

# Improving Outcomes for Youth in the Juvenile Justice System

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A Review of Alameda County's  
Collaborative Mental Health Court



National Center for Youth Law

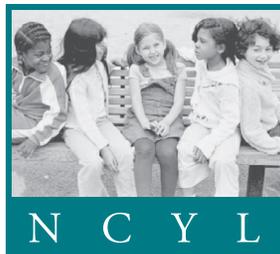


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Prepared by the  
National Center for Youth Law  
February 2011



## **Acknowledgments**

This document was prepared by the National Center for Youth Law (NCYL), supported by the Alameda County Health Care Services Agency through a grant from The California Endowment. Patrick Gardner served as Project Director and principal author. Contributing writers include Allison Crapo, Tracy Donsky, Mieko Griffin, Susan Huang, Deanne Katz, Laura Koch, Sara Madge, Rachel Miller, Fiza Quraishi, Megan Rok, and Kate Walker from NCYL and Brian Blalock and Eric Berkowitz from Bay Area Legal Aid.

The authors wish to thank the researchers at the University of California, San Francisco Philip R. Lee Institute for Health Policy Studies who interviewed stakeholders, youth and parent participants to learn about their experiences with the Court and suggestions for its future. These individuals include Samira Soleimanpour, Sarah Schwartz, Joseph Funk and Dr. Claire Brindis. The authors would also particularly like to thank the stakeholders, youths, and family members who participated in this study and candidly shared their experiences.

Finally, the authors thank Yvette Leung, Director of Children & Youth Initiatives, Alameda County Health Care Services Agency, and The California Endowment for their generous support and assistance with this effort.

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*Copies of this report may be found  
on the National Center for Youth Law's  
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National Center for Youth Law  
405 14th Street, 15th Floor  
Oakland, CA 94612  
(510) 835-8098  
[pgardner@youthlaw.org](mailto:pgardner@youthlaw.org)  
[www.youthlaw.org](http://www.youthlaw.org)

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## Introduction

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Studies consistently show that up to 65 or 70 percent of youths held in American juvenile detention centers have a diagnosable mental illness.<sup>1</sup> Further, a congressional study concluded that every day approximately 2,000 youths are incarcerated *simply because community mental health services are unavailable*.<sup>2</sup> In 33 states, juvenile detention centers hold mentally ill youths without charges.<sup>3</sup> A majority of detention centers report holding children aged 12 and under; and 117 centers reported jailing children 10 and under.<sup>4</sup>

Although the causes are numerous and complex, a growing consensus among experts holds that many youths are put under court supervision due to behavior that stems from unmet mental health needs and the lack of community-based service options. Indeed, many youths with serious mental health needs are in the juvenile justice system because other service systems failed them, and because they have no place else to go.<sup>5</sup>

But juvenile halls and prisons are not therapeutic environments for young people with psychological disorders; the juvenile justice system is ill-equipped to meet the needs of these youths. Investigations by the US Department of Justice have called into question the ability of many juvenile justice facilities to respond adequately to the mental health needs of youths in their care.<sup>6</sup> Tragically, this leads to youths languishing in detention centers without treatment, and with little hope of getting better or returning home.

Additionally, juvenile justice administrators — whether they are prosecutors, judges or probation officers — generally are not equipped to meet the needs of seriously disturbed youths, and typically juvenile halls and prisons are not adequately funded to do so. Many administrators now recognize that disturbed young people do not belong in detention because their behavior is the result of their illness, and will not improve with traditional detention methods.

One promising response to this crisis has been the creation of juvenile mental health courts (JMHCs). Modeled on problem-solving drug courts, these courts focus on treatment rather than punishment. They use a collaborative approach involving representatives of the juvenile court, probation, the prosecutor and public defender's offices, and mental health liaisons. The goal is to divert mentally ill youths from detention to more appropriate community-based mental health services by providing intensive case management and supervision, rather than relying upon the usual adversarial process.<sup>7</sup> Such courts increase the likelihood

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1 Joseph J. Cocozza & Jennie L. Shufelt, National Center for Mental Health and Juvenile Justice, *Juvenile Mental Health Courts: An Emerging Strategy* (2006), available at <http://www.ncmhjj.com/pdfs/publications/JuvenileMentalHealthCourts.pdf>.

2 Committee on Government Reform — Minority Staff Special Investigations Division, United States House of Representatives, *Incarceration of Youth who are Waiting for Community Mental Health Services in the United States* ii (2004).

3 *Id.* at 5.

4 *Id.* at 6.

5 Gary B. Melton, Phillip M. Lyons, Jr., & Willis J. Spaulding, *No Place to Go: The Civil Commitment of Minors* (1998).

6 See United States Department of Justice, *Department of Justice activities under Civil Rights of Institutionalized Persons Act: Fiscal year 2004* (2005).

7 See Cocozza & Shufelt, *supra* note 1.

that young people will safely return home, re-engage in school and the community, gain ongoing access to needed home and community-based mental health services and supports, and avoid further involvement with the juvenile justice system.

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unavailable.

Alameda County established its own Juvenile Mental Health Court, called the Alameda County Juvenile Collaborative Court (ACJC), in 2007. This effort was based on the model pioneered by the first juvenile mental health court opened in Santa Clara County, California in 2001.<sup>8</sup> Like other JMHCs, the ACJC (also referred to in this report as “the Court”) serves youths with serious mental illness who typically end up in long-term out-of-home placements.

This report presents the organizational premises of the Court as well as its structure and procedures. It describes the factors that control admission into the Court and the demographics of the youths who participate. The report also reviews what the participants — professional collaborators as well as the youths and their families — have to say about the Court, and compares the Court’s results with its founders’ intent. Finally, the authors recommend improvements and examine the prospects for sustaining the Court at its current service level and expanding it to reach more youths.

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<sup>8</sup> Arredondo, D. E., Kumli, K., Soto, L., Colin, E., Ornellas, J., Davilla, R., Jr., Edwards, L., & Hyman, E. M. (2001). Juvenile mental health court: Rationale and protocols. *Juvenile and Family Court Journal*, 52(4), 1-19.

## Executive Summary

This report reviews the first three years of operation of the Alameda County Juvenile Collaborative Court. The ACJC was established to enhance public safety, reduce recidivism, and support youths with mental health needs by connecting them and their families to individualized, community-based mental health services, educational opportunities, and other community supports. It is a collaborative project of Alameda County’s juvenile justice and mental health agencies, as well as several non-profit organizations.

Recent studies show that juvenile justice facilities across the United States are increasingly being used to confine youths with diagnosable mental illnesses. The consensus among experts is that many of these youths enter the juvenile justice system because of delinquent behavior stemming from unmet mental health needs and the lack of community-based service options. For these youths, involvement in the juvenile justice system may be further complicated by multiple poverty stressors, including inadequate food, health insurance, and housing.

The juvenile justice system is not equipped or funded to meet the needs of youths who are struggling with severe mental illness. As a result, many youths with unmet mental health needs languish in detention centers without treatment, or re-enter the community with little to no support.

Some jurisdictions have responded to these challenges by creating juvenile mental health courts (JMHCs), which focus on treatment rather than punishment. JMHCs employ a collaborative, non-adversarial, therapeutic approach typically involving a judge, probation officer, district attorney, public defender, mental health liaison, and in some cases, civil legal advocates. Mental health courts are relatively new and untested. Alameda County’s juvenile mental health court, the ACJC, is one of more than 40 operating across the country.

In January 2007, juvenile justice leaders in Alameda County began meeting to address the challenge of large numbers of youths with unmet mental health needs incarcerated in Alameda County with little hope for treatment or recovery. From those initial meetings, a planning committee, led by then Commissioner Paul Seeman, established the ACJC later that year. The committee included representatives from the Probation Department, the District Attorney’s and Public Defender’s Offices, Behavioral Health Care Services, Bay Area Legal Aid, and the National Center for Youth Law.

The ACJC’s Memorandum of Understanding and Protocol (the MOU) identifies the purpose, philosophy, and specific goals of the Court. Key program goals include:

1. Developing an array of community-based resources not previously available to the court, in part by instituting a collaborative approach that includes service providers and civil advocates in the court process;

In January 2007, juvenile justice leaders in Alameda County began meeting to address the challenge of large numbers of youths with unmet mental health needs incarcerated in Alameda County with little hope of treatment or recovery.

2. Maintaining mentally ill minors in the least restrictive status possible;
3. Facilitating the collaborative process by operating as a specialized, separate calendar of the juvenile court on a twice monthly basis; and
4. Where possible, developing outcome measurements to provide an evidence-based evaluation of program success.

The ACJC Multidisciplinary Team (the MDT) is the core of the Alameda County Juvenile Collaborative Court, meeting regularly and working together to serve the participants and ensure that the Court succeeds. The MDT was formed by the original signatories to the MOU.<sup>9</sup>

The ACJC's eligibility requirements are consistent with other juvenile mental health courts in specifying particular mental health diagnoses and limiting inclusion by certain offense criteria. Generally, youths with excluded mental health diagnosis (e.g., conduct disorder) or who have been adjudicated with a serious or violent felony are not eligible to participate in the ACJC. While there are specific exclusionary and inclusionary factors, the Court's eligibility criteria remains sufficiently broad so as to allow the MDT latitude to accept or reject potential participants based on the consensus of the team.

Consensus is a driving force behind the operation and success of the ACJC. Once the MDT determines that a youth is eligible and appropriate for the ACJC, and after the youth and his family consent to participate, the MDT convenes to identify family and community supports, and needed mental health and related services. The MDT then creates an individualized service plan (ISP) that identifies positive outcomes for youths that are strength-based, family-centered, and culturally appropriate. The ISP helps to direct the Court's efforts to return the youth to his home and community. During the youth's participation in the ACJC, the MDT meets to oversee implementation of the ISP, share information on the youth's progress, identify changing needs and problems, and plan for successful graduation and termination of probation as the youth accomplishes the ISP goals. The MDT works closely with the family, community partners, and one another to help the youth navigate the court system and, ultimately, obtain the services he or she needs to thrive in the community.

Frontloading appropriate services can make a big difference in helping a youth stay in the community and out of confinement. The ACJC focuses on early intervention, including connecting youths and their families with counseling, medication management, case management, school enrollment, and a civil legal services advocate as soon as possible after a youth is admitted to the ACJC.

All members of the MDT work collaboratively to address the needs of the youth and family. The detention center-based mental health clinician conducts initial mental health screening, provides for continuing treatment for participants who are confined while in the ACJC, assists in referrals to community-based treatment agencies, and monitors participants' progress. The ACJC-contracted case manager provides more intensive counseling and case

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<sup>9</sup> Seneca Center recently joined the ACJC MDT under contract with Alameda County Behavioral Health Care Services (BHCS) to provide intensive mental health and case management services.

management services for referred and eligible participating youths. The ACJC probation officers approach ACJC youths with an acute awareness of their individual mental health needs. ACJC POs have significantly lower caseloads than other probation officers, allowing them to take a larger role in supporting the family as well as mediating disputes and ameliorating problems arising at home, school, or in the community. A civil legal services advocate meets with each admitted family to assess its particular needs and challenges in critical substantive areas, including education, housing, public benefits, health care insurance, domestic violence, consumer complaints, and others. The civil advocate works directly with the family to obtain legal entitlements, thereby stabilizing and improving families' financial and emotional well-being. Defense counsel advocate on behalf of and protect the legal interests of participating youths while the district attorney represents and protects the community's interests. The Court mediates any disagreements and helps implement and oversee the agreed-on course of action.

From the inception of the Court in 2007 through December 2009, 34 youths have participated in the ACJC. Fifty percent of the youths accepted into the program thus far have been African American, followed by 20 percent Caucasian, 15 percent Hispanic, and 9 percent Asian. The group was 65 percent male and 35 percent female. The age of participants has ranged from 12 years old to almost 18, and the average length of participation is just under 13 months. Virtually all participating youths had some involvement with the mental health system prior to acceptance into the ACJC, and most of them had at least two mental health diagnoses when they entered the Court. The participating youths had an average of four prior detentions each, with a range of zero to 15, and had been detained for an average of 147 days. Almost 90 percent of all of the youths and their families were beneath 200 percent of the Federal Poverty Level, and a majority were under 125 percent of the FPL.

The ACJC currently has two calendar days per month. The ACJC MDT meets to discuss cases on the calendar for that day, including screenings and status hearings, as well as to get updates on cases being monitored. Cases are heard in Court immediately following the team meeting. Most MDT members are present at the hearings, along with youth participants and their families. The ACJC's Policy Group, which consists of members of the MDT and other community and institutional partners, meets quarterly to discuss issues of process, design, and implementation.

Of key concern for those involved or interested in the ACJC is to what extent the ACJC has met the goals and intentions set forth in its MOU. To answer this question, the authors reviewed court procedures and records relating to the individual children involved in the Court, collected information regarding outcomes, and interviewed members of the Court and its community collaborators. In addition, interviews were conducted with participating youths and their families to determine whether they felt the program achieved its goals and improved their families' lives.

Although these data are limited by the time periods used, the number of participants involved, and the absence of a control group, the results show positive impacts. First, detentions declined substantially for the cohort of youths who exited the Court before 2010. The number of detentions (down 76 percent), number of youths detained (down 52 percent), and the total number of detention days (down 63 percent) all declined over the period studied. New law violations decreased by 68 percent.

Second, more treatment was offered in almost every category of mental health service (inpatient, outpatient, TBS, day treatment) once a youth was enrolled in the ACJC. Additionally, ACJC-involved youths ended up in psychiatric crises far less frequently after becoming involved with the ACJC. Finally, youths and their families were able to access other resources and supports, such as disability related benefits, special education services, health insurance, and housing, as a result of the ACJC's civil legal advocacy.

The data, however, also raise some concerns. Despite involvement in the ACJC, the youths spent 1,800 cumulative days in juvenile hall while participating in the Court. Also of concern is the distinct downward trend in mental health services utilization by youths after leaving the Court.

This approach focuses on the youths' strengths and the idea that treatment, rather than punishment alone, is the most effective strategy to help these youth avoid future involvement in the juvenile justice system.

In response to questionnaires and interviews, the ACJC's team members and collaborators generally expressed a great deal of satisfaction with the Court. Most collaborators believe that the ACJC was reaching the right population of youths and providing a benefit to them, most notably by connecting them to community-based services and keeping youths in their homes rather than institutional placements. In particular, the collaborators noted the importance of the civil advocates in securing benefits for families that led to educational services, safe housing, and increased financial stability. In addition to benefitting the youths and families who participate in the ACJC, many collaborators acknowledge that the ACJC benefits the larger community in general, as well as themselves personally and professionally.

Similarly, the ACJC's youth participants and families generally expressed favorable perceptions of the ACJC and identified positive changes in their lives from participating, including increased family communication and improvements in behavior, school attendance, self-esteem, mental health, and access to medication, as well as a decreased likelihood of further involvement with the juvenile justice system. Many of the youths and caregivers described having positive impressions of the judge, the probation officer, the civil advocate, and the mental health clinicians. The ACJC probation officer and civil advocate were singled out as having a particularly meaningful impact on the youths and families, with many parents commenting on the services and financial benefits that the civil advocacy services provided.

Both youths and caregivers, however, did express some concerns with the ACJC. Many of the parents requested more frequent and thorough communication from the ACJC with themselves and their children. Additionally, some parents expressed frustration that the community service providers to whom they were referred had insufficient resources to provide prompt service. Some caregivers requested more Court staff, more readily available translators, and more mental health support both during and after participation in the ACJC. The youths similarly expressed a desire for more Court services. Specifically, youths requested that the Court provide treatment referrals to members of the youth's family where needed, offer career training or vocational opportunities, and expand its availability to a wider range of young people.

Data regarding civil advocacy services suggest that this component of the ACJC is especially beneficial. Almost all of the Court’s participants received free legal services. Civil advocacy was successful in maximizing benefit programs providing food, monthly cash payments, and health access for many families. Advocates also prevented evictions, negotiated move-out arrangements with banks after foreclosures, connected families with agencies that provide cash assistance for rent or utilities, brought actions to address habitability problems, and helped youths receive appropriate mental health services and educational placements.

Based on these observations, this report presents a number of recommendations for changes and improvements to the ACJC. The recommendations are organized into four key areas: the Court’s design; the process the Court uses to identify and serve its participants; program outcomes; and the potential for the Court to continue and expand in the future. The authors recommend that the Court:

#### *Design*

- Establish and ensure future funding
- Increase family engagement and participation
- Provide formal mental health training for collaborators
- Develop a means to serve youths prior to adjudication

#### *Process*

- Improve program administration
- Refine eligibility requirements to ensure an effective match between participants and interventions
- Implement mental health screening to assist intake
- Expand community outreach efforts

#### *Outcomes*

- Gather and report outcome data
- Increase participants’ access to mental health and related services
- Make referrals for ineligible youths where possible

#### *Sustainability & Growth*

- Build greater community support for the Court
- Increase the number of participants in the Court
- Provide services to youths who are not enrolled in the Court, when resources allow
- Work with other jurisdictions to develop and/or improve the collaborative court model.

Although the ACJC remains a work in progress, it is nevertheless a promising model for a compassionate, safe, and effective intervention for youths with mental health needs who are involved with the juvenile justice system.

## Juvenile Mental Health Courts Overview

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**I**ncreasing awareness of the number of detained youths with serious unmet mental health needs raises questions regarding how best to identify and treat these youths. Youth-serving systems should divert youths with mental illness away from the juvenile justice system into community-based mental health treatment whenever it is safe and appropriate to do so.<sup>10</sup> Juvenile mental health courts do just that. In recent years, they have gained recognition for linking young people with appropriate mental health services and returning them to their communities. Based on a model of “therapeutic jurisprudence,” JMHCs are designed to facilitate the provision of individualized, community-based mental health services to youths in the juvenile justice system under the close supervision of a judge and other court administrators.<sup>11</sup> Through collaborative and non-adversarial efforts among all of the stakeholders in the process, JMHCs attempt to identify the underlying psychological, educational, and social needs that contribute to youthful offending. These needs are then addressed by linking the youth with services and supports in the youth’s community. Together, stakeholders from various disciplines employ a strengths-based problem-solving approach, with the ultimate goal of assisting youths to safely and successfully remain in, or reenter, their communities and avoid detention.

