

“Difficult To Place”: Youth With Mental Health Needs In California Juvenile Justice

August 2005

Sue Burrell
Alice Bussiere

Youth Law Center
417 Montgomery Street, Suite 900
San Francisco, California 94104
(415) 543-3379
www.ylc.org

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Acknowledgments

Many thanks to the following Chiefs of Probation and the people who compiled the pertinent information for their county, often with helpful additions that further clarified particular issues:

Donald Blevins, Chief Probation Officer
Hamilton Holmes, Program Manager
Alameda County Probation Department

Lionel D. Chatman, Chief Probation
Officer
Contra Costa County Probation
Department

Linda Penner, Chief Probation Officer
Leslie Knobel, Probation Services
Manager, Placement Unit
Fresno County Probation Department

Paul Higa, Chief Probation Officer
Virginia Snapp, Bureau Chief, Juvenile
Field Services
Los Angeles County Probation
Department

Stephanie Lewis, Chief Probation Officer
Thomas G. Wright, Chief Deputy
Probation Officer, Institutional Services
Orange County Probation Department

Marie Whittington, Chief Probation
Officer
Diane W. Blair, Director, Juvenile Division
Riverside County Probation Department

Verne Speirs, Chief Probation Officer
Stephen DeRoss, Assistant Chief
Probation Officer
Fred Campbell, Consultant
Sacramento County Probation
Department

Jerry Harper, Chief Probation Officer
San Bernardino County Probation
Department

Vincent Iaria, Chief Probation Officer
Pablo Carrillo, Supervising Probation
Officer, Juvenile Probation
San Diego County Probation Department

Sheila Mitchell, Chief Probation Officer
Delores Nnam, Administrative Services
Manager
Santa Clara County Probation Department

We are also grateful to Norma Suzuki, Executive Director, Chief Probation Officers of California for her helpful suggestions; to Youth Law Center Paralegal Mamie Yee, for analyzing the data; and to Youth Law Center Legal Interns, Chelsea Haley-Nelson and Yoonjin Park, for their assistance in reviewing the documents that form the basis for this report. Finally, thanks to Gwen Foster, Program Officer, and the California Endowment for supporting Youth Law Center's work on improving funding and access to services to youth with mental health needs in the juvenile justice system.

In writing this report, we necessarily paraphrased and summarized voluminous source documents. While a draft report was circulated, and suggested changes were incorporated into the final version, we apologize in advance for any remaining inaccuracies or misconceptions. Also, we selectively included citations to documents, but to enhance readability did not formally cite every source discussed in the report. Should readers want more information about the original documents, please contact Youth Law Center.

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“Difficult To Place”: Youth With Mental Health Needs In California Juvenile Justice

I. INTRODUCTION

A. Why This Report Was Written

A sixteen-year old female with developmental disabilities and a clinical diagnosis of Bipolar Disorder and Conduct Disorder is removed from a child welfare shelter for hitting staff and hiding staff keys. She is “charged” with the offenses of robbery and battery, and held in Juvenile Hall.¹ After six months of incarceration in the Hall, she is committed to Metropolitan State Hospital. A year later, she is ejected from the Hospital and sent back to Juvenile Hall because of assaultive behavior on peers and staff. This time, she spends at least eleven months at Juvenile Hall, rotating between the infirmary, various kinds of isolation/camera rooms, the intensive care unit, and the maximum-security unit. Her chart is thick with incident reports, mental health consultations, suicide watch sheets, and log entries for almost daily crises.

