Judicial Council Briefing
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Juvenile Collaborative Court Models: Juvenile Mental Health Court

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Information about juvenile mental health court

Judicial Council Briefing

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Introduction

The Collaborative Justice Courts Advisory Committee of the Judicial Council of California makes recommendations to the council for developing collaborative justice courts, improving case processing, and overseeing the evaluation of these courts throughout the state. As part of the committee's purview, it also works to provide information about collaborative courts to relevant stakeholders around the state.

This is the third in a series of briefings providing an overview of juvenile collaborative courts, including what types of courts exist, how they work, and how they can be replicated.[1] These briefings are not intended to be an exhaustive review of the research; rather, they are meant to be an overview. Like their adult counterparts, juvenile collaborative courts are geared toward high-risk, high-needs individuals whose offenses stem from an underlying, treatable cause. Juvenile collaborative courts take into account adolescent brain development, unique ways that substance abuse and mental health issues manifest in youth, and other issues unique to youth, including the original rehabilitative nature of juvenile court.

Included in this series of briefings will be information on juvenile drug courts, juvenile mental health courts, juvenile domestic violence courts, girls'/CSEC courts, youth courts, and dependency drug courts. The last two briefings in this series include information about starting a juvenile collaborative court model and potential impacts of new laws on juvenile collaborative courts. This briefing will cover juvenile mental health court.

Juvenile Mental Health Court

Juvenile mental health court programs aim to divert youth from the juvenile justice system to appropriate mental health treatment. Youth with mental illness are screened for inclusion in mental health courts, with screening and referral occurring as soon as possible after arrest. Youth are typically screened for mental illness as well as for substance abuse and risk and needs. They may be referred to either a juvenile drug court or a juvenile mental health court, depending on the primary underlying need (for example, sometimes mental health issues can arise from substance abuse and can be alleviated by treating the substance abuse). Many courts exclude youth with co-occurring substance abuse, although there is one juvenile co-occurring court, and some juvenile drug courts accept youth with co-occurring mental illness.

Referrals to the mental health court are typically made by the defense attorney, the prosecutor, probation, or a treatment provider. California's juvenile mental health courts each have their own eligibility requirements, with most accepting those with misdemeanors and felonies but excluding those with violent crime and sex offenses. Most accept youth with clinical disorders such as schizophrenia and anxiety disorders and some accept youth with personality disorders such as borderline and antisocial.[2] Youth and their families who consent to participate receive case management that includes probation supervision focused on accountability and mental health treatment monitoring. An average of 22 youth are enrolled in each mental health court in

California, and an average of 12 participants successfully complete each program per year. The first juvenile mental health court began in Santa Clara County, California, in 2001. In California there are currently more than ten juvenile mental health courts in ten counties.

An estimated 65 to 75 percent of juvenile offenders have a diagnosable mental health disorder.[3] This is compared to approximately 21 percent of youth in the general population.[4] The most common mental health disorders that juvenile offenders tend to have are depression; psychotic disorders; anxiety disorders such as obsessive-compulsive disorder and posttraumatic stress disorder; behavior disorders such as conduct disorder, oppositional defiant disorder, and attention-deficit hyperactivity disorder; and substance use disorders.[5] Mental illness tends to be more prevalent in youth who have suffered abuse or neglect,[6] and youth in the juvenile delinquency system tend to have higher rates of abuse, maltreatment, and trauma, and more adverse childhood experiences (ACEs) than the general youth population.[7] In fact, there is long-standing evidence correlating abuse and neglect with delinquency.[8, 9] In addition, experiences with trauma and ACEs can result in mental health disorder symptoms such as depression and anxiety, as well as behaviors that result in juvenile justice involvement such as aggression and conduct problems.[10] One study found that 93 percent of detained youth had experienced at least one trauma, 84 percent had experienced more than one trauma, and nearly 60 percent were exposed to trauma six or more times. In addition, approximately 10 percent of the juvenile detainees had posttraumatic stress disorder in the previous year.[11]

The limited research conducted on juvenile mental health courts has shown promising results, particularly in the areas of increased utilization of treatment services and reduced recidivism. Researchers have found that juvenile mental health court participants have access to services that they otherwise may not have had.