### What is a Collaborative Court?

The first Juvenile Mental Health Court in the country was established in Santa Clara County, California in 2001.<sup>12</sup> Today, there are more than 40 JMHCs operating nationwide.<sup>13</sup> While all JMHCs may not operate identically, they share an intensive case management approach in dealing with delinquent youths with unmet mental health needs. This approach embraces the idea that treatment, rather than punishment alone, is the most effective strategy to help youths avoid future involvement in the juvenile justice system. In addition to an emphasis on treatment, JMHCs share several other foundational principles:<sup>14</sup>

- Youths should not become entangled in the juvenile justice system solely because of their mental illness or in order to access mental health services.
- Young people with mental illness should be diverted from the traditional juvenile justice system into evidence-based treatments in their

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10 Kathleen Skowrya & Susan Davidson Powell, National Center for Mental Health and Juvenile Justice, *Juvenile Diversion: Programs for Justice-Involved Youth with Mental Health Disorders* 1 (2006), available at <http://www.ncmhjj.com/pdfs/publications/DiversionRPB.pdf>.

11 Therapeutic jurisprudence takes an interdisciplinary view of justice, employing both behavioral sciences and the law as complementary tools in analyzing and crafting sound law. Without trumping other judicial considerations, such as public safety or constitutional protections, therapeutic jurisprudence looks to the practical effects law has on individuals within the legal system and assumes that, all other things being equal, the law should be restructured to better accomplish therapeutic values. See David B. Wexler, *Putting Mental Health into Mental Health Law: Therapeutic Jurisprudence*, 16 L. & Hum. Behav. 27, 32 (1992).

12 Arredondo et al., *supra* note 8.

13 Criminal Justice/Mental Health Consensus Project, Council of State Governments Justice Center, *Mental Health Courts: A Primer for Policymakers and Practitioners* 11 (2008).

14 Kathleen R. Skowrya & Joseph J. Cocozza, National Center for Mental Health and Juvenile Justice, *A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System* 5 (2006), available at <http://www.ncmhjj.com/Blueprint/default.shtml>.

communities whenever possible and appropriate, consistent with public safety concerns.

- Youths should reside in the least restrictive setting possible.
- Information obtained in mental health screening or treatment should not jeopardize a youth's legal interests.
- Treatment should be culturally appropriate and include consideration of gender, ethnicity, race, age, sexual orientation, socio-economic status, and faith.
- Mental health diagnoses and treatment should take into account developmental differences between young people and adults that may affect behavior.
- The JMHC should engage and treat the youth's family and community supports as partners in the development of service goals, probation supervision, and transition plans.
- Multiple agencies and systems share responsibility for caring for youths; all should work collaboratively to develop service plans.

JMHCs seek to fulfill these principles by bringing together stakeholders from different disciplines and interests to collaborate in providing these youths with intensive case management and services. When qualifying youths first enter a JMHC, they are screened for their strengths and needs. The members of the JMHC, along with the youths, their family, and potentially other individuals from the community, create a service plan to provide this support. The JMHC then connects the youths to treatment and service providers in their communities, while providing ongoing case management. This continuing supervision ensures that youths receive needed services, and that conflicting or duplicative services are avoided. Existing JHMCs have adopted various innovative features to improve outcomes, including:<sup>15</sup>

- Treatments based in the home or community (e.g., Wraparound)
- The use of evidence-based treatment modalities (e.g., Multi-Systemic Therapy)
- The use of evidence-based assessment/screening tools (e.g., MAYSI, DISC)
- Close collaboration with schools and community providers (e.g., including school liaisons as members of the JMHC's multidisciplinary team)
- Pre-adjudicatory screening and treatment (whereby youths who successfully complete the mental health court program are never adjudicated delinquent)
- Dismissal of petitions (or automatic record expungement) upon successful completion of the program

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15 *Id.*

- Inclusion of civil advocates to assist youths and families with legal issues other than criminal prosecution, such as housing and public benefits.

## **Who Does a Juvenile Mental Health Court Serve?**

### Diagnostic Eligibility

Each JMHC may define eligibility criteria differently, based on its particular policy goals as well as the potential services, supports, and resources available in the community.

Existing JMHCs have included the following mental health conditions as potentially qualifying diagnoses:<sup>16</sup>

- Brain conditions with a genetic component (e.g., major depression, bipolar disorders, schizophrenia, schizoaffective disorders, severe anxiety disorders, and ADHD with significant functional impairment)
- Developmental disabilities (pervasive developmental disorder, mental retardation, and autism spectrum disorders)
- Organic brain syndromes (severe head injuries, severe cognitive deficit, and degenerative diseases of the brain)
- Fetal Alcohol Spectrum Disorder
- Severe Post Traumatic Stress Disorder
- Co-occurring mental illness and substance abuse
- Conduct disorder, oppositional defiant disorder, impulse control disorder, adjustment reactions, or personality disorders

Many existing JMHCs also have a list of disqualifying mental health conditions. For example, JMHCs may exclude adjustment disorder, oppositional defiant disorder, conduct disorder, personality disorder, and sexual offending behavior if unaccompanied by a qualifying mental illness.

## **Core Purposes and Approach**

### Collaborative Rather Than Adversarial Approach

One of the JMHC's greatest strengths is the multidisciplinary, collaborative court team. This group, comprised of juvenile justice and behavioral health stakeholders, works by consensus, admitting youths into the Court and acting as a case manager to admitted youths. The team plans for and supervises individualized mental health treatment services, including pharmacological interventions, individual counseling, family counseling, and special educational planning and services. In addition, the team members engage and recruit the youth's family and extended supports, as well as interested community members and agencies, to assist in problem-solving, treatment planning, and service delivery. Generally speaking, the court team members, the youths and their families, and the community

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<sup>16</sup> *See id.*

partners are involved in a court process in ways they have never before experienced.

United by a shared goal of diverting youths with mental illness from the traditional juvenile justice system, JMHC team members work together to decide what approach will produce the best outcome for both the young people and the community. Having a team of dedicated professionals from a variety of disciplines creates an atmosphere that is more supportive for youths than that found in traditional juvenile justice system,<sup>17</sup> and allows participants to marshal a range of available resources to meet the youths' and community's interests.

“There were regular people who were like, ‘I’m working with you. We’re doing this together.’” (Parent)

### Treatment Rather Than Punishment

Many young people with mental illnesses are unable to respond to the traditional juvenile justice model, either because their mental illnesses make it difficult to make appropriate decisions or to conform their behavior to required norms, or because traditional punishments may be counterproductive to their needs or treatment goals. For example, but for a child's untreated schizophrenia, he may not have shoplifted. Alternatively, placing a teenager with depression on house arrest may intensify his depression rather than teach him not to commit the subject crime. Employing a multidisciplinary team structure, JMHCs attempt to reach a common understanding of how the best interests of a youth with mental illness, his or her family, and the community might be served, while simultaneously diverting that youth from the traditional juvenile justice system whenever possible.

Diversion can include a variety of interventions that represent alternatives to formal processing in the juvenile justice system. In general, diversion efforts channel youthful offenders away from the justice system by offering alternatives to the usual juvenile justice system process.<sup>18</sup> While diversionary interventions ideally occur at the initiation of formal delinquency processing, diversion can occur at later stages as well, with the goal of preventing continuing involvement with or further penetration into the juvenile justice system and costly out-of-home placements.

Whenever possible, the JMHC attempts to place mentally ill youths with their families or in the most family-like and least-restrictive practical alternatives. The assumption is not that youths' families are necessarily ideal, but rather that restrictive, congregate care alternatives are usually worse.<sup>19</sup>

By diverting delinquent youths from a punitive setting to a more rehabilitative environment, the JMHC presents a tangible opportunity for youths to receive individualized mental health care. Diversion, however, not only directly benefits youths and their families; it also improves the efficacy of the juvenile justice system by conserving limited resources.

<sup>17</sup> *Id.*

<sup>18</sup> See Skowyra & Powell, *supra* note 10.

<sup>19</sup> Demoya Gordon et al., *Hope for Mentally Ill Youth in Alameda County Juvenile Justice System*, Youth Law News, Jan.–Mar. 2008, at 1, available at [http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/yln/2008/issue\\_1/YLN\\_JAN-MAR\\_2008\\_Article\\_1.pdf](http://www.youthlaw.org/fileadmin/ncyl/youthlaw/publications/yln/2008/issue_1/YLN_JAN-MAR_2008_Article_1.pdf).

## Case Management and Linking to Mental Health Services

To improve outcomes for youths, including disentanglement from the juvenile justice system, diversion must be supported by links to intensive, individualized, community-based mental health services. Participants enter the JMHC with a wide variety of mental health needs. Some youths require only routine outpatient mental health treatment but need the Court's assistance connecting to appropriate service providers or applying for government entitlements such as Medi-Cal. Others need more intensive mental health treatment, such as psychiatric stabilization, substance abuse counseling, or family therapy. The JMHC's unique multidisciplinary team structure ensures that a youth is provided with a treatment/service coordinator who acts as a case manager and a liaison between different providers and who also provides progress reports to the JMHC team members. This coordination and ongoing evaluation increases the individualization of the services provided.

The JMHC focuses on intensive community-based services designed to maintain youths in their homes whenever possible. If secure confinement becomes necessary, the JMHC attempts to place youths in therapeutic settings, not detention facilities. In addition to using a community-based treatment approach, the JMHC provides services that are tailored to specific outcomes for the youths, including maintaining residential stability (reducing the number of placement moves), achieving success in school, living with their families, avoiding delinquency, and minimizing safety risks.

## Civil Advocacy

Many young people in the juvenile justice system face barriers to needed services or have ancillary needs that directly impact their likelihood of succeeding at home. Civil legal advocates can be instrumental in addressing these unmet needs. While not all JMHCs include civil advocacy as a component of their services, those that do can increase substantially the array of services and resources available to participating youths and their families. Civil advocates ensure that qualified youths have access to public benefits such as Medicaid, Supplemental Security Income, and special educational services. In addition, civil advocates can help stabilize a youth's home and family by providing legal assistance related to housing, consumer protection, or unemployment matters. A civil advocacy coordinator may also contribute to the day-to-day functioning and continuing development of the Court's program and practices. Civil advocates can provide technical assistance to the Court by drafting legal forms such as standing orders, waivers and consents, and memoranda of understanding for Court partners. Additionally, civil advocates can educate the Court and collaborators on the law of privacy and consent, which helps to eliminate barriers to coordination that frequently arise from misunderstandings about the confidentiality of medical and juvenile justice records.

In a model JMHC, the civil legal advocates are committed to and involved with the entire collaborative court process from a youth's initial screening to graduation.

# Alameda County’s Collaborative Court (ACJC)

## ACJC Background

### Inception

In 2004, as part of a larger study of the juvenile justice system in Alameda County, Huskey & Associates, Inc., conducted an analysis of minors detained in Juvenile Hall to determine if there was a population of youths appropriate for alternatives to detention. Of 111 detained youths included in the study, at least 62 percent had previously been diagnosed with a psychiatric disorder.<sup>20</sup> The study’s authors assumed that the actual incidence of mental health problems was higher because the data were limited to youths referred to the Guidance Clinic — the facility’s mental health provider — at Juvenile Hall. Of the 69 youths identified as having a psychiatric disorder, 42 had two or more diagnoses. For the subset of youths who remained in detention after adjudication (36), 83 percent had at least one psychiatric diagnosis.<sup>21</sup> The study noted the absence of a formal screening process to divert mentally ill youths from detention and the lack of access to treatment while in custody.<sup>22</sup>

Juvenile justice leaders in Alameda County came together under the leadership of Paul Seeman, then Commissioner for the Superior Court, to explore options for meeting the challenge of youths with untreated mental health needs detained in the county’s juvenile justice system. In particular, the leaders sought to increase access to intensive outpatient mental health services so that youths could be maintained in the community.<sup>23</sup> It was recognized from the beginning that the Court would need to divert youths from detention *and* provide adequate mental health treatment.<sup>24</sup> A planning committee that included representatives from the Probation Department, the District Attorney’s and Public Defender’s Offices, Behavioral Health Care Services, the National Center for Youth Law, and Bay Area Legal Aid established the Alameda County Juvenile Collaborative Court in 2007. The document creating the ACJC, the Memorandum of Understanding and Protocol, can be found in Appendix A.

The ACJC’s mission is to avoid further criminalizing youths who have become involved in the juvenile justice system primarily because of a mental illness.

### ACJC Mission and Goals

The ACJC’s mission is to avoid further criminalizing youths who have become involved in the juvenile justice system primarily because of a mental illness. The goals are to divert mentally ill youths from the juvenile justice system by offering them alternatives, and to

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

21 *Id.* at 5.36.

22 *Id.* at 1.9.

23 Memo from Laura Townsend to Patrick Gardner dated 1/29/2007, on file with the National Center for Youth Law.

24 E-mail from Paul Seeman to planning group dated 2/2/2007, on file with the National Center for Youth Law.

reduce recidivism by connecting them and their families to individualized community mental health services, educational opportunities, and other community supports, including civil legal advocacy. The ACJC's founders used the Santa Clara County Court for the Individualized Treatment of Adolescents ("CITA") as a model.

The Court's core principles include:

1. Young people are most effectively served in their homes and in conjunction with their families.
2. Court-involved youths should have access to high-quality evidence-based treatment modalities and assessment procedures.
3. Youths are most likely to succeed when they are provided with comprehensive strength-based services in a coordinated fashion.
4. The juvenile justice system is not designed to be a mental health services provider. It can, however, play an important role in linking youths with services in their communities.
5. Although access to appropriate mental health treatment is critical, this alone will not ensure successful outcomes.

The ACJC protocol set forth the intention to:

- Develop an array of community-based resources not previously available to mentally ill youths in the juvenile justice system, in part by instituting a collaborative approach that includes service providers and civil advocates in the court process.
- Maintain mentally ill minors in the least restrictive environment possible.
- Facilitate the collaborative process by operating as a specialized, separate calendar of the Juvenile Court on a twice-monthly basis.
- Develop, where possible, outcome measurements to provide an "evidence-based" evaluation of program success.

The ACJC seeks to improve cooperation between the juvenile justice and mental health systems so that youths with serious mental health needs receive the treatment they need and do not reenter the juvenile justice system. The Court uses an intensive case management structure that provides or links youths and their families to community-based services and supports. The focus is on helping youths avoid further delinquency, while promoting safety at home, success in school, and increased self-sufficiency.

## Resources

Because the Court functions without dedicated program resources, each participating county agency allocates time and resources from its own budget or funds. Agencies accomplish this by designating specific staff to participate in the Court or by allocating a certain number of staff hours for program support.

Probation recently doubled its commitment from one to two full-time probation officers. The county's public mental health department, Behavioral Health Care Services (BHCS), set a maximum level of clients (historically, 15), and then dedicated the personnel needed to meet that commitment — typically part of one line clinician's time plus supervision time. The Juvenile Court contributes the time required for a judicial officer to manage a separate court docket, participate in ACJC meetings, and generally provide leadership and direction. Beyond this, the Juvenile Court administers the program with no additional administrative support. The District Attorney's Office assigns one lawyer to the ACJC, as does the Public Defender's Office. Where there is a conflict of interest for the public defender, an individual contract attorney is assigned to the case.

Private agencies, most notably the civil advocates, provide services using their own resources already dedicated to low-income clients or by raising money from foundations, fellowships, or individual donors. Volunteer attorneys and law students have also been an important resource.

Recently, BHCS authorized a new Medi-Cal program to provide intensive case management for ACJC-involved youths. The new program, conducted under a contract with Seneca Center, allocates up to \$1.3 million annually for three years and can serve up to 50 youths. This program is funded with federal and state Medicaid funds and a 5 percent contribution from Alameda County.

## **Participants**

### **Population Served**

The ACJC's target population is juveniles whose delinquent activity is related to mental illness. Participation is voluntary, but youths must meet offense and mental health diagnosis criteria. Any young person in Alameda County who is the subject of a petition filed under Welfare and Institutions Code Section 602 is potentially eligible for the ACJC. The ACJC is a post-adjudication alternative, meaning the youth has been adjudicated for the offense that brought him or her before the Juvenile Court.

### **Participant Demographics**

Demographic information was reviewed for 34 youths who entered the ACJC during the period from July 2007 to December 2009. Twenty-nine exited the program by the end of 2009. Fifty percent (n=17) of the youths reviewed were African American, followed by 20 percent Caucasian (n=7), 15 percent Hispanic (n=5), and 9 percent Asian (n=3). One youth's race was identified as Native American/Hispanic/White, and the race of one youth was unknown. The group was 65 percent male (n=22) and 35 percent female (n=12).

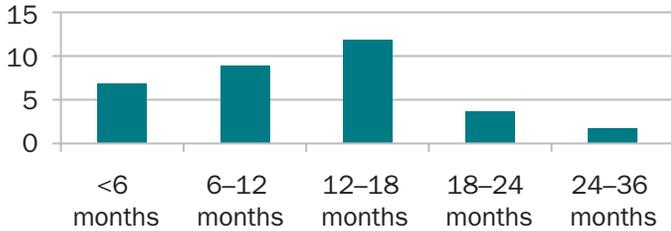
Almost 90 percent of all of the youths and their families were beneath 200 percent of the Federal Poverty Level, and a majority were under 125 percent.<sup>25</sup> The age of participants at

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<sup>25</sup> The Federal Poverty Level (FPL) for a family of four was \$21,200 in 2008.

the time of acceptance to the ACJC ranged from 12 years, 11 months to 17 years, eight months. The average age was 15, and the mode (most frequently occurring) age was 16.

