

Juvenile Mental Health Court

One County's Experience

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Sonoma County

- Begins 35 miles North of San Francisco
- Population approximately 495,000
- 9 incorporated cities, largest Santa Rosa, population approx 160,000
- 52.3% Democrat, 22.9% Republican
- White 66% Hispanic 24% Asian 5% Black 2%
- Median household income \$62,300 (California: \$61,000)
- Poverty rate: 10.4% (California: 13.3%)

- Two juvenile judges
- Probation Department includes Juvenile Probation, Juvenile Hall, boys camp, recently closed girls camp.

Uniqueness of Sonoma County

Collaboration

Belief in upstream investments

Pursuit of EBP

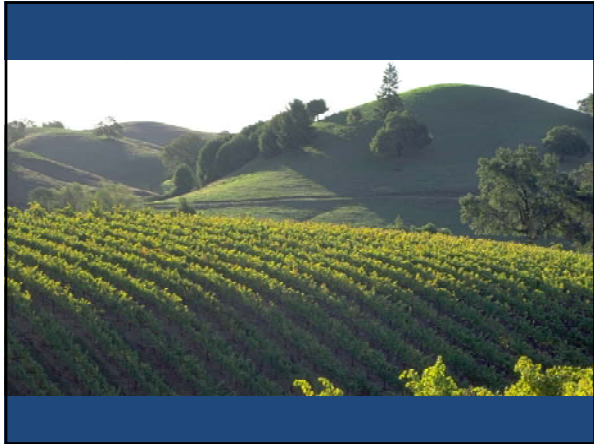
Criminal Justice Master Plan

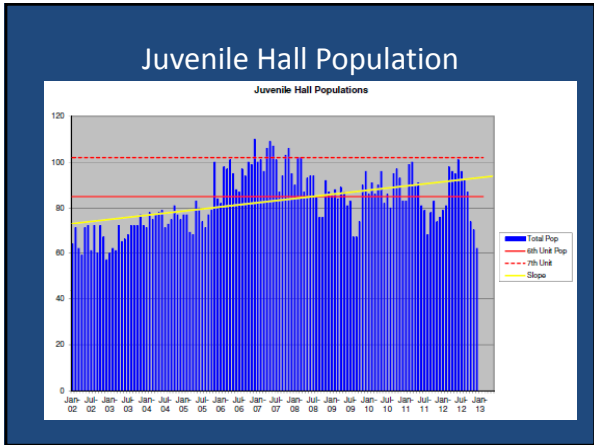
Successful adult MIOCR program (FACT)

Fine wine









The Problem

“The nation’s juvenile justice system is facing a crisis regarding the large number of youth with mental health needs in its care.”

Shufelt and Cocozza, 2006:

- 70.4% diagnosed with at least 1 MH d/o; vs. 20% for pop as a whole
- Of these, 79.1% met criteria for at least 1 other;
- Not just conduct disorder – remove this Dx, and prevalence is 66.3%
- Not just substance use disorder – remove this, and prevalence is 61.8%
- Remove conduct and substance d/o – prevalence is 45.5%
- Prevalence of severe MH d/o: 27%
- Girls at higher risk (80%) than boys (67%)
- Of those with MH Dx, 60.8% also meet criteria for substance use d/o

Juvenile Mental Health Courts

- First court- Santa Clara, CA 2001? Or York County, Penn, 1998?
- 2012 study: Not yet a national phenomenon - only in 15 states, and more than half are in Ohio (9), and California (8).
- Share many features of adult specialty courts.
- Main hurdle is funding - most rely on multiple sources.
- All use multidisciplinary team approach.
- Typically, a judge has championed with energy and visibility.
- Vary widely in terms of length, and caseload sizes.

Possible Benefits

- Use of leverage to gain compliance from youth and families.
- To compel communities to provide services.
- Implementation of multidisciplinary team to address complex needs of youth.
- Addition of another option for judges.
- Provision of intensive supervision for youth with mental health and substance abuse problems in the criminal justice system.
- Increased awareness of the issue, highlighting need for early intervention services.

Concerns

Net widening.

Is participation truly voluntary?

As juvenile court orientation is rehabilitative, are they necessary?
Aren't all juvenile courts intended to fulfill this role?
Many have drifted away from rehabilitation to punishment.

MIOCRG

Sonoma County seeing increasing number of serious mentally-ill kids in JH; staying longer periods; taking enormous resources; lack of Tx/programs in community;

AB 1811 (2006) established Mentally Ill Offender Crime Reduction Grant program;

Administered by Corrections Standards Authority (CSA - now BSCC);

Applied fall of 2006 - PACT – Partners in Assertive Community Treatment.

