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TRANSMITTED BY ELECTRONIC MAIL AND U.S. MAIL

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

**Honorable Darrell Steinberg, Chair
Mental Health Services Oversight and Accountability Commission
700 N. 10th Street, Suite 202
Sacramento, CA 95814**

**Re: MHSA Prevention and Early Intervention Guidelines
Youth in the Juvenile Justice System**

Dear Dr. Mayberg, Chairman Steinberg, and Members of the MHSOAC:

We write to request that the Mental Health Services Oversight and Accountability Commission (MHSOAC) broaden the recommended language with respect to juvenile justice youth in the forthcoming Prevention and Early Intervention (PEI) guidelines by removing the language limiting juvenile justice youth to those who are "at first point of contact" with the justice system.

The draft recommendations adopted in October 2006, did not include youth in juvenile justice at all, even though youth in foster care and adult inmates were specifically included. We are gratified that the January 2007 matrix of recommendations developed by the joint staff committee of the MHSOAC, the Department of Mental Health, and California County Mental Health Directors Association now includes juvenile justice youth. At the same time, we are concerned that the language still draws lines in a way that may inadvertently exclude the very youth the MHSA intends to reach.

Our specific concern is with the following language in Section 3, Priority Populations:

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

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While the language is helpful in covering youth who are at risk or at the front door of juvenile justice, prevention and early intervention is also needed for youth beyond that point. In fact, youth may exhibit signs of behavioral and emotional problems on a schedule that has nothing to do with their entrance into the juvenile justice system. For example, a young person might have been completely through court processing in a case or multiple cases when they experience the onset of mental illness. Similarly, behavior that is initially believed to be simple delinquency, might later be determined to represent unidentified behavioral and emotional problems that qualify for PEI services. In either case, the youth would be past the first point of contact in the juvenile justice system, but under the narrow wording above, excluded from PEI services.

The MHSOAC should protect the broader intention of the MHSA to prevent the further intrusion of youth with mental health service needs into the justice system and confinement in institutions. Section 4 of the MHSA, adding Part 3.6 "Prevention and Early Intervention Programs" as Welfare and Institutions Code section 5840 of the Welfare & Institutions Code specifically provides that "[t]he program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: **(2) Incarcerations ... (7) Removal of children from their homes.**"

This requires giving counties broad flexibility to develop PEI funded assessment and treatment programs, as well as programs that help youth and their families to access other funding. This may not always happen at or before the point of first contact with the juvenile justice system.

Youth Law Center's own research has found that many youth, even those who had earlier contacts with the system, would spend much shorter periods in secure incarceration and would experience better treatment outcomes if they and their families had access to mental health services and programs in the community. (Burrell and Bussiere, *Difficult to Place: Youth with Mental Health Needs in California Juvenile Justice*, Youth Law Center, 2005.) Appropriate use of PEI funds could very much assist in assuring access to services for this high needs juvenile justice population.

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We are not sure whether the initial restrictions on youth in juvenile justice were out of concern that juvenile justice systems will use MHSA funds to supplant other funds. If that is the case, the language describing priority populations is not the right place to deal with that issue. Funding requests for juvenile justice youth funds should be judged against the MHSA supplantation provisions just as they would be for any other population for whom other funding is available. Similarly, funding requests for juvenile justice youth should be judged against MHSA's stated intention to reduce confinement time or prevent future confinement.

We welcome the opportunity to discuss these issues at the forthcoming MHSOAC meeting March 23rd in San Francisco. Thank you for your consideration.

Sincerely yours,



Sue Burrell, Staff Attorney
Corene Kendrick, Staff Attorney
YOUTH LAW CENTER

cc: Members of the MHSOAC
Jennifer Clancy, Executive Director, MHSOAC
Rusty Selix, Executive Director, Mental Health Association in California
MHAC California Endowment Project Steering Committee
Pat Ryan, Executive Director, California Mental Health Directors Association
Emily Nahat, Chief, Prevention and Early Intervention, California
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Carol Hood, Deputy Director, California Department of Mental Health
Mary Hayashi and Darlene Prettyman, Co-Chairs, PEI Committee
Gwen Foster, Senior Program Officer, The California Endowment, and
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