### Length of Participation



The length of participation in the Court ranged from 42 to 805 days. The average length of participation was 389 days, or just under 13 months.<sup>26</sup>

All of the participating youths<sup>27</sup> had some involvement with the public mental health system prior to acceptance into the ACJC. According to service utilization records, during the 180 days immediately prior to admission to the Court, all of the 33 youths for whom data were available had received some type of outpatient mental health

service and 15 were enrolled in day treatment. Based on all available records, 15 youths had experienced at least one admission to an inpatient psychiatric facility prior to ACJC admission.<sup>28</sup>

Most of the youths had at least two mental health diagnoses when they entered the ACJC.<sup>29</sup> Eighty-four percent (n=27) of the participants were diagnosed with some type of mood disorder. This included depressive disorder/dysthymia for 47 percent (n=15), bipolar disorder for 19 percent (n=6), and mood disorder NOS<sup>30</sup> for 19 percent (n=6) of the participants.

Twenty-nine percent (n=10) of the participants presented with attention deficit hyperactivity disorder, and 15 percent (n=5) had post-traumatic stress disorder. Ten percent (n=3) of the youths had symptoms of an anxiety disorder. Two had disruptive behavior disorder, one had oppositional defiant disorder, one had conduct disorder, and one had impulse control disorder. Two youths had a psychotic disorder and one was mildly developmentally delayed. Two participants were diagnosed with substance dependence at the time of entry into the program.

### Detentions and Offenses

Information about detentions and sustained offenses prior to acceptance was available for 33 participants. Members of this group had been detained a total of 143 times at any time prior to admission, with an average of four and a range of zero to 15 detentions. In total, group members had amassed 4,852 days in detention, with stays ranging from zero to 800 days, and an average stay of 147 days. Fifteen participants had spent 60 days or fewer in detention, while eight youths had spent more than 250 days in custody.

26 For the one youth whose case was still open as of January 24, 2011, length of participation was calculated as of that date.

27 One youth's previous mental health system involvement was unknown.

28 These are not mutually exclusive categories; a youth may have received more than one service type.

29 Information on diagnosis at entry into the program was available for 32 youths.

30 NOS stands for "Not Otherwise Specified," and indicates that symptoms do not clearly meet criteria for a more specific diagnosis.

## Stakeholders

There are a variety of stakeholders in the ACJC, all of whom play an important role in the viability of the Court. These stakeholders include the members of the ACJC multidisciplinary team (MDT), the youths and their families, and the community partners.

### Alameda County Juvenile Collaborative Court Multidisciplinary Team

The ACJC multidisciplinary team is the core of the Alameda County Juvenile Collaborative Court. It was formed by the original signatories to the ACJC's operating protocol, which included representatives from Alameda County's Behavioral Health Care Services, Probation Department, District Attorney's Office, and Public Defender's Office (and defense counsel generally), as well as a judicial officer and a civil advocacy coordinator. Seneca Center, an organization specializing in mental health services for youths and their families, recently joined the MDT under contract with BHCS to provide mental health and intensive case management services.

The MDT is responsible for making all decisions regarding a youth's involvement in the ACJC, including whether a youth is accepted into the Court and when a youth graduates or otherwise exits the Court. Decisions are made by consensus among the MDT members. Once a youth enters the ACJC, the MDT, with assistance from community partners, develops an individualized service plan (ISP) to identify the services and supports for the youth and family that will allow the youth to successfully return to his or her community. The MDT holds status meetings twice a month that bring together collaborative court members and service providers from the community. The meetings focus on each youth's goals in a variety of areas, including mental health, education, placement, safety, family, and civil legal needs. The meetings are also an opportunity to report on each youth's progress in connection with his or her ISP, and to address the youth's and family's specific needs, so as to ensure that each child is progressing toward achieving his or her goals, graduating from the Court, and exiting from probation.

The [MDT] meetings focus on the child's goals in a variety of areas, including mental health, physical health, recreation, safety, family, placement, and civil legal needs.

The roles of the ACJC MDT members are as follows:

***Behavioral Health Care Services (BHCS):*** BHCS is Alameda County's mental health agency. Among many other responsibilities, BHCS staffs the Guidance Clinic, which provides mental health services to youths detained at the Juvenile Justice Center. In connection with the ACJC, the Guidance Clinic's mental health clinicians are responsible for conducting preliminary mental health screenings of referred youths by gathering and reviewing the youths' psychiatric, psychological, behavioral, and educational records and presenting their findings to the MDT. In addition, Guidance Clinic staff work collaboratively to coordinate overall assessment and treatment planning. This includes primary case management and service linking with community mental health providers for youths who are not Medi-Cal eligible.

*Seneca Center:* Under contract to BHCS, Seneca Center provides EPSDT<sup>31</sup> services, including intensive case management and identification of, and linking to, community supports to Medi-Cal eligible youths. Also, Seneca works collaboratively to coordinate assessments and treatment planning. In addition, the Seneca Center representative, along with the BHCS representative and the assigned probation officer, facilitates the presentation of information regarding the youths' progress in multidisciplinary team meetings.

*“The probation officer was always there for [my child]. He brought him out to eat and showed him some love, you know? A lot of people don’t do that.” (Parent)*

*Probation:* Two designated Probation Court Officers (POs) are assigned to the ACJC.<sup>32</sup> The Probation Department’s role is to supervise each youth, assist in the development of the youth’s ISP, and implement the directives of the Court. If the youth is accepted into the Court, the ACJC probation officer engages with the youth and his or her family and assesses strengths and needs for services and supports. Because the probation officer is often the primary liaison to the youth and family during participation in the ACJC, the PO works especially hard to develop a non-adversarial relationship between the youth, the family, and the MDT. The probation officer also coordinates with educational representatives, BHCS, Seneca Center, and the civil advocate to identify and access mental health and education services, public benefits, or other resources that can help provide treatment, support, or stability for the youth and family in the community. Finally, the probation officer recommends conditions of probation for each youth, monitors his or her progress, authors reports and service plans, attends all meetings and court hearings, and coordinates probation services.

*District Attorney:* A deputy district attorney (DA) is assigned to the ACJC to assess charges, overall juvenile justice histories, and offense criteria to determine each youth’s eligibility for the program. The DA’s voice is given great weight in the decision to admit or deny a youth to the Court in deference to community safety concerns. If a child is deemed eligible for the program, the deputy district attorney contributes to the formulation and implementation of the individualized service plan. In this context, the role of the prosecutor in the ACJC is significantly different than that of the conventional trial advocate. The DA also takes responsibility for informing fellow district attorneys about the ACJC to encourage referrals to the Court.

*Public Defender/Defense Attorney:* A designated deputy public defender (PD) is assigned to the ACJC and represents the youths in their defense against delinquency charges. The ACJC public defender’s role in the MDT is less adversarial and more collaborative than that of a defense attorney in a traditional juvenile delinquency proceeding. The ACJC public defender (or, in some cases, the minor’s court-appointed or private attorney) advises the youth and his or her family about whether it is in the minor’s legal interest to participate in the ACJC. The public defender is responsible for ensuring that the youth and youth’s family are informed of the policies and procedures of the Court. Once minors are accepted

<sup>31</sup> EPSDT, which stands for Early and Periodic Screening, Diagnosis, and Treatment, is a Medicaid health care program funded by a mix of federal and state dollars, with county matching funds. Probation youths are eligible for these services if they have full-scope Medi-Cal and a qualifying mental health diagnosis.

<sup>32</sup> The Court recently added the second probation officer to meet the needs of the increased number of participants allowed by the addition of Seneca Center to the Court.

into the ACJC, their defense attorneys continue to represent them throughout the entire court process. ACJC defense counsel attends MDT meetings involving his or her client, including the initial MDT screening meeting. The ACJC public defender also performs outreach to fellow public defenders and encourages additional referrals for youths to participate in the Court.

*Court:* The judicial officer assigned to the ACJC calendar handles the cases from acceptance through dismissal. The judicial officer is responsible for making court orders, including approving the probation plan, the frequency of court reviews, the implementation of certain interventions for noncompliance with the ISP (e.g., placement changes), and, ultimately, case dismissal. These court orders, as well as other decisions, are based on discussions at MDT meetings and typically reflect the consensus reached by collaboration. In situations where the MDT is unable to reach consensus, including decisions regarding acceptance of a youth into the ACJC, the judicial officer makes the final decision. The judicial officer typically leads the discussion at the multidisciplinary team meetings and helps to guide the process. The judicial officer also has the responsibility of helping to recruit other service providers and community-based organizations to implement the goals of the ACJC. Overall, the judicial officer plays a leadership role in the continuing evolution of the Court and helps to develop policies and practices for its operation.

*Civil Advocacy Coordinator/Civil Advocates:* Young people with serious mental illness and their families often face multiple needs, including legal challenges unrelated to the juvenile justice proceedings. Legal challenges may include:

1. Maintaining Medicaid eligibility for youths who move from detention to placement into the community;
2. Delayed enrollment, out-of-date Individualized Education Programs (IEPs), and pending expulsion proceedings; and
3. Access to public benefits such as Supplemental Security Income, Cash Assistance Program for Immigrants, CalWORKS, General Assistance, Food Stamps, housing, and Regional Center (developmental disabilities) services.

To meet these needs, civil lawyers and paralegals work directly with ACJC-involved youths and their families to provide legal assistance in critical substantive areas, including education, housing, public benefits, health care insurance, domestic violence, and consumer complaints. Civil advocates may be public interest lawyers from Legal Aid, disability rights or children's advocacy programs, or other community groups, or pro bono private attorneys. When youths are admitted into the ACJC, a civil advocacy coordinator or an assigned civil advocate meets with each family to assess their civil legal needs. The advocate obtains history on the mental health and Medicaid services the youth is receiving or is entitled to receive, Medicaid eligibility information, education enrollment, special education placement, and comprehensive screening information for use in determining public benefits and housing needs. This civil legal needs intake assessment is instrumental for ensuring appropriate legal advocacy and access to services, as well as for assisting the JMHC in better assessing the child. The civil advocate may offer legal advice and counsel, provide brief services, make referrals to other organizations, or take on a matter for full representation.

By helping youths overcome access barriers to community-based programs and services, civil advocates help to support and stabilize families even as they reduce the need for Court-supervised services and juvenile justice involvement. This realignment of services can substantially improve the diversionary potential of the Court. Additionally, the ACJC has more services options and greater flexibility in the creation of the ISP, ensuring that youths can be referred to the programs and services that will best meet their individual needs. As a member of the ACJC multidisciplinary team, the civil advocacy coordinator and/or any assigned civil advocates attend all ACJC multidisciplinary team meetings and work closely with other members of the team to ensure that legal needs are identified and addressed.

### Families and Youths

The active participation and involvement of the youth and the youth's family throughout the Collaborative Court process is essential to the youth's successful transition back into the community. Consequently, at the outset of a youth's admission to the Court, the ACJC attempts to ensure that a parent and/or other family members are willing and available to work with the Court. Using the mechanism of the Community MDT, which brings together the Court's MDT team as well as the youth, his or her family, and community members such as neighbors, coaches, and teachers, the collaborators try to engage the parent and youth in decision-making and treatment planning about their case.

Effective engagement requires that youths and their families are supported by, and working in collaboration with, the ACJC. Towards these ends, individual MDT members, including the PO, civil advocate, and Seneca Center staff, seek to engage the youth and family directly through individual meetings and contacts. Although labor-intensive, engagement is critical because success in the ACJC hinges on the youth's and the family's active participation in accessing and utilizing services and supports.

### Community Partners

In addition to engaging participants' families, the MDT members also reach out to members of the Alameda County community who may be able to assist in service planning and implementation. Once recruited, community "partners" are encouraged to attend Community MDT meetings, where they often play an active and vital role in supporting the youth and family. Community partners may include staff from local schools, vocational programs, and mentoring groups, mental health and substance abuse providers, representatives from local faith-based organizations, Transitional Age Youth project coordinators, as well as extended family, friends, teachers, coaches, and any other person or program that may be available in a family's community to assist them in meeting their goals.

Several particularly active ACJC community partners include:

- Oakland Unified School District Special Education Juvenile Hall Liaison
- Alameda County Office of Education

- Alameda County Children and Family Services
- Community counselors and school staff.

Participation in the Court’s work by community partners has contributed substantially to the progress made by ACJC-involved youths.

## **Operating Procedures: From Referral to Graduation**

The ACJC’s operating procedures may be divided into three sections for analytical purposes. The first, *Intake and Acceptance*, describes how potentially eligible youths are identified, screened for participation, and accepted into the Court. The second, *Planning and Treatment*, involves the substantive phase of a youth’s participation in the ACJC. In this phase, the MDT identifies family and community supports and needed mental health and related services, and creates an individualized service plan that identifies positive outcomes for youths that are strength-based, family-centered, and culturally appropriate. The third section, *Transition, Graduation, or Termination*, describes the last phase of a youth’s participation. When services and supports are in place, a youth’s situation has become stabilized, and the youth is close to achieving goals set forth in the individualized service plan, the last phase of the ACJC begins.

### **Intake and Acceptance**

Using a collaborative process throughout, the MDT begins its work by identifying potential youth participants, screening them for eligibility, and accepting those who are both eligible and likely to benefit from participating in the Court.

### *Referral*

A referral to the Court may come from almost any source, but most come from professionals who work closely with youths involved in the juvenile justice system, as they tend to have the most knowledge of a youth’s mental health and delinquency status. The formal referral process involves completing a standardized referral form and returning it to the designated ACJC probation officer or Behavioral Health Care Services liaison.<sup>33</sup>

### *Offense Eligibility*

To balance the ACJC’s goal of returning youths to their homes with concerns about community safety, the ACJC limits participation to youths who meet certain offense criteria.

Generally, youths who have been charged with a serious or violent felony are not eligible to participate in the ACJC. More specifically, youths charged with a violation of California Welfare and Institutions Code Section 707(b)<sup>34</sup> are presumptively ineligible. This

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33 Appendix B: ACJC Referral Form.

34 Section 707(b) offenses are listed in Appendix F.

notwithstanding, the DA has discretion in charging an offense and determining whether a youth's delinquency-related behavior should disqualify him or her from participating in the ACJC. Also, the MDT may admit a young person who was charged with a Section 707(b) offense by consensus agreement. Regardless of the offense charged, the ACJC always considers community safety during the eligibility screening process.

### *Qualifying Mental Health Conditions*

The ACJC serves youths with mental illness or co-occurring mental illness and substance abuse. Qualifying diagnoses include biologically based brain disorders with a significant genetic component (including major depression, bipolar disorders, schizophrenia, schizoaffective disorders, severe anxiety disorders, and ADHD with significant functional impairment), severe post-traumatic stress disorder (meaning that there are severe symptoms, trauma, functional impairment, or a combination of all three), and developmental disabilities (such as pervasive development disorders, mental retardation, and autism spectrum disorders). The ACJC Protocol also specifically includes sexual offenders with any of these characteristics who are otherwise suitable for the county's Adolescent Sexual Offender Treatment Program. Youths with conduct disorders, oppositional defiant disorders, adjustment reactions, and personality disorders do not qualify for the ACJC, unless those conditions co-occur with a qualifying condition.

### *Screening Meeting*

Screening new referrals to the ACJC occurs at the beginning of the twice-monthly MDT meeting. All MDT members discuss a child's eligibility, interview clinicians who have worked with the youth in juvenile hall or in the community, and come to a consensus regarding whether the referred youth will be accepted into the ACJC.<sup>35</sup>

The Guidance Clinic and probation liaisons to the ACJC are responsible for compiling information about referred youths, preparing a summary of offense criteria and mental health diagnosis and history, and securing necessary releases. The MDT reviews the mental health diagnosis and charged offenses to ensure that the youth is eligible to participate. In addition, the team reviews other documents prepared earlier in the court process, such as a probation social study and case plan developed as part of regular probation duties, or psychological assessments ordered as part of the juvenile justice proceedings. The team also considers the youth's history and basic social information, prior delinquency history (if any), school records such as Individualized Education Plans (IEP) or disciplinary reports, and any other pertinent information that has been gathered. The MDT determines by consensus whether to accept the young person. In cases where there is no consensus, the judicial officer decides whether a youth will be accepted.

Once the MDT accepts a youth for participation, the youth is added to the calendar for the next ACJC court review date and MDT status review meeting. Individual MDT

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<sup>35</sup> Recently the Court decided to change its screening procedures in order to streamline the process. As these new procedures have not yet been fully implemented, they were not included in this review.

members screen the youth for eligibility and appropriateness for their particular services or assistance. If the youth has full-scope Medi-Cal and seems appropriate for Intensive Case Management, a Seneca Center employee meets with the youth and family to gather information about school involvement, past health care services and providers, and other relevant matters.

The civil legal services coordinator also meets with the youth and family to perform a legal needs intake. The civil advocate explores issues such as housing instability, public benefits eligibility for the family, health care access, and educational placements. Legal representation on matters outside the purview of the Court can begin immediately after intake, if necessary.

### *Consent to Participate, Confidentiality, and Initial Engagement of Youth and Family*

Once a youth has been determined eligible for participation, the ACJC probation officer and the youth's defense attorney coordinate to inform and engage the youth and family.

The public defender discusses the ACJC process with the youth and family to assess the family's willingness to participate, and to determine whether participation is in the youth's best interest. The attorney provides information about legal consequences of participation in the ACJC (such as the implications of admitting charges for the purpose of participating or submitting to drug testing if that is a condition of probation). The attorney also ensures that the youth and family have information about non-legal consequences of participation (such as gaining access to services and supports and information-sharing among the MDT partners). After all consequences have been discussed, the youth and family decide whether to participate. If the family or youth declines to participate, the process ends; participation in the Court is voluntary.

