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Research and Program Briefs are periodic publications aimed at improving policy and practice for youth with mental health disorders in contact with the juvenile justice system. This publication is supported by a grant from the **John D. and Catherine T. MacArthur Foundation**.

Juvenile Mental Health Courts: An Emerging Strategy

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Overview

Background

On any given day, approximately 130,000 youth reside in juvenile detention and correctional facilities nationwide (Sickmund, 2004). Studies have consistently shown that anywhere from 65% to 70% of these youth have a diagnosable mental health disorder (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002; Wasserman, Ko & McReynolds, 2004), with approximately 25% experiencing disorders so severe that their ability to function is significantly impaired (Shufelt & Cocozza, 2006).

Many of these youth are detained or placed in the juvenile justice system for relatively minor offenses and end up in the system simply because of a lack of community-based service options (US House of Representatives, 2004).

Further, investigations by the US Department of Justice have called into question the ability of many juvenile justice facilities to adequately respond to the mental health needs of youth in their care (US Department of Justice, 2005). These and other reports have documented the mental health crisis that now exists within this nation's juvenile justice system, and have shed light on an issue that went virtually unnoticed for decades. This exposure has put new public pressure on elected officials, policy makers and practitioners to develop more effective responses for these youth.

An Emerging Response

One strategy receiving attention is the use of mental health courts. Mental health courts are specialized courts that utilize a separate docket, coupled with a team approach and regular judicial supervision, to respond to individuals with mental illnesses who come in contact with the justice system (Council of State Governments, 2005). The first adult mental heath court appeared in 1997 in Broward County, Florida. Since generally recognized then, the mental health court concept has spread rapidly within the adult system. There are now over 100 adult mental health courts nationwide (National GAINS Center, 2004). Recently, this strategy has been expanded to address the mental health needs of juvenile offenders as well. While there has been no large-scale examination of how these courts are developing, the kinds of services that are offered, and how successful they are in reducing recidivism, there is significant interest in these courts as a way to provide effective mental health services to youth (Skowyra & Cocozza, in press).

A First Look at Juvenile Mental Health Courts

Most of the literature on mental health courts has focused on adult courts and has consisted primarily of either descriptive studies (e.g. Goldkamp & Irons-Guynn, 2000), process evaluations (e.g. Steadman, Redlich, Griffin, Petrilla & Monohan, 2005), or policy papers (e.g. Redlich, 2006).

Despite these efforts, very little is known about their impact on offenders, the community or the justice and treatment systems. With respect to juvenile mental health courts, even less if known.

To begin to address this gap, the National Center for Mental Health and Juvenile Justice (NCMHJJ), through funding from the John D. and Catherine T. MacArthur Foundation, undertook a preliminary investigation of existing juvenile mental health courts. The goal of this effort was to learn more about the juvenile mental health courts currently in operation in this country and to better understand their key characteristics and target population. The first step in this process involved the development of a list of all possible existing juvenile mental health courts. This list was developed through discussions with key mental health and juvenile justice agencies and individuals nationwide. This process resulted in the identification of eleven juvenile mental health courts currently operating throughout the nation. These courts were then contacted to confirm that a juvenile mental health court was in fact in operation. Through surveys, telephone interviews and site visits, the NCMHJJ was able to obtain information from ten of the currently operating courts. The results of this study are presented below.

Juvenile Mental Health Courts: What they are and what they do

Provided below is an overview of the findings from this survey. For further information about the survey and the existing juvenile mental health courts, visit the Center's website at www.ncmhjj.com.

History. The first juvenile mental health court was started in February 2001 in Santa Clara County, California (Arredondo et al, 2001). Since then, 10 additional courts have been established. In addition to the 11 juvenile courts in current operation, the NCMHJJ learned of approximately 20 additional jurisdictions that have indicated they are either considering or are planning a juvenile mental health court. Typically, the establishment of these courts was initiated by a juvenile court judge or a key politician in response to the large numbers of youth with mental health needs entering the juvenile justice system and the lack of services available to meet this need.