The young woman’s behavior swings wildly between aggression and self-harm: head banging, yelling, uncontrollably crying, refusing meals, swearing, defying staff, hitting, kicking, tying sheets around her neck, scratching herself, and threatening suicide. She is regularly placed in handcuffs and other kinds of mechanical restraints; isolated; given injections to “calm her down;” and pepper sprayed. Mental health staff urge that she does benefit from psychotropic medication, but needs a highly structured, predictable environment. A number of entries suggest long-term placement in a psychiatric setting. In the meantime, this anguished young woman continues to cry out in the only ways she knows; file entries by staff indicate that they are overwhelmed, frustrated and exhausted in their efforts to care for her.²

Unfortunately, this is not an isolated case. Youth with serious emotional disturbance, mental illness, and developmental disabilities are regularly thrust into California juvenile hall beds with predictably similar results. Many such youth are catapulted into the juvenile justice system and incarceration because families, schools, group homes and even mental hospitals cannot deal with them. But as difficult as these youth might be

¹ “Juvenile Hall” is California’s term for detention centers. These are locked facilities, where youth undergoing juvenile delinquency proceedings may be held pending the adjudication and disposition of their case, and pending implementation of the court’s dispositional order. (Cal. Welf. & Inst. Code §§ 206, 207, 737.)

² The facts in this vignette are taken from a redacted case file provided by Los Angeles County in response to a Public Records Act question asking about problems (e.g., staffing and service needs, deterioration of the youth’s health status, housing problems) created by having youth with mental health problems spending long periods awaiting placement in the juvenile hall.

for other systems, the problems for everyone concerned are seriously compounded in juvenile justice. Juvenile halls are neither designed nor staffed to deal with seriously disturbed youth, and facility staff typically have little input in the decision-making process about whether the youth should be detained. In an effort to keep seriously disturbed youth "safe," halls often resort to the use of isolation, restraint, and other measures that actually exacerbate mental health problems. As their mental status deteriorates, youth with mental health issues become even harder to place, and their long-term chance for success becomes even more remote.

Apart from the devastating impact of lengthy detention on these young people, there are important policy reasons for concern. Youth with serious mental health needs consume a hugely disproportionate amount of scarce juvenile hall staff resources, and take a tremendous emotional and physical toll on staff. Moreover, the risk of harm to the youth or staff create looming liability issues in the form of tort cases, or workers compensation claims. Counties with serious placement delay may also face systemic litigation for violation of due process protections or the Americans With Disabilities Act.

This report presents the findings of Youth Law Center's research into placement issues for juvenile justice youth with mental health needs in 10 California counties. The focus of the research was youth with mental health needs who have been ordered by the juvenile court to be placed in a non-secure placement, but who remain incarcerated in a secure setting because they have not yet been placed.

The report is offered with the hope that counties' experience in analyzing the issues and developing solutions may be useful to policymakers and juvenile justice professionals. Youth Law Center will use it to inform our work in a project funded by The California Endowment on improving juvenile justice system access to Medi-Cal for eligible youth, and to develop future strategies. We specifically hope that the stories of these youth and the barriers identified herein may prompt close attention to their needs in Mental Health Services Act (Proposition 63) planning; legislative and agency discussions about California juvenile justice reform; and discussions of funders about what work to support.

This research provides further insight into the issues brought to light by the Congressional reports, *Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States* (July 2004), issued by Congressman Henry Waxman and Senator Susan Collins, and the California-specific report, *Incarceration of Youth Who Are Waiting for Community Mental Health Services in California* (January 2005), issued by Congressman Waxman.³ The alarm sounded by those earlier reports was well founded. But what we have learned from this work is that the situation is far from hopeless. Much needs to be done, but we already know a great deal about what will help and how to do it.

³ Congressman Waxman issued the California-specific report after we sent out the Public Records Act request. This report confirms and provides additional context for much of the information contained therein.

B. Methodology for This Report

This report is based on a Public Records Act request sent to 10 California counties in Fall 2004.⁴ The request was sent to Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and Santa Clara Counties. Youth Law Center had made a similar request in 2001, requesting this information from the counties that, according to California Board of Corrections⁵ data, had the most youth awaiting placement at the time of a one-day snapshot. The same list of counties was used for the 2004 request.