If the family or youth declines to participate, the process ends; participation in the Court is voluntary.

All youths and their parent or responsible adult must sign the information-sharing agreement used by the MDT called the "Consent to Share Confidential Information."<sup>36</sup> This document authorizes team members to share information with each other over the course of a youth's participation in the Court. Additionally, each agency that works directly with the youth or family typically secures its own consent and release forms.

### *Referrals for Ineligible Youths*

Although a youth may not be eligible for acceptance into the ACJC, he or she may still benefit from having gone through the referral process. Whenever possible, team members attempt to assist the youth or family through referral. This works well for those youths who do not need the intensive supervision and case management of the ACJC, but who could benefit by connecting to available services in the community. Any of the team members may make referrals, and in some cases several do. Additionally, team members may themselves

<sup>36</sup> Appendix C: Consent to Share Confidential Information.

serve youths outside of the collaborative court process. The Guidance Clinic, for example, may provide therapy if a youth remains detained, or the civil advocates may help a youth obtain Medi-Cal benefits.

## Planning and Treatment

After a youth is accepted into the program, the MDT members quickly begin to develop an ISP that helps to direct the Court's efforts to return the youth to his or her home and community. The ISP describes the youth's strengths and needs; proposes concrete goals, objectives, and a timeline for completion; sets forth specific services and supports that will be provided to the youth, including the frequency and intensity of each service or activity; incorporates the youth and family's crisis/safety plans; and identifies formal providers and informal supports for services or activities. If other agencies have developed plans to address specific needs (e.g., child welfare reunification plans, IEPs, or probation case plans), the MDT may use them for planning or integrate them wholesale into the ISP.

Each family may receive assistance from multiple partners, so the ongoing oversight and coordination role of the MDT is essential. The mental health clinician from the Guidance Clinic or Seneca Center, the civil advocates, and the probation officer may each act as liaisons, providing support to the youth and family and reporting back to the MDT. The MDT determines as a group whether to adjust the ISP, such as by modifying the goals or implementing an alternative intervention.

### *Multidisciplinary Team Meetings*

At the first MDT meeting, the team identifies the appropriate services to include in the ISP. If the youth is in custody, the team identifies what actions need to occur so that the young person may be released, the individuals responsible for such actions, and the time frame in which those actions should be completed. If the youth is not in custody, the priority is to provide treatment and services to prevent the youth from reoffending and being placed in detention.

After the initial meeting, the MDT will continue to monitor the youth through status meetings and court appearances. During these meetings, the MDT members report on the young person's progress, address new issues, and make adjustments to the ISP as necessary. If progress is being made, the team may not set a new court appearance for 60 or 90 days.

### *The First ACJC Court Date*

At the first ACJC court review, the judicial officer welcomes the youth and family, explains the ACJC review process and the importance of engagement with the MDT, explains rewards and sanctions for behavior, and answers questions the youth and family have about participation. The judicial officer works to engage the youth and family and to make the ACJC participation process transparent and therapeutic. Other collaborators also use this opportunity to engage the family, often by conducting screens/assessments or intake interviews before or after the hearing. The judicial officer sets the next court review date and

makes necessary court orders for services or supports as identified by the team. Future court appearances are an opportunity for a youth and family to self-report about their progress. The judicial officer may commend them for their progress on the ISP or order interventions based on recommendations of the MDT.

### *Recruitment of Community Members*

An important function of the MDT is to expand service and support resources beyond those available from the MDT member agencies. Expanded resources may include formal or informal resources such as teachers, coaches, or family friends. Over time, the ACJC team has formalized this outreach into a *Community MDT* process. The Community MDT is a formal meeting of community partners who are brought together to solve problems, leverage additional resources, or engage other youth-serving systems. A Community MDT meeting might consist of the youth and his or her family, members of their personal support network (e.g., friends or clergy), the ACJC probation officer, a mental health clinician, a civil advocate, and other service providers, teachers, or counselors working with the family.

The coordination of Community MDT meetings requires considerable time and effort, but it is often essential to success. By engaging those in the community who know the youth and the family best, the team can help the family build a network of support that is responsive and personalized, and that has the potential to endure long after the youth is discharged from the ACJC.

### *The Individualized Service Plan (ISP)*

The development and subsequent implementation of the ISP is key to ensuring that youths have the support and services they need to be successful and safe at home and, ultimately, to graduate from the ACJC. The ISP is the roadmap for services, directing each youth's mental health care and probation plans while also focusing on the strengths, needs, and goals of the youth and family. The ISP identifies services and supports and assigns responsible persons, dates, and objectives to help the youth reach his or her goals in areas such as education, probation, recreation, job skills, family relationships, and mental health. The ISP is the result of a collective process, involving youth and family as well as the Court and community partners.

The general framework of the ISP is drafted in the initial MDT meeting and developed over time. The plan is further refined by activities and feedback from case managers, service providers, civil advocates, parents, and youths. The ISP is intended to be fluid, changing as needs change, goals are met, and challenges arise.

The ISP approach is based loosely on the principles of “wraparound,” a community-based intervention approach that emphasizes the strengths of the

The ISP is the roadmap for services, directing the youths' mental health care and probation plans while also focusing on the strengths, needs, and goals of the youths and their families.

youth and family and involves the delivery of coordinated, highly individualized home and community-based services to address needs and achieve positive outcomes.<sup>37</sup>

The ACJC has developed an ISP template to guide the discussions at MDT meetings. For a sample template, see Appendix D.

### *Implementing the ISP*

A mental health clinician with either the Guidance Clinic or Seneca Center<sup>38</sup> serves as the ACJC's case manager. The clinician communicates with the youth, family, service providers, probation, and civil advocates on a regular basis to address issues that arise in the implementation of the ISP.

When a youth does not participate in implementing the ISP, the MDT may determine that more intensive or restrictive interventions are necessary. Interventions may include:

- Increased supervision or mentoring
- Medication review-assessment-stabilization
- More intensive mental health services
- Electronic monitoring
- Home supervision
- Admission to a psychiatric or treatment facility
- Detention
- Termination of participation in the ACJC

Given the ACJC's principle that youths should not be punished for behavior arising from mental illness, the team avoids using detention to modify behavior. When considering detention, the team carefully evaluates whether detention supports or impedes the objectives of the youth's ISP.

When detention does occur, the team does not treat it as a treatment "pause." Instead, they work to adjust the ISP to address the underlying cause of detention and to assist the youth to return home.

If a crisis occurs during the implementation of the ISP, the case manager and the ACJC probation officer serve as the first responders. The MDT is informed and the group determines why the ISP is not progressing as planned. The ISP may need adjustment through a follow-up Community MDT, other community providers may need to be involved, or barriers to services may need to be removed by the civil advocates.

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<sup>37</sup> See, e.g., Cal. Welf. & Inst. Code Section 18251d. (Deering 2009).

<sup>38</sup> Seneca Center provides case management for Medicaid-eligible youths and the Guidance Clinic provides case management for all others.

### *Case Management and Service Linking*

The ACJC case managers are responsible for linking a youth and his or her family to needed services to help meet ISP goals. Service needs are broadly construed and can include mental health therapy in the community, medication assessment and management, in-school counseling, crisis management, parent education about the child's mental illness, parent partners, Therapeutic Behavioral Services (TBS), and more. Examples of non-mental-health-related services include dental or other health-related services, job skills training, afterschool programs, community service or mentoring programs, and legal assistance.

Linking youths and families to services in the community is integral to transitioning a child from confinement in juvenile hall to successful stability at home.

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### *Direct Services Provided by the MDT Members*

#### LEGAL SERVICES: CIVIL ADVOCACY

Many youths in the ACJC are struggling to cope with much more than mental illness. They may face chronic low income or unemployment, housing instability, and difficulty accessing health insurance or appropriate mental health treatment, and many have significant unmet educational needs. Frequently these youths and their families are entitled to government assistance to address these needs, but are unable to secure benefits on their own.

The ACJC's civil advocates work directly with families to identify entitlements to services or resources that may have been overlooked or improperly denied. Civil advocates use their expertise in federal and state laws and regulations relating to public benefits, educational rights, housing, and access to health care in order to overcome confusion, mistakes, bureaucratic barriers, discrimination, and violations of the law. Government services and supports can dramatically improve a family's stability and economic security, improving the likelihood of a youth's success at home. Effective civil advocacy is thus a crucial component of the Court's success.

Once a youth is accepted into the ACJC, a civil advocate conducts an intake interview with the youth and family and reviews probation or mental health records to identify legal needs. Common issues include access to Medi-Cal, special educational and Regional Center services, housing assistance, and a range of government benefits such as Supplemental Security Income (SSI), Cash Assistance Program for Immigrants (CAPI), CalWORKS (TANF), General Assistance (GA), and Food Stamps. During the intake interview, the civil advocate also obtains information that may be necessary to refer the youth and family to cooperating legal organizations. For instance, because some advocacy organizations have financial eligibility or immigration-related requirements for case acceptance, the interviewer determines whether a youth and family's situation meets eligibility criteria.

Civil advocacy in the ACJC is provided by several types of legal organizations in the Bay Area, including Legal Aid, youth law advocates, and disability rights lawyers, as well as

Government services and supports can dramatically improve a family's stability and economic security, improving the likelihood of a youth's success at home.

volunteer private attorneys and law students. Youths and families have a range of needs that require different degrees of representation. Some matters require only brief service, such as a phone call or letter from a lawyer. Others may require more intensive lawyer involvement, such as full legal representation culminating in a due process or administrative hearing.

Civil advocacy is not limited to the confines of the ACJC. Indeed, one of the key benefits associated with private representation of ACJC-involved youths and their families is that civil advocacy and the services and supports gained through legal representation are not tied to the continuing jurisdiction of the juvenile court. Legal representation by civil advocates can, and does, extend beyond probation termination.

#### MENTAL HEALTH SERVICES

##### *Seneca Center: Intensive Case Management*

Seneca Center works with the ACJC to provide Intensive Case Management (ICM) services to eligible ACJC youths with Medi-Cal. Once a young person has been accepted into the ACJC, the MDT decides whether the youth should be referred to Seneca's ICM program. If the referral is made, Seneca assigns an ICM case manager to meet with the youth and family to conduct an intake interview and to determine their service needs. The ICM case manager then meets with school staff, past service providers, and other people who have worked with the family previously to better determine the constellation of supports and services the young person has and needs.

Seneca case managers convene the initial Community MDT meeting and play a key role in creating and implementing the ISP. Along with support counselors, ICM case managers spend between five and 15 hours per week working directly with the youth and family. In addition to locating therapists and other health care providers, Seneca case managers focus on finding social supports for the youth in the community and in his or her family. Seneca stays active with the youth, ensuring that referrals are successful and working closely with civil advocates to identify and remove any barriers to services.

Seneca's services are driven by the goal of connecting each young person and his or her family to community-based clinical and social services and resources so that they will continue to have these supports after the youth graduates from the ACJC.

Seneca staff members attend all MDT meetings and any other collaborative treatment meetings for the youth, including IEP meetings for special education and all court dates. The ICM staff report on ISP progress and identify problem areas at each ACJC MDT meeting. Meanwhile, ICM support counselors help the youth and family keep momentum toward ISP goals by providing reminders for and transportation to appointments, helping to educate providers, such as schools, about the young person's mental health needs, and acting as an overall support to both the youth and his or her family.

For youths who do not qualify for ICM, Alameda County Behavioral Health Care Services staff at the Guidance Clinic provides case management services.

### *Guidance Clinic*

The Guidance Clinic is the provider of mental health services for the Juvenile Justice Center. In addition, the Guidance Clinic does court-ordered assessments of juvenile justice-involved youths. Services provided to youths in the Collaborative Court include preliminary assessments to determine eligibility and appropriateness for the Court and to inform early decision-making for care planning; court-ordered assessments; case management; service linking (primarily to mental health care); and the provision of counseling and other services when a youth is detained. The Guidance Clinic also coordinates with service providers to apprise the MDT of each youth's progress — in particular of those youths not served by Seneca Center (and who are not Medicaid-eligible).

### *Special Education and AB 3632 Services*

Special education is a federal entitlement under the Individuals with Disabilities Education Act (IDEA) for students who, because of disability, require accommodations in order to benefit from their education. Local Educational Agencies (LEAs), usually school districts, are legally responsible for providing these accommodations. ACJC youths have received a variety of special-education accommodations, including counseling at school, additional tutoring, positive behavioral plans, small classroom settings, and one-to-one aides.

The State of California has contracted with county mental health agencies to provide additional mental health services — called AB 3632 services — to eligible special-education students with greater needs. AB 3632 services are a valuable resource, providing outpatient counseling, counseling-enriched special-education classrooms on public school campuses, intensive day treatment programs in non-public schools, and residential settings for eligible students requiring such accommodations. AB 3632 services, like all special education, are provided at no cost to the family and do not require health insurance.

Because of the central importance of education to participating youths, the ACJC ISP has a separate section detailing educational goals. For some youths, these goals may focus on enrollment, assessment, and obtaining appropriate placement. For other youths who are already in appropriate educational settings, these goals may focus on more specific classroom behaviors or academic benchmarks. For more specific goals, it is important to have the youth choose and invite a classroom teacher or other school staff member to participate in Community MDT meetings, so that the school can be involved in the ISP process and can help support the youth in meeting ISP goals. Educational advocacy is the leading issue addressed by the Court's civil legal advocates.

*“Educational advocacy has been a huge success. Instead of having a child sitting at home doing independent study and not learning, they are in a classroom. A lot of older kids were being pushed toward GED, we helped them to stand up for themselves and get their high school diploma.”*

*(ACJC Collaborator)*

### Transition, Graduation, or Termination

When youths are close to achieving their ISP goals, they are ready for transition out of the Court and off of probation. Alternatively, if a youth or family becomes unwilling or unable to cooperate with the ACJC and follow the ISP — despite modifications and attempts at

engagement — then the MDT may decide to terminate the youth’s participation in the ACJC. The decision to either graduate or terminate a youth from the Court is made by the MDT based on the youth’s progress and participation.

### *Graduation from the ACJC*

Ideally, youths leave the Court by successfully completing the ISP and graduating. A youth is ready for graduation when he or she has achieved most or all of the goals set forth in the ISP. However, the ACJC may also graduate a youth when all of the Court’s process and services have been afforded and the youth is no longer considered a safety risk at home or in the community.

*“Yeah, I didn’t want them to [help me], but they did — at school, at home, with my mental stages.... Everything is different, the way I smile and walk and act is different. I finally got to be a teenager again.”*  
(Youth participant)

Any MDT member may recommend that a youth be graduated from the program. If the MDT agrees that a youth is ready, the team works together with the youth and family to coordinate the transition from the ACJC.

When the MDT determines that a youth will transition out of the Court, the MDT’s focus shifts to evaluating and planning services and supports that need to be in place after graduation. If services that the youth and family are receiving are being provided through ACJC-exclusive contracts or ACJC partners (such as when a youth is receiving day treatment from the Guidance Clinic), the MDT seeks to identify alternative resources that can be used after probation is dismissed. ACJC partners can, and many do, continue working with the youth after graduation. ICM can be extended after a youth has graduated from probation on a case-by-case basis. Civil legal advocates continue to work with a youth until his or her case has been resolved, and may provide additional services later regardless of the youth’s ACJC or probation status. The ACJC may convene a final transition Community MDT meeting for a youth if there are concerns about post-graduation continuity of care and services.

In many cases dismissal of probation is contingent on satisfaction of a restitution order. The ACJC works hard to avoid the situation where a youth is ready to graduate but cannot satisfy the restitution order and, consequently, the Court cannot dismiss probation. Early identification of the potential challenge of satisfying a restitution order helps in finding an effective solution. One promising approach is the County’s restorative justice pilot project. This approach allows involved youths to work directly with their victims to resolve restitution non-monetarily.

At the final MDT meeting for the youth, the ACJC judicial officer sets a date for the final court appearance and graduation of the youth. Assuming that the transition plan goes smoothly and there are no intervening issues, the youth and family appear before the Court for a final time and the judicial officer dismisses the youth’s case. This is an important moment for the youth. The MDT members typically attend court and join the judicial officer in congratulating the youth and family on their progress and encouraging them for future challenges.

### *Termination Without Graduation*

There are several reasons why a youth may be terminated from the ACJC without graduation.

- *Continued non-participation.* The MDT may terminate a youth's involvement with the ACJC for repeated nonparticipation or willful disregard of the ISP. This decision must be made by a consensus of the MDT after considering reports from the case manager, probation officer, and civil advocate, and evaluating the adequacy of the team's efforts to engage and support the youth.
- *Violation of probation.* If a youth violates his or her terms of probation (such as by not meeting curfew or the terms of an electronic monitoring program), the MDT must determine how to proceed. Typically, probation violations that are not new law violations and do not threaten the safety of the young person or others are not cause to detain the youth or to expel him or her from the Collaborative Court. It is understood that youths with severe mental illness may progress along an uneven path. If the MDT decides it is necessary to detain a youth, the team may need to develop alternative plans that address the underlying cause of the probation violation.
- *Commission of a new offense.* If a youth commits an offense other than a violation of probation while in the ACJC, the MDT must determine whether the youth will remain in the ACJC. If the MDT decides that the youth is still suitable for participation in the ACJC, it may modify the ISP to address the underlying causes of the violation or the behavior that caused it.
- *Withdrawal by youth or parent.* Finally, a youth and family may decide to withdraw from participation in the ACJC. If the youth or parent voices the desire to withdraw, the probation officer and the public defender will meet with the youth and family to ensure that they are making an informed decision and understand the potential impact of the withdrawal on the youth's mental health treatment and delinquency case. However, because the ACJC is a voluntary program, the youth and family have the right to terminate participation in the ACJC and to return to the delinquency court's regular docket.