- Received grant January, 2007, \$820,000 per year, potential for 5 years.
- Originally planned as 5-year Probation/Mental Health/Court partnership.
- Probation Officer, MH Program Manager, therapists, etc.

Goals:

engage mentally-ill juvenile offenders screened from JJ system
provide in-home, wraparound mental health Tx, including psychiatric support, licensed clinical Tx, intensive case mgmt, family coaching, crisis intervention, probation supervision.

- May 2007, CSA notifies Probation Dept - MIOCR grant might not be continued after June 30, 2007. Health Services had not yet hired full staff; decided to suspend hiring and program pending state budget news.

Michael Kennedy, LCSW

Director of Behavioral Health

Sonoma County Dept of Health Services

Phase II - Sunny Hills

Most viable plan: contracted CBO deliver direct services.

September, 2007, RFP

Sunny Hills selected October, 2007

Probation Officer III to be funded by state Youthful Offender Block Grant (YOBG), Juvenile Realignment

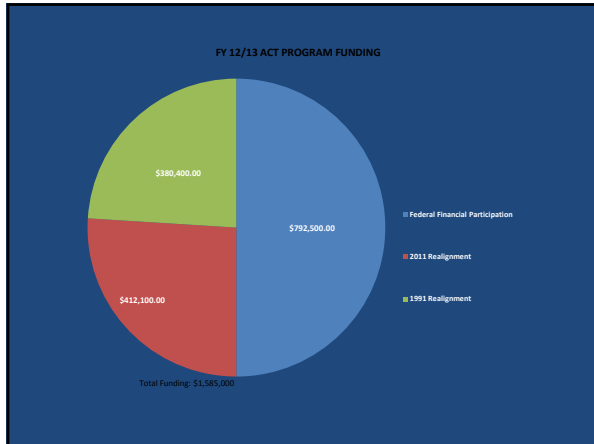
Assertive Community Treatment (ACT)

ACT

- Sunny Hills ACT program focuses on community-based stabilization of juvenile offenders
- Those experiencing moderate to severe psychiatric difficulties
- Often in conjunction with substance use disorders
- Referrals come from the Court and Probation
- Services are provided in home or community settings; designed to prevent out-of-home placement and re-offending
- Medi-Cal recipients receive specialty mental health services
- The ACT program serves up to 36 youth at any one time

Child and Adolescent Needs and Strengths Assessment (CANS)

- Used for care planning for individual
- Evaluates progress every three months
- Over time, evaluates the success of the services provided
- CANS will be integrated into our EHR (Avatar) and allow us to evaluate every child and the success of every provider



The Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

- Child health component of Medicaid
- Required in every state
- Designed to improve health of low-income children, by financing appropriate and necessary mental health services

Probation

Larry Younger, DPO III
Sonoma County Probation Department

As a Deputy Probation Officer, I will exercise the powers vested in me to protect the community I have been chosen to serve. I will be fair and impartial in my dealings with all and have prejudice towards none. I will hold probationers accountable to the courts and the community for their criminal or delinquent conduct, while providing opportunities for positive modification of offender behavior and values.

Goals/Role

- Community safety
- Rehabilitation of minor
- Keep minor in community/home (if at all possible)
- Continuum from social work to law enforcement

Progress, Not Perfection

- No New Crimes
- Attend School daily and Do Schoolwork
- No Drugs or Alcohol
- Abide by Curfew
- Engage with ACT team
- Satisfy Court Orders, e.g., community service, restitution, etc.

ACT Caseload

February 2013

- 2 Probation Officers: 1 primary, + 1 temporary back-up officer
- 17 boys
- 7 girls
- Ages 13 – 18

Offenses

- Felonies 3 minors
 - Drug Sales
 - Residential Burglary/Receiving Stolen Property
 - Commercial Burglary

Offenses

- Misdemeanors 21 minors
 - False Imprisonment (Viol. Personal Liberty)
 - Vandalism
 - Resisting Arrest (2)
 - Public Fight (2)
 - Battery (3)
 - Receiving Stolen Property

Offenses

- Misdemeanors (cont'd)
 - Furnishing a Dangerous Drug
 - Petty Theft/Shoplifting (4)
 - Possession of a weapon on campus
 - Driving Without A License
 - Theft of Alcohol
 - Public Intoxication
 - Possession of a Controlled Substance (Ecstasy)
 - Possession of Marijuana (over 28.5 grams)