Our purpose was to learn as much as possible, from the counties' perspective, about the length of time youth with mental health needs spend awaiting placement; the reasons for delay; what problems this causes for the youth; and what problems delay causes for the system itself. We wanted to find out whether things had changed in the past several years, and whether there have been intervening successes that may be shared and replicated.

Because the research focused on the counties with the most youth awaiting placement, the results necessarily exclude the work of other counties that have successfully dealt with placement delay, and may not fully reflect the experience of smaller counties that have fewer placement youth.⁶ But even without the benefit of every county's experience, the research provided a great deal of thought-provoking information.

C. A Preliminary Note About Data

Good data is essential to understanding the extent of placement delay, and facilitating analysis of the reasons it occurs. It should drive policy development and budget requests. Data is also important if counties are to measure their successes (or lack thereof) over time.

Accordingly, one of the most disturbing findings in our research, both in 2001 and in 2004, is that providing even basic data about placement delay is quite difficult for some

⁴ California's Public Record Act is codified at California Government Code § 6520, et seq.

⁵ As of July 2005, the Board of Corrections became the Corrections Standards Authority, but this report refers to the agency by the name in use at the time the data was obtained.

⁶ For example, Humboldt County has developed the New Horizons Program, a regional facility for seriously emotionally disturbed youth (Cal. Welf. & Inst. Code § 5695 et seq.) that has significantly reduced juvenile hall time for youth awaiting placement and re-placement. Another example is Santa Cruz County's work in making "placement delay" a priority issue as part of an overall effort to reduce unnecessary secure confinement of youth through the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative. By carefully tracking placement cases, and using data on failures to make better placement matches, Santa Cruz has reduced its awaiting placement time to only a few days for most cases.

counties.⁷ A number of the responses indicated that counties had to do special data runs or even hand-calculate length of post-disposition detention for placement youth. At the same time, some counties had excellent data. Further, one county that was unable to provide the information requested in 2001, has since installed a new computer system that pulled out pre- and post-disposition length of stay this time around.

Another limitation is that counties reported the data in a variety of ways, so it was impossible to assemble the data to provide a meaningful cross-county comparison over a prescribed period. For example, one county reported only total length of stay in juvenile hall, while the others reported post-disposition length of stay. The data, to the extent we were able to tabulate it, is presented in Appendix "A," *Number of Youth Awaiting Placement in 2004*.

II. CHARACTERISTICS OF PLACEMENT DELAY AND PLACEMENT YOUTH

A. Over Half the Placement Youth In Most Counties Are Detained for More Than A Month Before the Court Order Is Implemented

Decisions in inmate lawsuits have upheld claims on behalf of adults who were incarcerated even briefly beyond their release date.⁸ There has been less litigation in the juvenile arena, but a 2002 Los Angeles County case alleged overdetention of dependency system youth in juvenile halls for periods from a few days to two weeks, after their delinquency cases were dismissed and they had been ordered released to non-secure foster care or group homes.⁹ While Welfare and Institutions Code § 737 permits secure confinement pending placement (with court reviews every 15 days), the overdetention litigation indicates while some case processing time is allowed, there are constitutional due process limits.

Thus, it is a matter of concern that, in most of the counties we contacted, the median post-disposition length of stay is a month or longer. This means that at least half the youth in those counties are waiting for more than a month after the court has ordered a non-secure placement. (Appendix "A.")

⁷ The 2004 Public Records Act request asked counties to provide: "The pre-disposition length of stay and post-disposition length of stay for each ward ordered to be placed in a non-secure placement (Cal. Welf. & Inst. Code § 727) for the years 2003 and 2004. If you keep such records by fiscal year rather than calendar year, you may provide us with the documents for the last full fiscal year, and the records to date in the current fiscal year."