If the youth's involvement must be terminated prior to graduation from the program, the judicial officer dismisses his or her case from the ACJC docket. Where there has been no new offense, the judicial officer will order a placement based on the MDT's recommendation. Any future involvement that the youth has with the juvenile justice system will be with the regular delinquency court and probation.

If the youth is being terminated because of the commission of a new offense, the judicial officer will transfer the case back to the regular delinquency court docket for adjudication of the new offense and disposition.

## Evaluating Alameda County’s Collaborative Court

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The next section seeks to answer two related questions: What is the ACJC’s impact on the participating youths and families? And, more generally, is the Collaborative Court model a success?

These questions are more easily posed than answered. Because the ACJC originated without outside funding, no resources were available to develop outcome measures or collect data for the Court. The only records and data available are those the collaborators collected and used for their own business or service needs. Also, absent a study that controls for the severity of a young person’s illness, the supportiveness of his or her family, the challenges posed by his or her peers, the presence of co-occurring disorders, etc., it is not possible to determine *post hoc* what outcomes are directly attributable to the Court’s intervention. Nonetheless, service data and anecdotal observations of the effectiveness of the ACJC’s approach remain valuable sources of information as the Court moves forward, and were the basis of this review.

This evaluation section is based on three sources of information. First, the analysis includes the subjective views of participating youths and their parents. Researchers interviewed participants to determine whether they felt the program achieved its goals and improved their families’ lives through better outcomes vis-a-vis the juvenile justice system. Also, the researchers interviewed the Court collaborators about their insights into the workings and effectiveness of the Court. The results of these interviews are presented below in *Interviews with Collaborators, Youths, and Parents*.

Second, to measure services and outcomes, data from every available source were collected and correlated to the fullest extent possible. All of the information used was from existing records, with the exception of data on mental health services utilization that required a special run by BHCS. These data are presented in *Service and Outcome Data*, below.

Third, a summary chart was developed based on information gleaned from all sources, including the authors’ direct observations of the Court. The chart reflects qualitative comments regarding the Court’s own goals as established in the Memorandum of Understanding that created the ACJC. The summary chart is set forth below in *Summary of Achievements and Challenges*.

### Interviews with Collaborators, Youths, and Parents

#### ACJC Collaborators

In the spring of 2010, our team, led by researchers from the University of California, San Francisco (UCSF), interviewed 19 key stakeholders who were involved with the

development and/or implementation of the ACJC about their experiences with the Court and their suggestions for improving and expanding it.<sup>39</sup>

These respondents expressed a great deal of satisfaction with the Court overall. Nearly every interviewed stakeholder believed that the ACJC was both reaching the right population of youths and providing a benefit to them. Most interviewees agreed that the primary benefit to participating youths is the connection they gain to resources and services in their communities, a corollary of ACJC’s commitment to keeping youths in their homes rather than in institutional placements. Interviewees noted that the Court has been very successful in helping these young people remain at home, even those who previously had multiple failed placements.

In addition to diverting youths from institutional settings, interviewees acknowledged that the ACJC has done a remarkable job connecting youths and their families to appropriate mental health supports, educational assistance, and civil advocates. The civil advocacy element was particularly lauded, referred to as “key,” “the most brilliant addition,” and “the most powerful piece of the whole model.” Collaborators were uniformly impressed with the civil advocates’ ability to link youths and families to a broad array of benefits, such as educational and housing services, that other members of the MDT, and the juvenile court system generally, were unable to access.

In particular, the collaborators noted the importance of the civil advocates’ assistance in securing benefits for families that led to safe housing and financial stability. One interviewee commented that an additional benefit of the civil advocacy services was that families got an immediate opportunity to see the team working on their behalf.

Several collaborators commented that the youths benefitted from having a consistent team of people continually working with them to provide monitoring and case management, and to ensure that the available resources were both helpful and sufficient in meeting their needs. Others acknowledged that using a consistent team of support provided the youths with a sense of stability and an opportunity to build positive relationships with people in the justice system, and also allowed the attorneys and judge a chance to get to know the youths better than they could in the traditional court system. Similarly, some collaborators stated that the ACJC provides families an opportunity to develop a positive relationship with representatives from education, probation, and the Court — systems with which they may have had conflicted relationships in the past.

Several members of the team stated that the ACJC benefits not only the youths and families who participate in it, but the larger community as well. Although the ACJC only serves a limited number of youths, its existence helps educate and inform a larger group of decision-makers in the juvenile justice system about the many youths entering the juvenile justice system with unmet mental health needs. This increases the likelihood that more

Although the ACJC only serves a limited number of youths, its existence helps educate and inform a larger group of decision-makers in the juvenile justice system about the many youths entering the juvenile justice system with unmet mental health needs.

<sup>39</sup> In addition, in October 2010, a team member from Seneca Center was interviewed using the same questions that were asked of the original 19 interviewees.

*“We’ve actually begun to shift some of the perceptions that other folks outside of the Courts have of kids with mental health issues. Other probation officers come up with referrals; other deputies ask for help in dealing with mental health issues.” (ACJC collaborator)*

lawyers, judges, and probation officers will recognize and address the mental health needs of the young offenders they come in contact with.

*“We’ve actually begun to shift some of the perceptions that other folks outside of the courts have of kids with mental health issues. Other probation officers come up with referrals; other deputies ask for help in dealing with mental health issues.”*

Similarly, another interviewee noted that the existence of the ACJC may help to inform other young people and their families about services and supports that exist in their community that may be able to divert those youths from entering the juvenile justice system in the first place.

The interviewed stakeholders additionally acknowledged that participating in the ACJC has benefitted them personally and professionally. They noted that they are learning from one another about the kinds of issues facing these youths and the services that are available from other systems to help them. Further, the collaborators noted that they are able to bring this knowledge to their work with other clients as well, allowing them to recognize issues that often go unaddressed and to link youths to services outside their own area or agency. One interviewee also commented that it was helpful to work on a difficult case with a team because it is easy to get frustrated when working alone and without support, as is typical with the traditional approach.

*“Good for judges who do delinquency work. It’s pretty easy to get jaded when handling that kind of caseload. It’s nice for the judge to be able to see how a kid can change when you have all these partners together and making the kid an active partner.”*

## Youths and Families

Our team also interviewed six youths and seven caregivers (six parents and one grandparent) to collect their impressions and experiences of the ACJC. All of the interviewed youths went through the Collaborative Court process and graduated from the ACJC.

Most of the youths and caregivers surveyed acknowledged that they benefitted from their participation in the ACJC. Several parents noted that the ACJC treated them and their children differently from the traditional juvenile probation system. They appreciated that the ACJC members worked with the families, were friendly, and were interested in helping their children rather than putting them in detention when problems arose.

*“Once we got to the Collaborative Court, the process went a lot smoother because other people were working with me, ‘cause we had a place to go; we knew where we were going. There were regular people who were like, ‘I’m working with you. We’re doing this together.’ And people from the Collaborative Court always greeted us friendly and stuff. It was totally different.”*

The youths and caregivers identified many members of the ACJC, including the probation officer, judge, civil advocate, and several counselors, as being particularly helpful and supportive, and for showing concern for the youths and families.

*“The probation officer was always there for [my child]. He brought him out to eat and showed him some love, you know? A lot of people don’t do that.”*

*“The judge would listen to me, too. That would get me. When I was struggling with my child, he helped me. He truly tried to support me.”*

A number of the youths noted that the ACJC staff were honest with them, understood them, and worked to help them. Four of the six youths had high praise for probation officer Kevin Day in particular, especially in comparison to probation officers they had worked with previously.

With respect to service providers to whom the participants were referred by the ACJC, half of those interviewed offered some comment. Of these, one youth felt that her counseling was not helpful, while the other two spoke positively of their counselors.

Both the youths and the parents surveyed offered suggestions for improving the ACJC. Many of the parents expressed a desire for the Court to have more frequent and thorough communication with youths and families. Some felt that while the Court did a good job explaining the process to parents, the kids needed more explanation to really understand what it meant to be involved in the ACJC. One caregiver stated that the Court could do a better job listening to the parents’ views at meetings, while another wanted notes to be distributed to the families after ACJC meetings. Several parents echoed the collaborators’ concerns that the Court-referred community service providers did not have sufficient resources to provide prompt service. Specifically, parents requested more Court staff, more readily available translators for Court sessions, and more mental health supports, both during and after the youth’s time in the Court.

Several of the youths surveyed expressed a desire for the Court to provide additional services. One youth requested that the Court provide other members of the youth’s family with referrals to treatment and services, and two others commented that they would like the Court to offer career training or assistance connecting youths with jobs upon graduation. Another youth suggested that the Court be available to a greater number of young people, including those who did not have mental health needs. When asked what specifically the youth was looking for in people who work at the ACJC, one youth responded:

*“Honest people with a lot of compassion and caring in their heart, don’t know if it’s the money or just the love for the kids, but the job Brian [the civil advocate] does, he does it pretty well.”*

Four of the seven caregivers surveyed identified positive changes in their children after the Collaborative Court process, including increased family communication and improvements in behavior, school attendance, self-esteem, and access to medication. Other parents commented on the services and financial benefits that the civil advocacy component of

the ACJC helped the family receive, which included Medicaid, SSI, and special-education services.

The six youths interviewed also acknowledged a variety of positive consequences resulting from their experiences with the Collaborative Court.

*“Yeah, I didn’t want them to [help me], but they did — at school, at home, with my mental stages. I don’t know how nobody can do what they did, recognize that I need to wake up and stop getting in trouble. . . . I don’t get in trouble no more, don’t go to jail, haven’t had contact with a police officer. . . . My mental [health] is better; I don’t need to be on medication no more. I slowly but surely got out of it and still do therapy. . . . Everything is different, the way I smile and walk and act is different. I finally got to be a teenager again.”*

*“If I didn’t have Brian and he didn’t help me, I would be out there, selling drugs or doing something to get hurt or go to jail.”*  
(Youth participant)

Two youths in particular commented on improvements in their mental health and ability to avoid delinquent behavior, and another two noted that their experience with the Court would prevent them from returning to juvenile hall or the probation system. Likewise, two of the youths stated that the Court helped them enroll and remain in an appropriate school, and yet another noted that the Court, and, specifically, civil advocate Brian Blalock, kept him from joining a gang.

*“I almost joined a gang . . . living on the streets, doing crime, nowhere to go. I met Brian and he gave me a way out of that stuff. He made it so that if I followed the rules I never have to go back to living like that. . . . If I didn’t have Brian and he didn’t help me, I would be out there, selling drugs or doing something to get hurt or go to jail.”*

Like their caregivers, several of the youths also credited the civil advocacy workers with providing them access to Medicaid and keeping their families in their homes.

### Going Forward

Although most of the collaborators expressed a desire that the Court be expanded to reach more people, most were also concerned there are not sufficient funds and resources for an expansion. Many mentioned that there were more qualifying youths in the juvenile justice system than the Collaborative Court can supervise and that some young people are not coming before the Court until after they have been through the juvenile justice and probation systems several times.

A few collaborators doubted that an expansion would be possible because the current model is so time- and resource-intensive that it cannot work as anything but a boutique. A larger court might also have to be more formally structured, and at least one team member felt that the relative informality of the ACJC is one of the reasons for its successes.

Other collaborators wanted to see the qualifications expanded to include all youths in the juvenile justice system with mental health needs, regardless of the type of offense that

brought them into the system. Still others thought that all young offenders in the juvenile justice system, even those without mental health needs, would be helped by having access to some of the Collaborative Court's services. Finally, others believed that the Court should be more pre-emptive and accept youths who have not yet been charged with an offense or adjudicated delinquent.

Finally, one team member noted that, while the ACJC should expand to serve more young people, the Court should also be used as a model to encourage other counties to set up similar courts for their own young people. In this way, even as the ACJC expands carefully and slowly in Alameda County, many more young people would have access to similar services.

## **Service and Outcome Data**

Outcome data for the ACJC is limited due to the small number of participants, the developing nature of the Court, and the time period available to measure outcomes — in particular, outcomes after program completion. The information that is available, however, sheds some light on the program's impact on participating youths both in terms of access to mental health services and involvement with the juvenile justice system.

We compiled data on 33 youths who entered and exited the Court at any time through December 2009. The data was taken from Alameda County health utilization, probation and mental health records.<sup>40</sup> Two separate cohorts of youths were of particular interest: those that had at least one year of either post-participation mental health utilization (n=21) or juvenile justice data (n=23). The explanatory power of these data is limited by the small number of participants involved and the absence of a control group; however, the data do suggest a few positive trends and highlight issues for further study.

### **Juvenile Justice**

The ACJC's premise that youths with mental health needs are best served in the community makes reducing the time participants spend in custody a key evaluative measure. Eleven of the 33 youths whose data were analyzed for this report did not spend any time in detention while in the program, or did not return after release if they were in custody at the time of acceptance. The others had stays in Juvenile Hall ranging from four to 493 days, for a total of 1,658 days.<sup>41</sup> As discussed above, these youths had a total of 4,852 days in detention prior to acceptance into the ACJC, and eight of them had spent more than 250 days in custody.

Avoided delinquency is another key measure. While participating in the ACJC, 10 of the 33 youths had a total of 11 sustained offenses, and another three had sustained probation violations but no new law violations.

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<sup>40</sup> In order to protect the privacy of the youths involved, the names of the individuals were redacted from probation records and information from the mental health files was kept anonymous.

<sup>41</sup> The 1,658 days of detention includes only new instances of detention during the ACJC process; it does not include the time prior to initial release for the eight youths who were detained when they were admitted into the Court.

**a. Juvenile Justice Involvement Before, During and After ACJC Participation (n=23)**

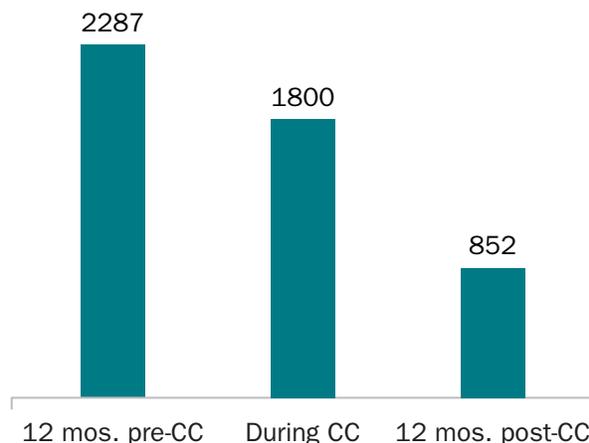


Information about sustained offenses in the year following discharge was available for 23 youths as of December 2010. Of these, seven had committed a new law violation (for a total of eight offenses) during their participation in the Court. As of December 2010, six had at least one sustained law violation (for a total of seven offenses) in the year following discharge from the Court, and three others had a probation violation within that time.

We get a sense of the Court’s positive impact when we focus on the cohort of youths for whom one year of post-participation juvenile justice data were available. By comparing data over three roughly equivalent time periods — 12 months before participation, 13 months (average) during participation, and 12 months after graduation — we see that every measure evaluated showed substantial improvement, save new probation violations. (See Charts a and b.) These reductions are significant: The number of days in detention declined by more than 60 percent over the approximately three years reported, the total number of detentions went down by about three-quarters, and half as many youths were detained in the year after than in the year prior to participating. Additionally, the number of new law violations declined by more than two-thirds.

The data also show that challenges remain: despite the reduction in days in detention, our cohort of youths nevertheless spent a cumulative 1,800 days in juvenile hall while participating in the Court.

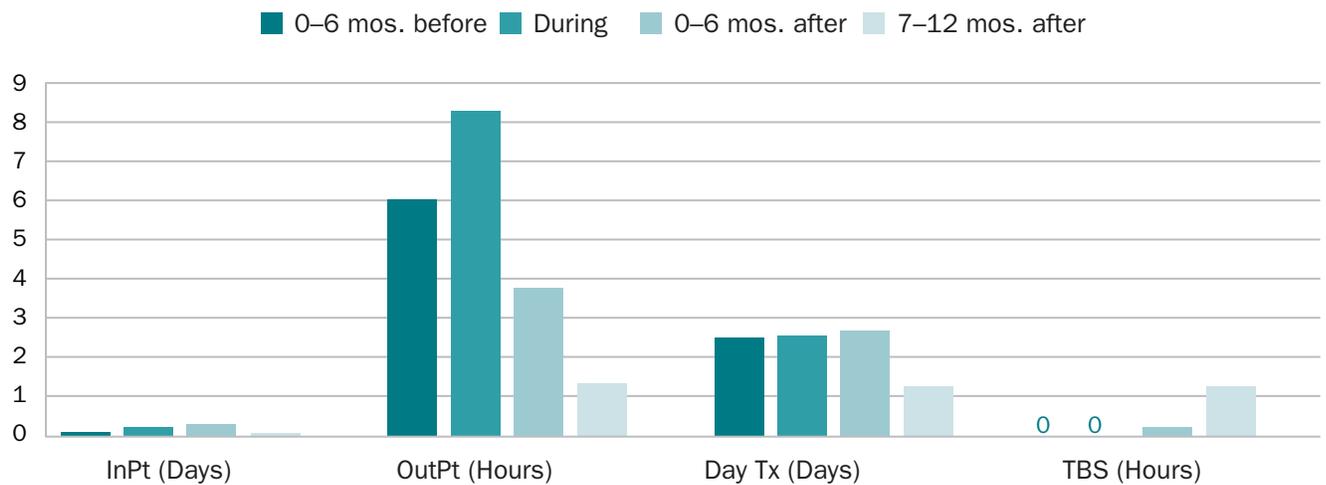
**b. Total Number of Days in Detention Before, During and After ACJC Participation (n=23)**



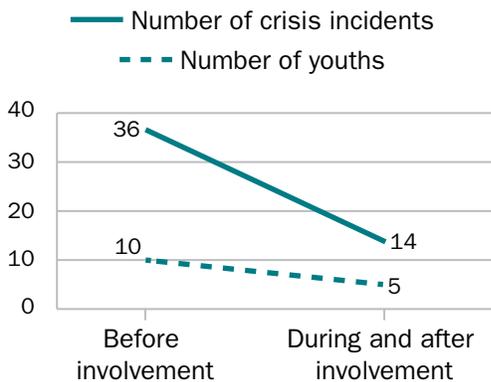
## Mental Health

The mental health data also suggest some promising trends. After enrollment, every youth received at least one mental health service, and more services were provided in every category except TBS. (See Chart c.) In addition, participating youths experienced psychiatric crises far less frequently after becoming involved in the ACJC. For the cohort of youths that exited the Court before January 2010, the number of crises dropped remarkably, from a total of 36 prior to acceptance into the Court to 14 following acceptance. (See Chart d.)