Organizational Structure and Funding

Administration. Most juvenile mental health courts are administered by the juvenile court. Several courts are administered by the probation department and one reported that administration of the court was the responsibility of a state family services agency. These courts operate as a separate docket from regular juvenile court processing and are typically overseen by a single judge.

Funding. Most juvenile mental health courts rely on multiple sources of funding, including private foundation grants, federal and state dollars, and private health insurance reimbursement. Some courts are completely supported through existing juvenile court resources and the cost-savings that result from fewer out of home placements.

Program Example: *Court for the Individualized Treatment of Adolescents*

Jurisdiction: Santa Clara, California

Program Overview

The Court for the Individualized Treatment of Adolescents (CITA) in Santa Clara County, California was the first juvenile mental health court. CITA began in February of 2001 as a multi-system initiative guided by strong judicial leadership. CITA accepts youth who were under 14 years of age at the time of the offense and have a serious mental illness, including brain disorders (schizophrenia, severe anxiety, bipolar disorder, and severe ADHD) or severe head injury that has contributed to their criminal activity. The court also accepts youth with certain developmental disabilities such as mental retardation and autism. CITA excludes youth who have committed certain violent felonies. The court uses a multi-disciplinary team approach to assess, monitor, and make recommendations to the court regarding a youth participant's case.

Upon acceptance to CITA, all youth receive a clinical assessment, which includes psychological, behavioral, educational, social, and family assessments. In some instances, standardized assessment instruments, such as the Diagnostic Interview Schedule for Children (DISC), are used. Once accepted into CITA, the coordinator monitors and coordinates treatment planning and reports to the multidisciplinary team. Community supervision is the responsibility of the probation officer. A number of mental health services are available through CITA, including therapy, emergency services, medication, and wraparound services. As the youth progresses through CITA, transition planning is conducted to help facilitate a successful transition to the community.

Multidisciplinary team approach. All of the courts use a multidisciplinary team approach to develop treatment plans and monitor treatment compliance and progress and make recommendations to the court. Common team members include the district attorney, public defender, mental health providers and/or case managers, and probation officers.

Specialty courts, including juvenile mental health courts, have developed across the country as a strategy for addressing the needs of particular groups of individuals involved with the justice system.

Length of court involvement. Juvenile mental health courts vary widely in terms of the length of court involvement for youth who complete the program, from a low of three to six months in one court, to a two-year minimum in another. On average, the typical length of involvement falls between ten and eighteen months.

Use of rewards, incentives and sanctions. Approximately half of the juvenile mental health

Target Population

Caseload. While some juvenile mental health courts maintain fairly small caseloads (less than 10), other courts are able to serve up to 75 youth at any point in time. The size of the docket is determined by a variety of factors, including the size of the community it serves, the amount of resources available to it, and whether the court provides the services directly or relies on existing providers.

Eligibility criteria. In terms of offense eligibility criteria, most juvenile mental health courts accept youth with a wide range of charges, from misdemeanors to felonies. Most of the courts reported having no formal exclusion criteria with respect to current charges, although some do not accept youth with certain charges (e.g. gang involvement, some serious violent offenses). In terms of mental health eligibility, the criteria is more restricted. Almost half of the courts reported restricting eligibility to youth with the most serious mental illnesses, while others accept youth with any identified mental health disorder or issue. The majority of these courts, however, exclude those youth who only have a diagnosis of conduct disorder or oppositional defiant disorder. Two courts limit eligibility to youth with co-occurring mental health and substance use disorders.

Court Processing

Point of Referral. In the majority of juvenile mental health courts, youth are referred to the court after adjudication and prior to disposition. Several courts operate at the pre-adjudication stage, while some also function as an aftercare program for youth leaving residential facilities.

Mechanisms for monitoring compliance. All juvenile mental health courts monitor participating youths' progress through judicial review hearings that occur on a regular basis. Other mechanisms include community supervision, home visits, and electronic monitoring.