⁸ See, e.g., *Green v. Baca*, 306 F.Supp.2d 903 (C.D. Cal. 2004), recognizing inmate's right to sue after not being released for 8 days after the reason for his detention has ended; *Sullivan v. County of Los Angeles*, 12 Cal.3d 710 (1974) upholding award for inmate held 12 days after his sentence was completed; *Berry v. Baca*, 379 F.3d 765 (9th Cir. 2004) holding that inmates who had been held between 26 and 29 hours after an order for release may sue (9th Cir. 2004); *Fowler v. Block*, 2 F.Supp.2d 1268, 1275 (C.D. Cal.), *rev'd. on other grounds* 185 F.3d 866 (9th Cir. 1999), holding that inmates could sue for being held for 24 to 48 hours after a release order.

⁹ Greg Krikorian, "Lawsuit Alleges County Detained Teens Illegally; Litigation: Two agencies are accused of repeatedly ignoring court orders to release youths from juvenile hall," *Los Angeles Times* (Feb. 14, 2002, page B-4).

While such dismal findings are a primary reason for this paper, they must be coupled with the following ray of hope: The absolute number of youth awaiting placement in juvenile halls has dropped significantly over the past several years. In 2001, the fourth quarter Board of Corrections one-day snapshot indicated that 12.6% of the youth detained in juvenile halls awaiting placement (852 of 6,697, *Juvenile Detention Profile Survey, Fourth Quarter Report 2001*). The most recent data indicates that 9.8% of detained youth were awaiting placement at the time of the one-day snapshot (660 of 6,728, *Juvenile Detention Profile Survey, First Quarter Report 2005*). This is noteworthy, given the relative stability of total juvenile hall population over the same period.

Moreover, the drop in numbers of youth awaiting placement does not appear to be directly related to arrest rates. While juvenile arrest rates have dropped dramatically over the past decade, this has not translated into any appreciable drop in case filings.¹⁰ While there may be other demographic factors in play, we suspect that at least some of the reduction results from changed practice. For example, delays previously caused by slow case processing may have been reduced by law changes requiring much more complete dispositional case plans for youth going into foster care or group homes.¹¹ In addition, many counties have consciously worked to address placement issues in a variety of ways, and this has undoubtedly had an impact on total numbers.

To the extent counties provided us with information about efforts to reduce placement delay, it is included in the body of this report. The counties also described the extent of placement delay and the "awaiting placement" population in some detail, and we turn first to that data.

B. A Significant Number of Youth Wait Many Months for Placement

Some individual youth wait much longer than the average 30-days. All but one of the 10 counties reported having youth waiting more than 90 days for placement. Even Sacramento County, which has worked extensively to address placement issues, reports that juveniles with mental health needs have been detained in Juvenile Hall an average of 105 days compared to 62 days for other probation referrals.

Among the five mental health case histories provided by Sacramento County, youth were incarcerated for 151 days, 576 days, 261 days, 448 days, and 69 days, respectively. Los Angeles had a number of youth that waited 120 to 180 days. Contra Costa, Fresno, Santa Clara and San Diego each had multiple youth who waited between 90 and 120 days. (Appendix "A," and Appendix "B," *Placement Case Profiles for Three Counties*.)

¹⁰ Over the decade from 1994 through 2003, juvenile arrests in California declined 33%, with a 49% decline in juvenile arrests for felonies. (Administrative Office of the Courts, Center for Families, Children and the Courts, Research Update: California Juvenile Delinquency Data (February 2005). Although this has resulted in only a 4% drop in case filings (*Id.*), the over all drop in serious cases may have impacted placement cases to some degree.

¹¹ California Welfare and Institutions Code § 706.6, added by Stats. 1999, c. 997 (A.B. 575).

Further, the data on placement delay may reveal only part of the actual situation. Youth Law Center has seen documents from one county (not included in the 10 county data request) that allows 17 year-old placement youth to "age out" until their 18th birthday in juvenile hall. These youth are not counted as "awaiting placement," because placement efforts have been abandoned.

Also, some youth with mental health issues elude tracking because the delay is on the pre-disposition side of the case. For example, more than one county mentions the problem of dealing with youth who are incompetent to stand trial. Because California currently lacks a readily available mechanism to deal with such cases,¹² the youth often languish for lengthy pre-dispositional periods in juvenile hall while the system tries to figure out what to do with them.