Detention Hearing

- Juvenile meets with his/her attorney to discuss the charges
- Juvenile goes before the judge, and enters plea (arraignment)
- Disposition hearing (sentencing) scheduled 2 weeks later
 - During this two-week period, juvenile and parent/guardian undergo an extensive interview by an investigations officer using motivational interviewing
 - Examination of past trauma, substance abuse, family issues, mental health/emotional disturbance, school problems, etc.
 - PACT: Positive Achievement Change Tool (assesses social history, school performance, leisure time, relationships, alcohol & drugs, attitudes/behaviors, etc.
 - Determination of risk to re-offend (low/moderate/high)

Disposition Hearing (Sentencing)

- Investigation report goes to judge, attorneys, minor, and parents
- Contains recommendations to the Court:
 - Ward of the Court (Court assumes care and custody of minor)
 - Community service
 - Letter of Apology/Restitution
 - Anger Management
 - Psychological Evaluation
 - ACT Program Referral
 - Suitable
 - Eligible

Supervision

- Ongoing monitoring:
 - School visits (attendance/grades/discipline)
 - Court-ordered obligations, e.g., community service
 - Home contacts (minimum of 1x per month)
 - Random chemical testing (urinalysis)
- Collaboration with:
 - Court
 - ACT team (weekly staff meetings with clinician, intervention specialist, parent/partner, etc.)
 - Attorneys
 - Parents
 - Community-Based Organizations (CBOs)
 - Anger management, drug/alcohol counseling, etc.
 - Collateral Contacts (teacher, coach, counselor, etc.)

Graduated Sanctions

- Counseling
- Additional Community Service
- Weekend Work Crew
- Violation of Probation
- Community Detention
- Juvenile Hall

The Court's Perspective

Judge Allan Hardcastle
Juvenile Division
Sonoma County Superior Court

Considerations

Agreement by:
Counsel
Probation
Family
Minor

Gut feeling of the judge?
Are there any other Disposition Options?

Considerations (cont'd)

Does the minor appear motivated?
For treatment?
To get out of the Hall?

Does the minor have a plan for life beyond the next 5 minutes?

Court Reviews

- School issues
 - Attendance
 - Grades
 - Behavior
- Substance abuse
- Gangs
- Home behavior
- Community service work

Court Reviews (cont'd)

- Drug and alcohol counseling
- Chemical testing
- 12-step meetings
- Anger management
- Family cooperation/compliance
- Medical appointments
 - Medication compliance

Assertive Community Treatment ACT

Ariel Spindell, MS, LMFT
Sunny Hills Program Director

ACT Philosophy

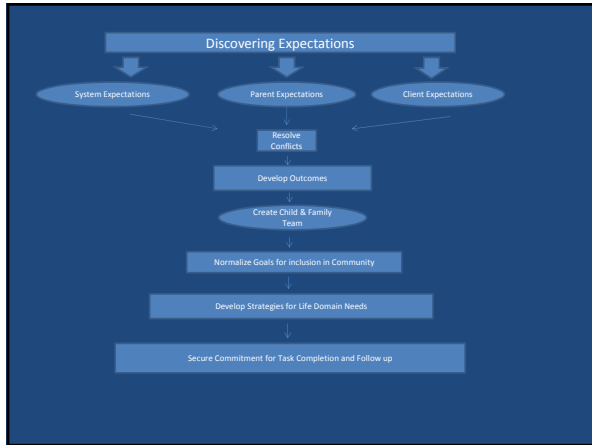
- Individualized Plan
- Needs Driven
- Family Centered
- Parent is an integral part of the team
- Focused on normalization (non-pathologizing)
- Present focused and future oriented
- Commitment to Care
- Services are created to meet the needs of child and family
- Outcomes are identified and evaluated

What it takes

- Community Team
- Commitment to discovering family strengths
- Plan that builds on strengths and is focused on normalized needs
- Crisis Planning/Management
- Monitoring for efficacy
- Unconditional commitment
- Trust in all levels of the system
- Interactive/Collaborative Court

ACT Team

- Sonoma County Superior Court Judge
- Sonoma County District Attorney
- Sonoma County Public Defender
- Sonoma County Probation
- Sonoma County Behavioral Health
- Sunny Hills Services (CBO)
 - Clinicians
 - Intervention Specialists
 - Parent Partner



ACT Eligibility

In order to qualify, the minor must be on probation and a ward of the court, and meet the following additional criteria:

- 1 Must be under 19, and seriously emotionally disturbed with a DSM Dx other than:
 - Developmental disorder
 - Primary substance abuse disorder
 - Primary conduct disorder
- 2 And, as a result, must have substantial impairment in 2 of the following:
 - self-care
 - school functioning
 - family relationships
 - ability to function in the community
 - either at risk of home-removal, or has been removed from the home