Program Example: *Crossroads*
Jurisdiction: Summit County, Ohio
Program Overview

Crossroads was originally established in 1999 as a drug court, and began mental health treatment integration in February of 2003. Crossroads is funded primarily through private health insurance, Medicaid, Reclaim Ohio grant funds, State 'Fast' 05 funds for Integrated Co-Occurring Treatment (ICT), and court fees. Crossroads accepts youth, post-adjudication, who are between the ages of 12 to 17 years and who have a major affective disorder, severe post-traumatic stress disorder, psychotic disorders, or co-occurring substance use disorders. Youth whose only mental health diagnosis is conduct disorder, oppositional defiant disorder, or ADHD are excluded. In addition, the court excludes youth with very serious felonies and youth with previous convictions or current charges for drug trafficking and youth with gang involvement. If youth successfully complete the program, their admitting charge and any related probation violations are expunged.

Youth are assessed with the court psychologist's Structured Pediatric Psychosocial Interview, the Diagnostic Interview Schedule for Children- Voice Version, Ohio Scales, and the Global Risk Assessment Device (GRAD). Mental health assessment and treatment is available primarily through a community provider chosen by the youth and their families. Some Crossroads participants receive Integrated Co-Occurring Treatment (ICT), which is a pilot project characterized by very intensive, in-home treatment that is administered over the course of three to four months. Crossroads probation officers serve as case managers and are responsible for community supervision of participating youth.

courts either expunge a youth's record or drop all charges (depending on the point at which youth are referred to the court) upon successful program completion. Other courts recognize youths' achievements through graduation ceremonies, reduced frequency of judicial review hearings, or termination of probation. In the event of non-compliance, juvenile mental health courts use a variety of sanctions including electronic monitoring, judicial review, temporary placement in detention or increased intensity of treatment.

Community Supervision. Most juvenile mental health courts use probation officers to supervise youth in the community. Several courts also rely on additional sources for supervision including court personnel, treatment providers and family members.

Services

Mental health services. Most juvenile mental health courts provide services to participating youth through formal linkages with existing community-based mental health service providers. As a result, the services available to youth are largely determined by the availability of services in the community. Typical services provided to a youth participating in a juvenile mental health court include traditional mental health services, such as individual, group and family therapy; medications and medication management; and case management services. A few of the courts make evidence-based services available to participating youth. King County, WA and Seneca County, OH provide Multi-Systemic Therapy (MST) to youth participating in the program.

Juvenile Mental Health Courts: Potential Benefits and Concerns

Specialty courts, including juvenile mental health courts, have developed across the country as a strategy for addressing the needs of particular groups of individuals involved with the justice system. From the interviews conducted as part of this study, it was clear that this strategy is seen by many as having many benefits. These include:

- **Leverage of the Court.** The leverage of the court was cited as beneficial in terms of both accessing community mental health services, as well as ensuring youth and family compliance with treatment requirements.
- **Multi-disciplinary Approach.** The multi-disciplinary team approach, used by all of the courts, was viewed as an opportunity for representatives from multiple systems to work together and gain an understanding of the interests and concerns of other systems.
- **Increased Options.** Juvenile mental health courts are thought to increase the dispositional alternatives available to judges when presented with youth with mental health needs.
- **Monitoring Strategies.** Intensive supervision and other monitoring strategies employed by the court are viewed as effective ways to increase compliance with treatment orders.
- **Increased Awareness of the Problem.** The establishment of a juvenile mental health court was believed to increase awareness of the lack of

Program Example: *Juvenile Treatment Court*

Jurisdiction: King County, Washington

Program Overview

The King County Juvenile Treatment Court, began in November 2003. The court serves youth with co-occurring Axis I psychiatric disorders (excluding Conduct Disorder, Oppositional Defiant Disorder, paraphilia or pedophilia) and Substance Abuse or Dependency Disorder who are also identified as moderate to high risk for re-offending. The court excludes most violent felons and sex offenders. King County's Treatment Court is part of the Reclaiming Futures Initiative, funded by the Robert Wood Johnson Foundation. Services are funded through court fees, Medicaid, and Foundation support. The large majority of the court's participants are involved with the court pre-adjudication, with the understanding that successful completion of the court's requirements can result in the dismissal of charges.