**c. Monthly Average Units of Service Per Youth Before, During and After ACJC Participation (n=23)**



**d. Crisis Intervention for ACJC Youths Before and After Enrollment**

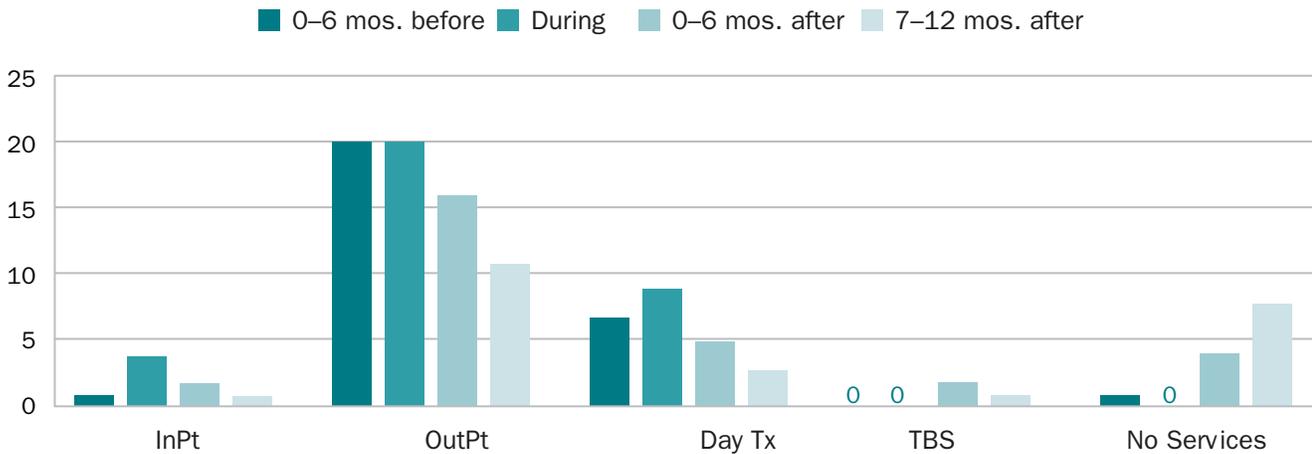


The data may also raise concerns. In every category save TBS (which increased for the first six months after graduation), the number of youths served declined after graduation. (See Chart e.) During the second six months following their exit from the program, eight youths received no publicly funded mental health services.

### Legal Advocacy

The ACJC has leveraged considerable civil advocacy resources for its participants. Almost 90 percent have received free civil legal services. Bay Area Legal Aid, the primary legal services provider, has represented approximately 30 youths in over 60 cases involving public benefits, housing, health access, education, and civil harassment. Families have received roughly 2,400 hours of free legal services from July 2007 to December 2009.

**e. Number of Youths Receiving Mental Health Services Before, During and After ACJC Participation (n=21)**



Civil advocacy has been especially important as a means of helping to stabilize families against the debilitating effects of poverty. Advocates' efforts helped double the total income of some families, and prevented evictions for others. Housing matters were commonplace. Lawyers working for the families negotiated move-out arrangements with banks after foreclosures, connected families with agencies that provide cash assistance for rent or utilities, and brought legal action to address habitability concerns.

Civil advocates also helped activate Medi-Cal and appeal improper denials. Because Medi-Cal is the primary funding source for mental health services, ensuring that families are eligible and enrolled is critical to a successful ISP. Advocates also helped gather school records and worked with school districts to enroll youths quickly. They attended IEP meetings to ensure that therapeutic supports were provided as required by federal and state law. For youths who were not yet identified as eligible for special-education services, advocates requested assessments and helped gather information to expedite assistance.

**Bay Legal Collaborative Court Cases**  
July 2009 to November 2010

	Brief Service	Full Representation	Total
<b>Education</b>	5	33	38
<b>Food Stamps</b>	1		1
<b>Housing</b>	2	4	7
<b>SSI</b>	4	13	17
<b>CalWORKs</b>		3	3
<b>Medi-Cal</b>	6	5	11
<b>Other</b>	3	3	6
<b>Total</b>	21	61	83

## Summary of Achievements and Challenges

Analysis of quantitative data is a powerful way to test a program's success. Another key test of success is whether a program has developed in a manner consistent with its programmatic goals. In the case of the ACJC, the collaborators' original Memorandum of Understanding provides a useful benchmark against which to gauge progress. According to the MOU, the ACJC was intended to accomplish the following program goals:

1. Create a collaborative court by operating as a specialized, separate calendar of the juvenile court on a twice-monthly basis.
2. Link families with individualized mental health treatment services, educational and vocational opportunities, and other community supports; develop an array of community-based resources not previously available to the Court; and improve access to community-based mental health services.
3. Reduce the time youths spend in detention; enable youths to remain safely in their homes; and maintain minors with mental illness in the least restrictive status possible.
4. Improve youths' engagement in community-based mental health services; stabilize mental health problems; and support youths in developing healthy relationships with family members. Help youths to prepare for a successful transition to adulthood.
5. Improve youths' compliance with the law and the terms and conditions of their probation.
6. Increase school attendance and achieve educational success.
7. Divert mentally ill youths from the juvenile justice system as quickly as possible (while maintaining public safety) and reduce recidivism.
8. Develop a strategy to collect data consistent with program goals and define outcome measurements that provide a basis for evaluating and improving the program.

Based on family and collaborator interviews, outcome data, direct observation, and issue research, the following summary provides another perspective on the ACJC's achievements and remaining challenges. This chart is organized according to the Court's goals, identified above.

Key Element	Achievements	Challenges
<p><b>1. Establish a collaborative court</b></p>	<p>A. The Court is up and running; meets biweekly; and has an established routine of acceptance, supervision, and graduation of eligible youths.</p> <p>B. ACJC brings major stakeholders together, including a strong civil advocacy component; team members are invested in the Court’s work, and through this experience have become stronger advocates for involved youths and system change.</p>	<ol style="list-style-type: none"> <li>1. Procedures are often informal and unwritten, policy decision-making can be slow as consensus is built, and administrative tasks rely on volunteer effort from ACJC members and can therefore be delayed, e.g., amending the ISP template took months.</li> <li>2. Team member transitions are challenging.</li> <li>3. Training opportunities have been limited; training for working with youths with mental health needs and on services and intervention options available in the community would be useful.</li> <li>4. Youths may be referred to the ACJC with incomplete diagnostic information; better screening at intake could help the ACJC better identify eligible youths and begin providing supports and services earlier.</li> <li>5. Lack of dedicated funding may prevent expansion or sustainability.</li> <li>6. The Court needs a dedicated project manager.</li> </ol>
<p><b>2. Linking Families to Services</b></p>	<p>A. Virtually all youths are provided mental health, education, and civil legal services.</p> <p>B. The Court has increased the availability of intensive mental health services, and a greater array of services is available to involved youths through Community MDTs, which also assist with engagement and follow-through.</p> <p>C. The ACJC provides a coordinated response to link or provide youths with mental health services and supports. Civil advocates provide legal assistance to resolve educational, housing, and economic security issues. The Guidance Clinic and Seneca Center connect the youths with appropriate mental health treatment and medications.</p>	<ol style="list-style-type: none"> <li>1. Youths are dependent on traditional service providers that are often ineffective at engagement and follow-through or less dedicated to serving ACJC youths.</li> <li>2. There is some concern that medication is overemphasized in service planning.</li> <li>3. Many youths involved with the justice system have substance abuse problems and the ACJC has not yet sufficiently established methods for meeting these needs.</li> <li>4. Similarly, many youths are “dual-diagnosis” (i.e., mental health and developmental disability diagnoses) and the ACJC has not developed specific strategies to work with this population.</li> <li>5. There is a need for additional specialty services for girls who are pregnant or parenting, and for sexually exploited minors.</li> <li>6. There is limited access to vocational or youths development services.</li> </ol>
<p><b>3. Divert youths from detention and place them safely at home or in the least-restrictive alternative</b></p>	<p>A. Most youths are quickly released from detention and few youths return to detention.</p> <p>B. The vast majority of youths are maintained in their homes rather than placed.</p> <p>C. The use of electronic monitoring rather than detention is prevalent.</p>	<ol style="list-style-type: none"> <li>1. Youths who are released from detention remain involved with the juvenile justice system.</li> <li>2. Some ACJC youths may remain on probation <i>longer</i> than they otherwise would.</li> </ol>

Key Element	Achievements	Challenges
<p><b>4. Youths are engaged in treatment, mental health is stabilized, and family relationships are strengthened</b></p>	<p>A. The recent addition of Seneca Center to the team has significantly improved engagement and access to treatment.</p> <p>B. The Court has had substantial success managing mental illness.</p> <p>C. Returning minors home with supports has improved coping skills for youths and families.</p>	<ol style="list-style-type: none"> <li>1. Returning young people home can aggravate interpersonal conflicts in the home.</li> <li>2. At times, service planning is ad hoc.</li> <li>3. Monitoring progress is not always consistent.</li> <li>4. Decline in services and intensity of services post-participation.</li> <li>5. Providing adequate intensity of mental health services.</li> </ol>
<p><b>5. No new law violations, compliance with probation plan</b></p>	<p>A. Probation officers takes a much more therapeutic view in responding to probation violations.</p> <p>B. New offenses and probation violations are reduced.</p> <p>C. Probation officers and education advocates work together to support schools in working with youths so that school-site probation violations are reduced.</p>	<ol style="list-style-type: none"> <li>1. Retained authority by non-ACJC probation officers over participating youths has caused some confusion and mixed signals at times.</li> </ol>
<p><b>6. Regular attendance and success in school</b></p>	<p>A. The education liaison offers special education services to many involved youths.</p> <p>B. The emphasis is on school attendance and inclusion in the least restrictive environment — not independent study.</p> <p>C. Integration with community collaborators is very strong.</p> <p>D. Educational advocates assist youths in obtaining special education eligibility and/or placement with appropriate accommodations as well as representation at disciplinary hearings.</p>	<ol style="list-style-type: none"> <li>1. The ACJC needs to meet the needs of youths who are unlikely to graduate with work attachment and youth development training.</li> <li>2. Enrollment delays persist in some school districts, in part because of uneven participation in ACJC by districts.</li> <li>3. Some youths face disciplinary hearings or expulsions after they are released from juvenile hall.</li> </ol>
<p><b>7. End youths' involvement with the juvenile justice system</b></p>	<p>A. The Court dismisses probation when a youth graduates.</p> <p>B. The ACJC provides links to community-based resources that help sustain improvement; some team members continue to provide services after a youth graduates.</p>	<ol style="list-style-type: none"> <li>1. Problems dealing with restitution.</li> <li>2. No routine commitment to expunge records.</li> <li>3. Inability to use Deferred Entry of Judgment to avoid adjudication where possible.</li> <li>4. Court may “hold on to” a youth longer than is essential.</li> </ol>
<p><b>8. Develop outcome measures, collect data, and report on program performance</b></p>	<p>A. There is an accounting of who is in the Court, what their status is, what their treatment plan is, and how they are progressing.</p> <p>B. Behavioral Health Care Services has developed the ability to report service utilization for involved youths.</p> <p>C. Current three-year evaluation conducted.</p>	<ol style="list-style-type: none"> <li>1. Recordkeeping and reporting of sanctions are limited, and cumulative use of sanctions is difficult for the team to evaluate;</li> <li>2. No formal outcome measures have been developed beyond avoiding detention and achieving graduation.</li> </ol>

## The Big Picture

Despite having different orientations and, in some cases, traditionally adversarial positions, the ACJC team members work together collaboratively.

Taken together, the foregoing information establishes that the ACJC has accomplished many of its goals. In particular, the Court has been successful in connecting youths and their families to community-based treatment services with the advent of Seneca Center's intensive case management program. In addition, the ACJC's civil advocacy services have proven instrumental in stabilizing and improving the circumstances of participating youths and families, almost all of whom received free legal services.

The ACJC has been a remarkably successful example of true multidisciplinary collaboration. Despite their traditionally adversarial positions, the ACJC team members work together to build consensus around approaches and interventions, and effectively resolve conflicts that arise.

These positive conclusions, however, do not end the debate regarding juvenile mental health courts generally and, perhaps, the ACJC in particular. Critics' concerns include objections to the juvenile justice system becoming a *de facto* mental health services provider, as well as worries that the Court's capacity is too limited and that its focus is too narrow, in terms of whom it serves and at what point in the delinquency process youths are accepted.

## Recommendations

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### Design

Although there have been many successes, the ACJC is still a work in progress. Anticipating that there would be policy choices and design changes to make along the way, the ACJC created a Policy Group consisting of members of the MDT and key stakeholder decision-makers. The group meets quarterly to revisit questions of design and process so that the ACJC can continue to improve outcomes, increase efficiency, reduce costs, improve sustainability, and generally increase its effectiveness.

The following recommendations are directed to this body with the hope that they are helpful in identifying challenges so as to begin the process of developing practical ways to meet them.

#### Establish/Ensure Funding

The ACJC was started with no new funding resources. Later, in 2010, BHCS launched a dedicated Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services program for youths involved in the ACJC, allocating approximately \$1.3 million each year for intensive community-based mental health services.

Behavioral Health's EPSDT initiative is an enormous step forward in meeting the mental health needs of juvenile justice-involved youths. However, there remain serious unmet fiscal needs of the Court, including funding to meet the Court's most basic administrative needs. In particular, collaborators need a dedicated person to serve as the Court's case coordinator. Currently, case coordination is divided informally among the mental health clinicians, the probation officers, and the civil advocates. EPSDT funding itself poses challenges because those services are available only to "full-scope" Medi-Cal beneficiaries. Services for youths who are not Medi-Cal eligible are scarce and often inadequate. If the ACJC is to sustain itself, it will need to identify dedicated funding sources for administrative and programmatic requirements, as well as for partnering organizations and agencies that to date have provided their own resources to fund program services.

#### Family Engagement and Participation

Encouraging engagement and participation by both the youths and the families in the ACJC is a continuing challenge. The Court manages the relationship with the family in a much more collaborative manner than in the traditional juvenile justice system. But there is room for improvement in communication between the Court and families and for amending the Court's design to more effectively engage the family in treatment planning and implementation.

The Court must ensure that youths and families are given adequate information about its process in their initial meetings, paying particular attention to youths whose defense attorneys may be less familiar with the Court. To begin to meet this need, the ACJC has

recently developed information sheets for participants' families.<sup>42</sup> To increase engagement in the process, the collaborators should focus on learning and acknowledging the views of the youths and their families when they are present (in the Community MDTs and court appearances) and consistently sharing information about those meetings when they are absent. This will help show families and youths that they are valued members of the team, and will build trust and understanding by making court procedures more transparent.

Another effective tool for increasing engagement, one that has been used in other JMHCs, is a trained parent whose own child has had unmet mental health needs and been involved in the juvenile justice system in the past. This person, known as a parent partner, can act as a bridge between the MDT and families, helping to communicate the families' perspective to the Court and acting as a source of support, encouragement, and information to current participants. As a paraprofessional who is not involved directly in any case, the parent partner would be able to objectively represent the parent and family perspective in the twice-monthly MDT meetings.

All of the participants in the ACJC would benefit from better information about mental illness and its treatment.

### Formal Mental Health Training

ACJC collaborators are mostly self-selecting. As a result, the Court is generally sensitive to the needs of youths with serious mental illness. However, the ACJC team members — other than the mental health clinicians — do not have formal mental health training. Team members need formal training in several key areas: 1) engaging and understanding youths and families with mental illness; 2) diagnoses and effective treatment of mentally ill youths; and 3) community-based mental health services and supports that are available for juvenile justice-involved youths. Parents and youths also need information on mental illness and treatment.

Efforts to provide training have included brown bag seminars on mental illness and mental health care; inclusion of clinicians in the Court and Community MDTs; and outreach to local clinicians and academics for *pro bono* training. More and better training will require additional dedicated resources.

### Diversion vs. Reentry

The ACJC is a post-adjudication court. Critics have raised concerns about this approach — in comparison to a pre-adjudication court — arguing that it requires youths to be found delinquent in order to access the program, thereby undercutting the “diversionary” potential for the Court. Whether a court is pre- or post- diversionary, however, may be less an intentional design choice than a means to an end. The ACJC was created to address the needs of delinquent youths who are difficult to place because of their serious mental illness. Typically, these youths are already deep in the juvenile justice system and at the dispositional stage of proceedings awaiting or in placement. Thus, the post-adjudication

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42 See Appendix E.

status of participating youths appears to be more a result of the decision about whom to serve, rather than how to serve them.