Commonly Seen Mental Health Disorders

- Depression
- Anxiety
- PTSD
- ADHD
- Oppositional Defiant Disorder
- Substance abuse

FYI 11-12 Short term Outcomes

*No control group to compare with

Outcome/Measure	Target/Description	Source	Percentage
1. Youth/Family Satisfaction	75% of clients and families will report satisfaction with services.	California Department of Mental Health Surveys (YSS and YSS-F) (Youth will report "agree" to "strongly agree" for question #1 "Overall I was satisfied with services I received".)	87%
2. Hospitalization	90% of youth served will not require psychiatric hospitalization.	Chart Review Hospital Discharge Summary	94%
3. Placement Disruption	75% of youth served will remain in current placement or transition to lower level.	Chart Review Discharge Summary	90%
4. Levels of Functioning	75% of clients will show improvement in functioning	Child and Assessment Needs and Strengths (CANS) Chart Review Discharge Summary	79%
5. Juvenile Hall	75% will not require time spent in Juvenile Hall.	Probation Reports	60%
6. Substance Abuse	75% of youth served will show a decrease in their substance use.	Probation Urine Analysis	78%
7. Law Violations	75% of youth served will not incur a new law violation.	Probation and Court reports of sustained 602 petitions.	91%
8. School Enrollment	85% of youth served will be enrolled in school and attend regularly as evidenced by 4 out of 5 days attended per week.	SCOE attendance records and transcripts.	84%

FYI 12-13 Short term Outcomes

Quarter 1 and 2

*No control group to compare with

Outcome/Measure	Target/Description	Source	Percentage
1. Youth/Family Satisfaction	75% of clients and families will report satisfaction with services.	California Department of Mental Health Surveys (YSS and YSS-F) (Youth will report "agree" to "strongly agree" for question #1 "Overall I was satisfied with services I received".)	80%
2. Hospitalization	90% of youth served will not require psychiatric hospitalization.	Chart Review Hospital Discharge Summary	97%
3. Placement Disruption	75% of youth served will remain in current placement or transition to lower level.	Chart Review Discharge Summary	86%
4. Levels of Functioning	75% of clients will show improvement in functioning	Child and Assessment Needs and Strengths (CANS) Chart Review Discharge Summary	80%
5. Juvenile Hall	75% will not require time spent in Juvenile Hall.	Probation Reports	75% improved 15%
6. Substance Abuse	75% of youth served will show a decrease in their substance use.	Probation Urine Analysis	90% improved 12%
7. Law Violations	75% of youth served will not incur a new law violation.	Probation and Court reports of sustained 602 petitions.	94%
8. School Enrollment	85% of youth served will be enrolled in school and attend regularly as evidenced by 4 out of 5 days attended per week.	SCOE attendance records and transcripts.	94% improved 10%

6 month to a year follow up functioning scales FYI 11-12
30 youth/family responses
Based on California Department of Mental Health
Youth Services Survey (YSS)
Youth Satisfaction Survey for Families (YSSF)
* Self/family Report

- Arrested since completing program: 23%
- Encounters with police: 76% reported reduction
- Suspended from school: 27%
- School attendance: 80% reported same attendance
- Better at handling everyday life: 83% agree
- Get along better with family members: 73% agree
- Get along better with friends: 80% agree
- Doing better in school and/or work: 70% agree
- Better able to cope when things go wrong: 83% agree
- Currently satisfied with family: 76% agree
- Better able to do the things I want to do: 83% agree.
- Why are indicators different between short and long terms outcomes?

Panel Discussion

Challenges

- Differential diagnosis - Axis I, Axis II, Substance Abuse, Normal adolescence
- Engaging reluctant families/learned helplessness
- Working with resistance; moving to pre-contemplation
- Remaining strength-based in practice
- Replacing external control of Court/probation with effective parenting

When to terminate from ACT?

- Completion of goals from Tx plan
- Satisfying obligations from court
- Age
- Kids/families receiving diminishing returns

Lessons Learned

- Identifying kids earlier, with PACT, and experience
- “Buy-in” necessary from all parts of system
- Suitability
- Level of supervision/scrutiny – responsivity
- No “cookie-cutter” approach
- Parents – critical, but labile, and come and go
- Less adversarial than usual hearing

JMHCs have not been empirically examined

“...some suggest that Juvenile Mental Health Courts are simply a return to the intention of the first juvenile court – non-adversarial, rehabilitation oriented, family and community based treatment focused on the ‘best interests of the child.’”

Questions/Discussion