Court participants receive multi-systemic therapy (MST), which includes substance abuse interventions and family therapy. Each youth is also assigned an advocacy team coordinator responsible for case management, wraparound services, and facilitating linkages with community providers. Progress and treatment compliance are monitored through bi-weekly judicial reviews and reports from probation officers and treatment providers. In the event of non-compliance, the court has several sanctions it may impose, including work crew, electronic monitoring, and detox. Furthermore, the court may opt not to remove the charges from the youth's record.

community-based mental health services available to youth, and to help build support for new services and resources.

While there are a number of perceived benefits associated with juvenile mental health courts, a number of concerns have been raised about the growth of these courts and their use with juveniles (Judge David L. Bazelon Center for Mental Health Law, 2004). These concerns include:

- **Net-widening.** Almost all of these courts rely primarily on existing community mental health services. These courts often experience the same frustrations that youth and their families experience in trying to access mental health services in the community. Juvenile mental health courts, however, may use the leverage of the court to overcome these challenges and obtain access to services. This access could lead to more youth being referred to the court (and becoming involved with the juvenile justice system) simply to obtain mental health services.
- **Coercion.** Given the mental health status of youth participants, their status as minors, and the stress and uncertainty associated with their contact with the juvenile justice system, concerns have been raised about a youth's ability to make informed, independent decisions about whether to participate and whether participation is truly voluntary.
- **Need.** Given that the juvenile justice system is treatment and rehabilitation oriented, there is some question about the need for specialized courts in the juvenile justice system at all. Some have suggested that the same mechanisms could be established and the same services provided within a regular juvenile court setting.

Summary

This study sought to identify existing juvenile mental health courts and collect preliminary information about the structure, organization and service capacity of these courts. While the information collected as part of this study helps to answer some of the general questions about juvenile mental health courts, more detailed information is necessary. Clearly, interest in juvenile mental health courts is taking hold across the country. As more jurisdictions consider these courts as a viable alternative for youth with mental health issues, more research is necessary to examine the impact that these courts have on the lives of youth, and on the juvenile justice and treatment systems, as well as help shed light on the political benefits and drawbacks of this emerging strategy.

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About the National Center for Mental Health and Juvenile Justice

Recent findings show that large numbers of youth in the juvenile justice system have serious mental health disorders, with many also having a co-occurring substance use disorder. For many of these youth, effective treatment and diversion programs would result in better outcomes for the youth and their families and less recidivism back into the juvenile and criminal justice systems. Policy Research Associates has established the National Center for Mental Health and Juvenile Justice to highlight these issues. The Center has four key objectives:

- Create a national focus on youth with mental health disorders in contact with the juvenile justice system
- Serve as a national resource for the collection and dissemination of evidence-based and best practice information to improve services for these youth
- Conduct new research and evaluation to fill gaps in the existing knowledge base
- Foster systems and policy changes at the national, state and local levels to improve services for these youth

For more information about the Center, visit our website at www.ncmhjj.com.

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The authors had primary responsibility for conducting the National Center for Mental Health and Juvenile Justice's survey of juvenile mental health courts. Joseph J. Cocozza, Ph.D. is the Director of the National Center for Mental Health and Juvenile Justice and Vice President for Research at Policy Research Associates, Inc., and previously directed the National GAINS Center for People with Co-occurring Disorders in the Justice System. Dr. Cocozza is an expert on issues related to youth with mental health problems who are involved in the juvenile justice system. Jennie L. Shufelt, M.S. is the Division Manager of the Juvenile Justice Division of Policy Research Associates and assists with the operation of the National Center for Mental Health and Juvenile Justice and the implementation of all Center projects.

For more information...

about mental health courts, the following agencies and services may be helpful:

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