Whether the ACJC should continue to focus exclusively on these youths is an important, but separate, consideration. It may be possible for the Court to extend its reach to youths who meet offense and diagnostic eligibility and would benefit from the program, but who have not yet been adjudicated. Early efforts by the Court to admit youths under such circumstances ran into significant procedural problems, including statutory restrictions on the use of Deferred Entry of Judgment — a method of avoiding “criminalizing” involved youths by not adjudicating them delinquent. Going forward, research should be conducted to identify what needs to be done to enable the Court to admit youths pre-adjudication, including, if necessary, statutory amendments. Additionally, the Court should design and conduct a survey to identify juvenile justice-involved youths with serious mental illness who have not been adjudicated and are otherwise eligible for the ACJC. Crystallizing the need for a pre-adjudication docket would likely assist in bringing one into being.

## Process

### Improve Administrative Policies and Procedures

The ACJC was created as an individualized problem-solving intervention with no new resources. Procedures and documentation were developed as the court itself developed, oftentimes after the fact. It should come as no surprise, therefore, that administrative and procedural formalities are sparse.

Now that the Court has matured, there is good reason to formalize and possibly disseminate ACJC policies and procedures. Written protocols for the new Screening Committee, the MDT, and the Policy Committee would make the ACJC more efficient and help others better understand the Court’s work. The protocols should cover key procedures such as intake and admission, treatment planning and implementation, and graduation. Written protocols would improve consistency and accountability and greatly assist in MDT personnel transitions.

New procedures could improve service delivery and understanding about the program’s effectiveness. For example, a formal process for collecting feedback from families about their experiences with the Court could be instituted. Such information would help determine whether efforts at family engagement were succeeding, among other things. Up-to-date accounting of the use of sanctions would help to ensure that the MDT knows the cumulative impact of sanctions and to allow for better management of a key outcome measure: time in detention.

Now that the Court has matured, there is good reason to formalize and disseminate ACJC policies and procedures.

## Refine Eligibility to Ensure an Effective Match Between Youth and Intervention

In the beginning, the ACJC accepted several of the most difficult, hard-to-place youths in the system.<sup>43</sup> After some successes and failures, the Court tacitly acknowledged that it was not always possible to turn a worst-case scenario into a successful community reentry. Over time, the Court's MDT process was most effective when appropriate services were available — although perhaps difficult to access — in the community. As the collaborators learned what they could accomplish, the ACJC's approach to admissions was adjusted to better fit the participating youths' needs with its evolving capabilities. With the recent addition of ICM services, the Court may want to revisit its admission criteria to ensure that admitted youths continue to fit with the Court's expanded capacity and services array. A key concern is avoiding admission of youths with serious mental health needs but very low-level offenses that do not warrant extended involvement with probation and the juvenile justice system. The risk is that the new availability of high-quality mental health services through an expanded ACJC will tend to draw young people with serious unmet mental health needs into the delinquency system.

## Routine Mental Health Screening

The Court's existing referral-based system is sufficient for a court with a small number of participating youths. The Court's current effort to expand from 15 to 50 youths is causing some members of the ACJC to reconsider this approach. Collaborators have suggested two alternatives: 1) routine mental health screening of youths when they enter juvenile hall or are adjudicated wards of the county, and 2) outreach to programs or facilities that serve delinquent youths or those at-risk of juvenile justice involvement.

A well-designed routine screening would complement the referral process and help ensure that the Court selects young people who can most benefit from the ACJC. Mental health screening for all youths entering the Juvenile Justice Center would generate referrals from assessing clinicians when youths first enter the Juvenile Hall, allowing for earlier interventions and likely fewer days in detention. Also, a more systematic screening program could prevent many youths from slipping further into the juvenile justice system unnoticed. Based on the youths who are admitted, it is evident that some young people are not being referred to the ACJC until after they have been involved with the juvenile justice and probation systems several times, or after they have been repeatedly returned home from placement with inadequate supports, only to wind up back in the Hall. By failing to identify youths with unmet mental health needs when they first touch the delinquency system, the current eligibility process is unintentionally excluding some youths who have much to gain from the ACJC's services.

## The Importance of Outreach

Having an effective referral process relieves the ACJC of having to sort through a large population of young people to identify appropriate applicants. However, dependence on a

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<sup>43</sup> E-mail from Paul Seeman to design team dated Feb. 2, 2007, on file with the National Center for Youth Law.

referral system can lead to insufficient and inappropriate referrals. Both of these problems can be addressed with thoughtful and coordinated outreach.

Effective outreach begins with individuals who work within the juvenile justice system: judges, district attorneys, public defenders, probation officers, counselors, and other staff in juvenile hall. These individuals are in contact with youths in the juvenile justice system on a daily basis. By equipping them with information on the purpose, basic process, and eligibility criteria of the ACJC, they can become consistent and reliable sources of referrals. The members of the MDT may serve as liaisons in such outreach efforts. For example, the Court's DA is well-positioned to reach out to fellow district attorneys. In addition to using outreach efforts aimed at juvenile justice professionals, the ACJC should also reach out to service providers in the community that consistently serve youths in the juvenile justice system, such as mental health service providers, schools, case management programs and interagency liaisons. Not only will these outreach efforts improve the quality of referrals and increase access to the ACJC for more youths, these efforts can also serve as an important step to building partnerships between the ACJC and other entities that can provide support to youths during the collaborative court process and beyond.

## **Outcomes**

Instituting mechanisms to collect quantifiable outcome data for youths and families that participate in the ACJC will play a crucial role in building and maintaining funding support, as well as community involvement. Gathering positive outcome data is also a compelling way to extend the ACJC model to other jurisdictions.

### **Measure and Report Accomplishments**

The ACJC does not have the money to put a data collection system in place.<sup>44</sup> Nevertheless, most collaborators believe that the ACJC should formalize the process for collecting and reporting participants' data including, if possible, recidivism rates, academic progress, and mental health outcomes, both when youths exit the Court and afterwards. Some also mentioned a need to create concrete outcome criteria and benchmarks.

These benchmarks could help the Court create reports that would demonstrate achievements and show areas where improvements are needed. At a minimum, the ACJC should inventory what data and records are already created by, or available to, its collaborators, and explore ways to share and combine the existing records or data.

### **Increase Access to Services**

One of the ACJC's signal accomplishments has been the development of its ICM program. Expanding services for youths with serious mental illness so they can be supported in the community is a critical component of a successful JMHC. Nevertheless, there is room to

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<sup>44</sup> The data used in this report were gathered for the purposes of this evaluation and are not routinely collected by the ACJC.

As a community-based program, the ACJC needs to build new relationships with alternative community-based organizations that can meet the needs of participating youths.

further improve access to, and the scope and depth of, services for participating youths and families.

Perhaps most pressing is the need for substance abuse services. Although the ACJC collaborators included a substance abuse specialist from the beginning, available resources for participating youths are largely limited to residential treatment. As a community-based program, the ACJC needs to build new relationships with alternative community-based organizations that can meet the needs of participating youths. Other critical needs include:

1. Services to non-Medi-Cal youths, who are currently unable to access many of the services to which other ACJC youths are referred
2. Referrals for mental health services for family members
3. Job training and work attachment skills
4. Non-custodial services and supports for sexually exploited minors
5. Counseling, shelter, reproductive health care, and other services and supports for pregnant and parenting youths.

#### Make Referrals for Ineligible Youths

Even if a particular youth is not accepted into the ACJC, the team may be able to assist the child through referrals. This would work especially well for children who do not need the intensive supervision and case management of the ACJC but could benefit from being connected to appropriate services in the community.

#### Sustainability and Growth

The ACJC was started as a pilot project in order to test an intervention and to work out the kinks along the way. Now that the Court is up and running, the next critical questions are: 1) whether the Court can be sustained as such, and 2) whether the Court model should be extended, and if so, how.

#### Sustain the Existing Program

Although some steps have been taken to provide for the sustainability of the ACJC, including expanding mental health services, additional efforts can and should be made to ensure the program's viability. In the long run, one of the most beneficial steps that can be taken to ensure the Court's future would be to establish dedicated state and/or county funding for the Court's operation. Additionally, reporting outcomes and communicating to stakeholders the Court's effectiveness is critically important. A greater awareness among stakeholders of the needs of the involved youths and the benefits of the Court's approach will help to recruit additional partners and build support for dedicated funding.

In the short run, successfully expanding the Court from 15 to 50 youths is a key test. Already the Court is making necessary adjustments to move beyond the pilot project stage to become a reliable and valued component of Alameda County's continuum of services for juvenile justice-involved youths with serious mental health needs. Incorporating recommendations from this report will also help to improve the Court and the outcomes for participating youths and families.

### Expanding the Model

Most ACJC collaborators expressed a desire to see the ACJC serve more youths, though there were widely differing opinions as to how the number of participants should be increased. Notwithstanding this, most were also concerned that there are not sufficient funds and resources available to support expansion. Several collaborators doubted that an expansion was possible because the current model is too time- and resource-intensive.

Expansion proposals included:

- Expand qualifications to include all youths in the juvenile justice system with mental health needs, regardless of the type of offense that has brought them into the system.
- All minors in the juvenile justice system, even those without mental health needs, would be helped by having access to some of the ACJC's services.
- Make the Court more pre-emptive, and allow referrals of young people who have not yet been charged or adjudicated.
- Eliminate the current prohibition on certain diagnoses (e.g., conduct adjustment reactions, oppositional defiant disorders, conduct disorder, personality disorder, and sexual offenders if unaccompanied by a mental illness).
- Adapt the model to include young people in group homes or without a traditional parent or caregiver.

A larger Court would likely need to be more formally structured, although at least one team member asserted that the relative informality of the ACJC is one of the reasons for its successes. However, another, who agreed that a more formal structure would be necessary for the Court to expand, felt that there were additional benefits to formalizing the Court's processes, such as an increased ability to monitor the youths' progress and report on their outcomes.

In addition to increasing the number of participants in the ACJC, the Court may be expanded in other ways. Most obviously, aspects of the Court's services or approaches could be provided to youths who are not enrolled in the Court. For instance, youths could be linked to civil advocacy services or Intensive Case Management without requiring participation in the Court. The great challenges to this approach are limited resources and diminished benefits from not using the collaborative structure of the Court. Also, bilateral (as opposed to the ACJC's multilateral) relationships would need to be developed.

Finally, there is real opportunity to use the lessons learned through the development and implementation of the ACJC to educate others and facilitate the development of other juvenile mental health courts. There have been clear benefits to youths and families who have participated in the ACJC that could be extended to youths and families in other jurisdictions. In the case of planned or nascent courts, start-up challenges could be reduced, and better outcomes for families realized sooner through transfer of the ACJC's knowledge and experiences to interested stakeholders. For existing courts, describing the working and evolution of the ACJC should contribute to better understanding of common challenges and possible solutions, thereby improving outcomes for families and youths in other jurisdictions and in the ACJC itself.

## **Conclusion**

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This project was undertaken in order to better explain how the ACJC works, what it has accomplished, and where it may go in the future. The report details the specific processes and procedures used by the ACJC to identify, evaluate, serve, and transition youths with significant unmet mental health needs from the juvenile justice system into more stable and permanent placements in their own homes and communities. This study also examines the population being served by the Court in order to evaluate the benefits of participation, and to determine what changes can and should be made in the future to improve the Court's efficacy and to expand its reach.

The information collected shows that the ACJC model of a juvenile mental health court is a promising intervention. While the number of enrollees has been modest, many of the youths who have participated have experienced positive benefits. During their time in the ACJC, participating youths on average had lower levels of detention and psychiatric hospitalization than they did prior to admission into the Court. These decreases appear to be significant: The number of detained youths fell by half, the number of days in detention decreased by more than 60 percent, and hospitalizations decreased from 34 prior to Court involvement, to 14 in the 24 months following participation. Juvenile justice outcome gains continued after graduation with reductions in every measure analyzed.

The ACJC is still a work in progress. Going forward, several issues must be addressed. The Court must complete the ongoing expansion, making all the necessary adjustments to serve a full docket of 50 young people. Plans should be made to periodically evaluate and report on the Court's progress. Ongoing evaluation is important not only to identifying successful (and less successful) policies and procedures, but to allowing others to learn from the ACJC's experiences. To ensure that the Court will survive into the future, a dedicated source of funding must be secured. Finally, the current collaborators must continue to work effectively together to successfully reduce the involvement of youths with serious mental illness in the juvenile justice system.



## **Appendices**

Appendix A: Memorandum of Understanding and Protocol

Appendix B: ACJC Referral Form

Appendix C: Consent to Share Confidential Information

Appendix D: Individualized Service Plan (ISP) Template

Appendix E: ACJC Information Sheet

Appendix F: Offenses Listed in California Welfare & Institutions  
Code Section 707(b)



## Appendix A

# Alameda County Collaborative Juvenile Court Program

### **I. Goals:**

The purpose the Alameda County Collaborative Juvenile Court (“ACJC”) is to divert mentally ill youth from the juvenile justice system by linking families with individualized mental health treatment services, educational and vocational opportunities, and other community supports. The specific goals of the program are to:

- Develop an array of community-based resources not previously available to the court, in part by instituting a collaborative approach including service providers and civil advocates in the court process.
- Maintain mentally ill minors in the least restrictive status possible (DEOJ, non-wardship probation, 300 dependent) as an incentive to participation.
- Facilitate the collaborative process by operating as a specialized, separate calendar of the juvenile court on a bi-weekly basis, with an evaluation phase, where cases are accepted or rejected for the court process, and a supervision phase.
- Where possible, develop outcome measurements to provide an “evidence-based” evaluation of program success.

### **II. Program Philosophy:**

The court is premised on a recognition that many youth become involved in the justice system as a result of their unmet mental health needs, and a belief that the justice system should not criminalize mental illness or become a de facto mental health care delivery system. The program will operate from a strength- and family-based approach, with the overarching goal of enabling youth to remain safely in their homes, succeed in school, avoid continued involvement with the delinquency system, and make a successful transition to adulthood.

The core principles of the court are as follows:

1. Youth are most effectively served in their homes and in conjunction with their families.
2. Court-involved youth should have access to high-quality evidence-based treatment modalities and assessment procedures.
3. Youth are most likely to succeed when they are provided with comprehensive strength-based services in a coordinated fashion.
4. The juvenile justice system is not designed to be a mental health services provider. It can, however, play an important role in linking youth with services in their communities.
5. Although access to appropriate mental health treatment is critical, this alone will not ensure successful outcomes.

### **III. Target Population:**

Any young person in Alameda County who is the subject of a petition filed under Welfare and Institutions Code section 602 is potentially eligible for the Alameda County Juvenile Collaborative Court.

#### **Inclusionary Factors:**

ACJC's target population is juveniles with mental illness or co-occurring mental illness and substance abuse that have contributed to their criminal activity. For project purposes, this definition includes:

- Biologically based brain disorders with a significant genetic component, including major depression, bipolar disorders, schizophrenia, schizoaffective disorders, severe anxiety disorders, and ADHD with significant functional impairment;
- Severe PTSD (for purposes of this program severe describes severe symptoms, trauma, functional impairment, or a combination of all three of these);
- Developmental disabilities such as pervasive developmental disorders, mental retardation, and autism spectrum disorders;
- Sexual offenders with any of these characteristics who are otherwise suitable for the Adolescent Sexual Offender Treatment Program;

#### **Exclusionary Factors:**

Unless complicated by another condition, conduct disorder, oppositional defiant disorders, adjustment reactions, and personality disorders would not qualify for the ACJC.

Minors charged with 707(b) offenses are not eligible.

These factors are intended as guidelines for referral; individual cases outside these parameters may be accepted for the ACJC with the consent of the assessment team and the court.

### **IV. ACJC Members:**

The Collaborative Juvenile Court team will include representatives from Behavioral Mental Health, Probation, District Attorney, Public Defender (and defense counsel generally), Social Services, and an Advocacy Coordinator representing the civil advocacy partners in the Collaborative Juvenile Court process. The operating principle of the team will be to work together 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. The roles of the members may be generally described:

Mental Health: Responsible for presenting the mental health assessment findings – psychiatric, psychological, behavioral, social, familial, and educational issues-to the team. The mental health coordinator is an active participant who works collaboratively to coordinate overall assessment, treatment planning, and disposition of the minor. This includes case management of youthful

offenders and maintaining contact with community mental health providers in order to monitor progress and encourage treatment compliance.

Probation: A designated Probation court officer will be specifically assigned to the ACJC. The ACJC court officer will be trained in mental health issues with an emphasis on a multi-agency collaborative approach, and pending the funding of a Collaborative Juvenile Court Coordinator, will provide the same general case and calendar management as court officers in any other Department. The probation department's role in general is to implement the directives of the court and supervise each minor while assisting in the development of the minor's service plan. The probation officer acts as a liaison to community mental health treatment programs to provide for a continuum of service for minors suffering serious mental illness. The probation officer also coordinates with educational advocates to ensure that the minor's academic needs have been identified and that appropriate services are being rendered. The probation officer also provides information and recommendations to the court when appropriate as in any 602 case. Due to the intensive nature of the ACJC program, the probation officer's caseload will be capped at a number to be determined by consensus of the court's partners.

District Attorney: A designated prosecutor will be specifically assigned to the ACJC for the purpose of assessing minors' current conduct and criminal history relative to their suitability for the program. If a minor is deemed suitable and acceptable to the program, the prosecutor contributes to the formulation and implementation of the service plan. Information discussed in the context of the Collaborative Juvenile Court is shared solely for the purpose of assessing the minor and implementing his or her service plan. In this context, the role of the prosecutor in the ACJC is significantly different than that of the conventional trial advocate, and information discussed in the ACJC will not be used against the minor in subsequent court hearings.

Public Defender/Defense Attorney: A designated deputy public defender will be specifically assigned to the ACJC. The assigned attorney will be trained in, or have a particular interest in, the mission of the Collaborative Juvenile Court. The public defender (or, in some cases, the minor's court-appointed attorney, subject to the availability of resources) will review the minor's psychiatric history and determine whether it is in the minor's legal interest to participate in the ACJC. Once minors are accepted into ACJC, their attorneys continue to represent them throughout the process.