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One of the earliest studies showed that mental health court is effectively linking mentally ill offenders with necessary treatment services and that mental health court participants have a greater likelihood of treatment success and access to housing and critical supports than mentally ill offenders in traditional court.[12] Other early studies also showed that participants of juvenile mental health court were significantly more likely than nonparticipants to report receiving three or more counseling sessions and taking prescribed medications,[13] and that juvenile mental health diversion is successful in reducing both out-of-community placement and recidivism among mentally ill youth who participated.[14]

A study of the Alameda County, California, juvenile mental health court, showed that once youth were enrolled, they had access to more inpatient, outpatient, and day treatment than before enrolling. In addition to mental health treatment, they and their families were able to more easily access resources such as disability benefits, special education services, and health insurance. They also had less frequent psychiatric crises than before entering the program. However, the researchers found that treatment utilization decreased after the youth left the mental health court program.[15]

Other studies focusing on recidivism have also shown promising results. One study showed that participants had fewer re-arrests and re-convictions one year after the program compared to youth who did not participate. Participants also exhibited reductions in mental health symptoms.[16] In another juvenile mental health court, the reductions in recidivism among participants also lasted for at least one year. In addition, participants of that court had significant reductions in the incidence of violent and property offenses.[17]

Those positive results tend to stay for longer periods, too. Another study showed significant reductions in recidivism among program participants for violent, aggressive, and property crimes in the 23 months after entering the program compared to the recidivism rates in the 18 months before entering the program.[18] Another examination of four juvenile mental health courts showed that participation resulted in reduced recidivism in all four courts.[19]

As with other collaborative court models, high-risk, high-needs youth fare better than low-risk youth in juvenile mental health court.[20]

Only one study has addressed cost savings related to using juvenile mental health courts. Researchers found that the approximate cost savings of using a juvenile mental health court is $7,000 per participant for 212 days, which accounts for the difference between the total cost of the juvenile mental health court, prosecutor, probation, and mental health services and the cost of incarcerating a youth for the same amount of time.[21] Studies in adult mental health courts have shown that in general, mental health diversion programs have lower criminal justice costs and higher treatment costs than traditional case processing. In the short term, the treatment costs are greater than the criminal justice savings.[22]

There is a dearth of research on juvenile mental health courts, and the research that has been done has had limited time frames. Future research should focus on the long-term impacts of juvenile mental health courts. In addition to examining recidivism, future studies should also look at measures related to general well-being, such as independent living, substance use, supportive relationships, and educational attainment.

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[1] The Center for Families, Children & the Courts maintains a roster of all collaborative courts in California at *www.courts.ca.gov/programs-collabjustice.htm*. Court data are voluntarily provided, so the roster is a living document that changes regularly as the agency learns of courts opening and closing around the state.

[2] Data about eligibility were collected when the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) was used. The fifth edition was recently published, and some disorders may be categorized differently in the DSM-V.

[3] As cited in L. A. Underwood & A. Washington, "Mental Illness and Juvenile Offenders" (2016) *International Journal of Environmental Research and Public Health, 13(2),* 1–14. doi: 10.3390/ijerph13020228.

[4] National Alliance for Mental Illness. (n.d.). *Mental Health by the Numbers*. Retrieved from *www.nami.org/Learn-More/Mental-Health-By-the-Numbers* (as of Feb. 6, 2020).

[5] L. A. Underwood & A. Washington, "Mental Illness and Juvenile Offenders" (2016) *International Journal of Environmental Research and Public Health, 13(2),* 1–14. doi: 10.3390/ijerph13020228.

[6] E. Y., Kim, J. Park, & B. Kim, "Type of Childhood Maltreatment and the Risk of Criminal Recidivism in Adult Probationers: A Cross-Sectional Study" (2016) *BMC Psychiatry, 16*. doi: 10.1186/s12888-016-1001-8.

