartmental, system of care, FMP provides and/or coordinates an array of services designed to meet the mental health and related needs of the client and family, using a strength-based, family-focused approach. A diverse, multi-disciplinary team of culturally competent care managers provide intensive day-to-day support and coordination to ensure that the needs of both the client and family are met, according to a care plan designed jointly by the family and the care manager. The program was originally started as a pilot project under the Robert Wood Johnson Foundation, and is currently supported by a capitated contract with the State Department

of Health Services. The program currently serves 178 families per year. FMP offers child and family centered service to families in their homes, at schools and in their communities. With the help of the Family Involvement Team and the Youth Task Force, the program has been very successful in engaging families who have been "disappointed" and "failed" by most, if, not all of the public service agencies. Outcome data indicates that there is an increase in the use of less restrictive treatment settings, a decrease in recidivism, a decrease in average number of offenses per client, and an increase in family/youth satisfaction. Contact: Sai Ling Chan-Sew at sai-ling_chan-sew@dph.sf.ca.us

In summary, the Mental Health Services Act provides California and its counties with an opportunity to work effectively with these youth and their families. Now is the time to commit resources to implement proven approaches in order to assist communities help their youth resume a normal and healthy development.