Social Services: A representative of the Department of Social Services will be assigned to the ACJC to provide information on case management or other services that may be available to qualifying juveniles, especially for those 300 dependents referred to the ACJC, and to ensure a continuum of care for those juveniles.

Court: The bench officer assigned to the ACJC calendar handles the case from acceptance through dismissal. The bench officer should have-or be willing to develop-a sensitivity to mental health issues. The court will have the responsibility of bringing other service providers and community-based organizations to the table to implement the goals of the ACJC.

Civil Advocacy Coordinator: Youth with serious mental illness often have multiple needs that require comprehensive and coordinated services. In an effort to address these challenges, the Collaborative Juvenile Court has forged an innovative partnership with the civil legal services

community. Under the leadership of the Civil Advocacy Coordinator, civil advocates work directly with families to provide assistance in key substantive areas. When youth are admitted into the Collaborative Juvenile Court, the Civil Advocacy Coordinator meets with each family to assess their civil legal needs. For example, families may need assistance with housing, educational services, regional center access, and a range of other government benefits (e.g. GA, CalWorks, Medi-Cal, SSI). Based on the intake interview and a review of relevant records, the Civil Advocacy Coordinator will 1) provide brief service to the family; 2) assign the case to a Civil Advocate; or 3) make a referral. As member of the ACJC multidisciplinary team, the Coordinator will attend all ACJC team meetings and work closely with other members of the team to ensure that civil legal needs are identified and addressed.

Community Partners: In addition to the core MDT (listed above), the ACJC will seek to incorporate community partners. These partners may include:

- Clinicians from the county department of mental health
- Representatives from mental health and substance abuse providers
- School liaisons/Education advocates
- Vocational programs
- Mentoring groups
- Civil legal services organizations
- Regional center liaisons
- Faith-based organizations

## **V. Protocols:**

### **A. Referrals**

Any representative of any institutional partner in the Court project may refer a juvenile for the ACJC. Acceptance of the juvenile will be at the sole discretion of the ACJC bench officer in consultation with the ACJC team.

### **B. Screening**

#### 1) Mental Health Screening

The Alameda County Probation Department uses the MAYSI-II to screen all youth detained at the Juvenile Justice Center. This mental health screening assists in identifying high-risk concerns, suicidal indicators, other mental health symptoms, and substance abuse.

Youth who score in the warning area on any of the three scales: suicidal, depressed anxious, or thought disordered (boys), will automatically be given a second screening by a mental health clinician. After this second screening, youth may be referred for an assessment. Youth who have

had an assessment and appear to be in need of services in the community may be referred to the Collaborative Juvenile Court.

Youth not identified by the MAYSI-II screening process may also independently come to the attention of the mental health staff who work at the Juvenile Justice center. Mental health clinic staff may refer these youth to the Collaborative Juvenile Court after an assessment, or after reviewing outside providers' evaluations and preparing a summary for the referral process.

Clinicians may also review existing caseload for potential referrals. Should the minor meet diagnostic and severity criteria for ACJC, a referral form will be completed by the clinician and forwarded to the Court for consideration.

## 2) Probation Screening

The investigating probation officer will coordinate with the Behavioral Mental Health representative regarding in-custody minors who meet the court's eligibility criteria. The probation officer will also review the petitioned offense and prior conduct with the district attorney in order to determine eligibility. Once eligibility is determined, the ACJC court officer staffs the case with the investigating probation officer regarding mental health issues and then contacts the family to determine their willingness to participate in ACJC. The ACJC court officer then presents the minor's case to the team to determine acceptance into the program.

## 3) Public Defender/Defense Attorney Screening

The assigned deputy public defender or defense counsel advises an eligible juvenile about whether s/he should participate in ACJC or proceed under the regular juvenile court process. In addition to advising the minor about the nature of the offense, the consequences of entering an admission to the offense, and the constitutional rights, the defense attorney discusses with the minor the ACJC process, including eligibility requirements, screening, assessment, the service plan, and appearances in court.

## **C. Service Plan**

Minors deemed eligible for ACJC should receive a complete, comprehensive assessment if one has not already been completed. A thorough clinical interview, discussions with parents and/or guardians, and home visits - whenever possible - will also be performed. Based on the findings of the different multidisciplinary team members, and in collaboration with the youths and their families, an Individualized Service Plan will be developed by the multidisciplinary team and signed by the team, the minor, and his or her parents. The service plan will be comprehensive, and will include measurable goals and objectives. Specific target areas will be identified, and interventions and treatment strategies will be devised to address these needs. The use of the term "Service Plan" (rather than the more narrow, "Treatment Plan") reflects the fact that the ACJC Service Plan is not a probation department document or a mental health department document, but rather the crystallization of a multidisciplinary understanding of the services and supports necessary to enable a particular youth to be successful in the community.

Services may include:

- Individual, Group, and Family Counseling
- Intensive-home based services (e.g. Wraparound, Therapeutic Behavioral Services, Multi-Systemic Therapy)
- Psychiatric and Psychological evaluations and assessments
- Medication evaluation, monitoring, and support
- Intensive community-based mental health services for youth transitioning from high-end placements
- Emergency services/crisis intervention
- Short term stabilization beds
- Linkages to educational services (including evaluations for special education, and advocacy re: the development of IEPs)
- Linkages to regional center services
- Vocational/Employment services
- Mentoring programs
- A range of services for transition-aged youth
- Assistance accessing government benefits/entitlements

Core values of the service planning process include an emphasis on individually tailored services, robust and continuing family participation, and a process of collaboration, accountability, and transparency between the ACJC partners.

During the course of supervision, it may become necessary to modify the initial service plan. The initial plan may be revised as a result of both strides and declines made by the juvenile on the path to healthy adaptation. The probation officer will consult with the juvenile's service providers to better define what changes-positive or negative-have taken place. Community providers will be invited, and encouraged, to participate in the multi-disciplinary team round table. A revised service plan will be developed as a result of input from all multi-disciplinary team participants. Follow-up meetings, to assess the effectiveness of the newly implemented service plan, may be necessary.

#### **D. Court Process**

Each juvenile will appear before the court for consistent reviews so that the court may be kept abreast of his or her progress. This allows juveniles to be commended on their progress, allows issues to be addressed as they arise, and allows therapists/community mental health treatment agencies to participate in court reviews if appropriate. Reviews are set according to each minor's needs, no more than biweekly and no less than every 90 days. Unless a violation of probation is alleged, all prior orders will remain in full force and effect, and a subsequent review will be set. Prior to each court review, the Multidisciplinary Team will meet with the Bench Officer to discuss the youth's progress. The goal of these pre-court meetings is to raise any issues of concern and to creatively solve any problems that have arisen re: the youth's treatment, services, and progress.

## **E. Graduated Interventions**

During the supervision of juveniles participating in ACJC, graduated interventions may be necessary to address violations of probation and/or deterioration of a juvenile's mental health. Interventions may include the additional structure and supervision of the electronic monitoring program, a period of time in juvenile hall, or in a treatment facility, to provide accountability, medication review-assessment-stabilization, or secure appropriate mental health services prior to returning home. Interventions may also include “positive” sanctions such as orders to participate in community activities with a therapeutic purpose (e.g. sporting events or service projects).

## **F. Confidentiality and Sharing of Information**

In order to encourage juveniles to voluntarily participate in ACJC, the Juvenile Court and partner agencies must agree that sharing confidential information about a juvenile between agencies is vital. Moreover, to protect the psychotherapist-patient privilege, they must agree that the extent of mental health information to be shared is limited to the diagnosis, medication, and service plan. In particular, if any content-based information is disclosed, it shall not be used against the juvenile in any delinquency proceeding. Any juvenile and parent or guardian of a juvenile who wishes to participate in ACJC must execute a Consent to Share Confidential Mental Health Information. The juvenile's attorney will also sign the form to indicate approval of the juvenile's participation in ACJC. If a minor is not accepted by ACJC, all mental health records will be returned to the respective providers. The authorization to share a juvenile's mental health information will be revoked upon the successful completion of, termination, or withdrawal from ACJC, or one year from the date the consent form was executed, whichever is sooner.

## **G. Completion/Dismissal**

Successful participation in the ACJC process for a minor is measured by: consistent engagement in community-based mental health services, the maintenance of a generally positive attitude, the development of healthy relationships with family members, and compliance with all general terms and conditions of probation such as being of good conduct, obeying all laws, and regularly attending school. Ideally, youth will also be engaged in appropriate vocational programs and otherwise making progress to successfully transition to adulthood.

Chronic or progressive mental illness should not be a bar to successful completion of the ACJC program. Many youth served by the program will face a lifetime of mental health challenges, with periods of stability punctuated by episodes of crisis. Where youth are being maintained safely in their homes (with an expectation that they will remain there successfully) and they are not committing new law violations, the ACJC has accomplished its primary goal and succeeded in its work.

Program completion by dismissal of probation may occur when:

- The juvenile has successfully completed probation;
- The juvenile's mental health issues have stabilized;
- The program has been successfully completed.





ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
MARYE L. THOMAS, M.D., DIRECTOR

2000 Embarcadero Cove, Suite 400  
Oakland, California 94606  
(510) 567-8100 / TTY (510) 533-5018

**ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)**

CONSENT FOR RELEASE OF  
CONFIDENTIAL MENTAL HEALTH INFORMATION  
TO THE COLLABORATIVE COURT

Your son/daughter , \_\_\_\_\_ has been referred to the Alameda County Juvenile Collaborative Court Multi-Disciplinary Team (ACJCCMT). The purpose of this team is to help young offenders with serious mental health problems move toward positive goals by providing treatment services rather than incarceration and/or placement. In order to best assist your son/daughter to benefit from the services of the collaborative court BHCS asks for your consent to share and discuss confidential mental health information with the members of this multi-disciplinary team.

I understand that this authorization is voluntary.

I understand that the information collected by the ACJCCMT may be shared with the court, legal and behavioral health care/mental health agencies listed below. Please check off all that apply.

- Alameda County Superior Court
- Alameda County Behavioral Health Care Services
- Alameda County Probation Department
- Alameda County Public Defender’s Office/Court Appointed Attorney
- Alameda County District Attorney’s Office
- National Center for Youth Law
- Bay Area Legal Aid
- Seneca Center
- Other Service Provider \_\_\_\_\_
- Other Service Provider \_\_\_\_\_

I understand that the extent of the mental health information to be exchanged and discussed may include: relevant previous mental health history including hospitalizations; psychological evaluation results and recommendations; medication information; diagnosis and treatment plans; relevant IEP (special education plans) and AB3632 (special education/mental health) evaluations; and substance abuse and treatment information.

I further understand that no content-based information, i.e., statements made by me in confidence to my psychotherapist, will be included in the confidential information discussed by the Multi-



Disciplinary Team. If any of these confidential statements are inadvertently disclosed, they shall not be used against me in Juvenile Court or any subsequent civil or criminal proceedings.

I understand that the Multi-Disciplinary Team will not re-disclose the information exchanged outside the Multi-Disciplinary Team without my specific written informed consent and release. I further understand that any documents related to my mental health treatment that are provided to or exchanged by the members of the Team will be returned to the Juvenile Court upon dismissal of the case and maintained by the Juvenile Court only under confidential seal until my Juvenile Court records are ultimately sealed or destroyed in their totality.

**I hereby authorize Alameda County BHCS to share and discuss confidential mental health information regarding my son/daughter with the Alameda County Collaborative Juvenile Court Multi-Disciplinary Team.**

**I understand that this release will remain in effect for one year from the signed date and that I can revoke this consent at any time except as to information that has already been exchanged in reliance on my prior consent.**

**I understand that I am entitled to receive, and have received, a copy of this signed consent form.**

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent, guardian or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient's attorney

\_\_\_\_\_  
Date

**Redisclosure pursuant to 42 CFR section 2.32**

**This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information in NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.**

**Appendix D**

<b>COLLABORATIVE COURT SUMMARY</b>		<b>Case Number:</b>
<b>Client:</b>	<b>Care Coordinator:</b>	<b>Date:</b>
<b>Child's age:</b>	<b>Support Counselor:</b>	<b>Start Date:</b>
<b>DPO:</b>	<b>Family Partner:</b>	

<b>Overarching Goals</b>	<b>Estimated Overall Progress Towards meeting this goal</b>
	%
	%
	%

<b>Seneca ICM Contacts (since 4/1/10)</b>				
	<b>w/ Youth</b>	<b>w/ Families</b>	<b>w/ Agencies</b>	<b>Total</b>
<b># Face-to-Face Contacts</b>				
<b># Phone Contacts</b>				

<b>Service Providers/Appointments</b>				
<b>Domain</b>	<b>Agency/Service</b>	<b>Person</b>	<b>Last Appointment</b>	<b>Next Appointment</b>

**Additional Information on Mental Health Services Provided**

--

<b>Previous Action Items</b>	<b>Item completed?</b>		
	Yes	Partially	No
<b>ISP Goal #1:</b>			
<b>ISP Goal #2:</b>			
<b>ISP Goal #3:</b>			
<b>Other Advances in Treatment &amp; Updates:</b>			

**Key Accomplishments and/or Setbacks**

--

**New Action Items**

Items should be linked to ISP goals. Domains to consider: safety concerns, mental health needs, medical/dental needs, educational/vocational needs, legal needs, family goal & recreational needs. \*Always prioritize safety needs.\*

<b>ISP Goal #1:</b>
<b>ISP Goal #2:</b>
<b>ISP Goal #3:</b>
<b>Other Items:</b>

## Appendix E



## ALAMEDA COUNTY COLLABORATIVE COURT

ALAMEDA COUNTY  
PUBLIC DEFENDER



### **What is the Alameda County Collaborative Court?**

The Alameda County Collaborative Court (“ACCC”) court is premised on recognition that many youth become involved in the justice system as a result of their unmet mental health needs. The purpose the Alameda County Collaborative Court (“ACCC”) is to divert youth with serious mental health challenges from the juvenile justice system by linking families with individualized mental health treatment services, educational and vocational opportunities, and other community supports. The ACCC, 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.

### **Who is eligible for Collaborative Court?**

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.

### **What is different about Collaborative Court?**

The Collaborative Court is an approach that includes the Court, District Attorney, Public Defender, Behavioral Health Care Services, Probation, and Civil Advocates in a non-punitive team. The Collaborative Court focuses on individually tailored services, family participation, and collaboration among the ACJC partners. A plan is developed for each youth and their family and is approved by the team members, the minor, and his or her parents or guardian.

### **What can a youth and his or her family expect to do in Collaborative Court?**

A youth is expected to appear before court for regular reviews and updates. The review schedule is set according to a youth’s needs, which may be no more than every other week, but no less than 90 days.

### **What can a youth and his or her family expect to achieve in Collaborative Court?**

The Court aims to use community based resources to provide youth and families with appropriate mental health services, civil advocacy, etc. to improve youth and family functioning. The Court works with families to ensure youth are enrolled and attending school. Furthermore, the Court works with youth and families to reduce the likelihood of repeat juvenile and adult offenses.

### **Who can refer youth?**

A youth’s Probation Officer, Public Defender, District Attorney, Attorney, Mental Health Clinician, Civil Advocate, Judges may all refer youth to the program. Referrals are made to the Collaborative Court Guidance Clinic Case Manager at 510-667-3000.

## Appendix F

Offenses listed in California Welfare & Institutions Code Section 707(b):

- (1) Murder.
- (2) Arson, as provided in subdivision (a) or (b) of Section 451 of the Penal Code.
- (3) Robbery.
- (4) Rape with force, violence, or threat of great bodily harm.
- (5) Sodomy by force, violence, duress, menace, or threat of great bodily harm.
- (6) A lewd or lascivious act as provided in subdivision (b) of Section 288 of the Penal Code.
- (7) Oral copulation by force, violence, duress, menace, or threat of great bodily harm.
- (8) An offense specified in subdivision (a) of Section 289 of the Penal Code.
- (9) Kidnapping for ransom.
- (10) Kidnapping for purposes of robbery.
- (11) Kidnapping with bodily harm.
- (12) Attempted murder.
- (13) Assault with a firearm or destructive device.
- (14) Assault by any means of force likely to produce great bodily injury.
- (15) Discharge of a firearm into an inhabited or occupied building.
- (16) An offense described in Section 1203.09 of the Penal Code.
- (17) An offense described in Section 12022.5 or 12022.53 of the Penal Code.
- (18) A felony offense in which the minor personally used a weapon listed in subdivision (a) of Section 12020 of the Penal Code.
- (19) A felony offense described in Section 136.1 or 137 of the Penal Code.
- (20) Manufacturing, compounding, or selling one-half ounce or more of a salt or solution of a controlled substance specified in subdivision (e) of Section 11055 of the Health and Safety Code.
- (21) A violent felony, as defined in subdivision (c) of Section 667.5 of the Penal Code, which also would constitute a felony violation of subdivision (b) of Section 186.22 of the Penal Code.
- (22) Escape, by the use of force or violence, from a county juvenile hall, home, ranch, camp, or forestry camp in violation of subdivision (b) of Section 871 if great bodily injury is intentionally inflicted upon an employee of the juvenile facility during the commission of the escape.
- (23) Torture as described in Sections 206 and 206.1 of the Penal Code.
- (24) Aggravated mayhem, as described in Section 205 of the Penal Code.
- (25) Carjacking, as described in Section 215 of the Penal Code, while armed with a dangerous or deadly weapon.
- (26) Kidnapping for purposes of sexual assault, as punishable in subdivision (b) of Section 209 of the Penal Code.
- (27) Kidnapping as punishable in Section 209.5 of the Penal Code.
- (28) The offense described in subdivision (c) of Section 12034 of the Penal Code.
- (29) The offense described in Section 12308 of the Penal Code.
- (30) Voluntary manslaughter, as described in subdivision (a) of Section 192 of the Penal Code.