[7] As cited in M. T. Baglivio et al., "The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders" (2014) *OJJDP Journal of Juvenile Justice, 3(2),* 1–23.

[8] P. K. Kerig & S. P. Becker, "Early Abuse and Neglect as Risk Factors for the Development of Criminal and Antisocial Behavior" (2015) in J. Morizot & L. Kazemian (eds.), *The Development of Criminal and Antisocial Behavior* (pp. 181–199). Springer International Publishing.

[9] D. Li, C. M. Chu, J. T. Ling Goh, I. Y. H. Ng, & G. Zeng, "Impact of Childhood Maltreatment on Recidivism in Youth Offenders" (2015) *Criminal Justice and Behavior, 42(10),* 990–1007.

[10] As cited in J. D. Ford, J. F. Chapman, J. Hawke, & D. Albert, "Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions" (June 2007) National Center for Mental Health and Juvenile Justice. Retrieved from *www.ncmhjj.com/wp-content/uploads/2013/07/2007_Trauma-Among-Youth-in-the-Juvenile-Justice-System.pdf*.

[11] K. M. Abram et al., "PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth" (June 2013) *OJJDP Juvenile Justice Bulletin*. Retrieved from *www.ojjdp.gov/pubs/239603.pdf*.

[12] E. Trupin, H. Richards, D. M. Wertheimer, & C. Bruschi, "Seattle Municipal Court mental health court evaluation report" (2001) Seattle Municipal Court. Retrieved from *www.seattle.gov/courts/pdf/MHReport.pdf*.

[13] H. J. Steadman & M. Naples, "Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders" (2005) *Behavioral Sciences and the Law, 23(2),* 163–170.

[14] C. J. Sullivan, B. M. Veysey, Z. K. Hamilton, & M. Grillo, "Reducing out-of-community placement and recidivism: Diversion of delinquent youth with mental health and substance use problems from the justice system" (2007) *International Journal of Offender Therapy and Comparative Criminology, 51(5),* 555–577.

[15] National Center for Youth Law. (2011). *Improving Outcomes for Youth in the Juvenile Justice System: A Review of Alameda County's Collaborative Mental Health Court*. Retrieved from *www.courts.ca.gov/documents/Improving_Outcomes_NCYL_Pub.pdf*.

[16] A. M. Ramirez, J. R. Andretta, M. E. Barnes, & M. H. Woodland, "Recidivism and Psychiatric Symptom Outcomes in a Juvenile Mental Health Court" (2015) *Juvenile and Family Court Journal, 66(1),* 31–46.

[17] D. M. L. Heretick & J. A. Russell, "The Impact of Juvenile Mental Health Court on Recidivism among Youth" (2013). *OJJDP Journal of Juvenile Justice, 3,* 1–14. Retrieved from *www.journalofjuvjustice.org/JOJJ0301/article01.htm*.

[18] M. P. Behnken, D. E. Arredondo, & W. L. Packman, "Reduction in recidivism in a juvenile mental health court: A pre- and post-treatment outcome study" (2009) *Juvenile and Family Court Journal, 60(3),* 23–44.

[19] T. Makany-Rivera, "2010 Juvenile Mental Health Courts: An Evaluation" (2011) in R. Sanborn, M. S. Kimball, D. Lew, & R. SoRelle (eds.), *Texas Juvenile Mental Health Courts: An Evaluation and Blueprint for the Future* (pp. 8–58). Houston, Texas: Children at Risk.

[20] M. Rempel, S. H. Lambson, C. R. Cadoret, & A. W. Franklin, "The Adolescent Diversion Program" (2013). *Center for Court Innovation.* Retrieved from *www.courtinnovation.org/sites/default/files/documents/ADP_Report_Final.pdf*.

[21] T. Makany-Rivera, *supra*, note 19.

[22] As cited in Judicial Council of California, *AOC Literature Review: Mental Health Courts—An Overview* (Apr. 2012). Retrieved from *www.courts.ca.gov/documents/AOCLitReview-Mental_Health_Courts--Web_Version.pdf.*