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March 21, 2007

HUNDREDS OF CHIEFS, SHERIFFS,
PROSECUTORS, POLICE LEADERS
AND VIOLENCE SURVIVORS
DEDICATED TO PREVENTING
CRIME AND VIOLENCE

Darrell Steinberg, Chair, & Commissioners
Mental Health Service Oversight and Accountability Commission
700 N. 10th Street, Suite 202
Sacramento, CA 95814

Dr. Stephen W. Mayberg
Executive Director
California Department of Mental Health
1600 9th Street, Room 151
Sacramento, CA 95814

Re: **Juvenile Justice and Priority Populations under Prevention and Early Intervention Guidelines**

Dear Chairman Steinberg and Dr. Mayberg:

We are writing regarding the priority populations in the “County and State Level Policy Direction” for the developing guidelines for Mental Health Services Act Prevention and Early Intervention funding. While we commend the Commission for highlighting the juvenile justice system in its recommendations, we are concerned that the population is too narrowly drawn. The Policy Direction identifies as one of six priority populations:

“**Children and Youth at Risk of Juvenile Justice Involvement**—Those at risk of, or who have had first point of contact with any part of the juvenile justice system with signs of behavioral and emotional problems.”

Although somewhat ambiguous, our understanding is that the intent with respect to juvenile offenders is only to allow Prevention and Early Intervention funding to be used when they enter the juvenile justice system for the first time (i.e., when arrested or referred to probation).

Our concern is that restricting the priority population to youth at “first point of contact” with the juvenile justice system (and youth “at risk of” juvenile justice involvement) would unreasonably restrict counties’ opportunities to utilize Prevention and Early Intervention funds to address the significant mental health needs of youth in the juvenile justice system and prevent mental illnesses from becoming serious disorders.

This restriction is particularly significant because the mental health needs of juvenile offenders are not currently being met. According to a 2005 Department of Corrections and Rehabilitation survey of a cross-section of county probation departments, mental health issues “comprised the single most critical gap in juvenile justice services.... According to those surveyed, the number of at-risk youth and youthful offenders with mental health problems continues to increase as does the seriousness of their mental illnesses. The only thing not increasing is the resources to treat and confine these troubled and troubling youth.”

Using “first point of contact” with the juvenile justice system as a criterion is an arbitrary distinction that will result in a missed opportunity to intervene and prevent further mental health-related problems for children and youth. Specifically:

- For many juvenile offenders, their first contact with the juvenile justice system is brief. For example, out of the more than 220,000 juvenile arrests in 2005, 13 percent (over 28,000 cases) resulted in dismissal without even referring the case to probation. And one-third (over 70,000) of the juvenile cases referred to county probation departments were dismissed or transferred out of the justice system. Many of the youth remaining in the system have mental health and other needs requiring professional intervention. While it would be ideal if all first-time offenders could have their mental health needs assessed (and Prevention and Early Intervention funding will give counties opportunities to increase and improve assessments), those assessments often do not happen upon “first contact,” and some juveniles may develop mental health issues later, particularly after the trauma potentially associated with detention and custody. Youth should not be denied mental health services just because their needs were not identified until they had repeated contacts with the system.
- The restriction would render counties unable to use Prevention and Early Intervention funding for model short-term interventions, such as Multisystemic Therapy (MST) and Multidimensional Treatment Foster Care (MTFC), and limit use of Functional Family Therapy (FFT), another model program. These interventions vary in length from three months for FFT, four months for MST and approximately seven months for MTFC. They are proven to cut arrests by as much as half and save up to \$13 for every dollar invested. Yet these programs, which are currently only being implemented in a few California counties, primarily target *chronic* offenders, not those first having contact with the juvenile justice system.
- The existence of MHSA Community Services and Supports funding is not a sufficient alternative to warrant exclusion of many juvenile offenders from Prevention and Early Intervention funding. Community Services and Supports funding is limited to serving “severely mentally ill”/“seriously emotionally disturbed” children. Many juvenile offenders, while having mental health disorders, are not yet at the level of seriously emotionally disturbed. Moreover, the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention identifies both MST and FFT as examples of “Early Intervention.”

We encourage the Department of Mental Health and the Commission to be more inclusive of youth in the juvenile justice system in the developing Prevention and Early Intervention guidelines. We look forward to continuing to work with you to address these issues.

Sincerely,



Barrie Becker
State Director



Brian Lee
Deputy Director