Further, as was the case with the young Los Angeles woman profiled at the beginning of this report, a large number of placement youth cycle repeatedly through juvenile hall "pending re-placement" when things do not work out. So, while the amount of time recorded pending each re-placement may fall within the normal range, their total time in detention awaiting placement is actually much greater. Fresno reports, for example, that a fourteen year-old male may spend an average of 3 months in custody prior to a placement. If he then "blows out" of the placement in a few days, he will return to the juvenile hall pending another placement for 3 to 4 months.

C. A Disturbing Number of Placement Youth Are Held on Relatively Minor Offenses

To make matters worse, many of the placement youth with mental health needs are held for offenses that normally would not result in long-term incarceration. In the documents we received, a number of cases alleged only probation violations, and others involved aggression or acting out at home, in placement, or even in a mental hospital. Sadly, too, much of the alleged "criminal" behavior appears to be within the expected universe for youth with mental illness, serious emotional disturbance, or developmental disabilities. (Appendix "B.").

D. The Awaiting Placement Youth Have Serious Mental Health Treatment Needs

Placement delay creates problems for youth with mental health issues and the system itself. Documents from the 10 counties reveal that a large proportion of the youth awaiting placement represent a complicated, deeply troubled group of youth. Many have received diagnoses of serious mental health problems. In the Sacramento placement case profiles alone, one youth was diagnosed as having schizophrenia, one with bipolar disorder, one with depression, and two with serious emotional disturbance. (Appendix "B.") For calendar year 2003 and to the time of the records response in 2004, there were a total of 32 referrals out to the Sacramento County Mental Health Treatment Center for youth whose behavior was uncontrollable and beyond the services

¹² Legislative efforts to address juvenile incompetence failed in the 2003/2004 session. (A.B. 2019 – Steinberg, http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=ab_2019&sess=PREV&house=A&author=steinberg).

of Juvenile Hall. Of those 32 transfers out, 16 had "placement" commitments. Eleven youth with "placement" commitments accounted for the 16 hospitalizations.

Similarly, about half the San Diego case profiles show youth diagnosed to have mood, psychotic, bipolar or depressive disorders. (Appendix "B.") Orange County, too, reports an increase in the number of youth with severe mental health/emotional stability issues among the placement population. While only 4% of the general probation population has a diagnosed mental health disorder, fully 30% of the Orange County placement population does.

III. JUVENILE HALLS FACE ENORMOUS CHALLENGES IN SERVING PLACEMENT YOUTH WITH MENTAL HEALTH NEEDS, AND DETENTION ITSELF MAY EXACERBATE THOSE NEEDS

The research request asked counties for information on the difficulties caused by having to serve youth with serious mental health needs in juvenile halls. Without exception, the counties report that youth with mental health problems experience further deterioration pending placement, and that caring for such youth seriously taxes the resources of the facility.

A. The Current System Doesn't Provide a Way to Say "No" at the Front Door for the Most Troubled Youth

There is widespread agreement among the counties that seriously disturbed youth are often brought into the juvenile justice system during a crisis. It may involve a situation in the family home, but frequently stems from something occurring in care provided by other systems -- mental hospitals, shelters, foster care or group homes. And while there are strong feelings that some of these youth do not belong in juvenile justice, juvenile halls find it difficult to say "no" to people in other systems who claim that there is no other place to put them.

Fresno County confirms that youth who are not informally diverted from the system are usually in crisis and have a long history of family and personal dysfunction. Ideally, intensive services would be available to resolve the crisis, with follow-up community based services to the youth and family. The reality, Fresno reports, is that once these youth arrive at the front door, they are taken in and all of that becomes more difficult.

Even when the juvenile justice system tries to push back, it may be difficult to engage other public agencies. Thus, Sacramento County reports that when the juvenile court uses its power to "join" parties who have legal obligations (e.g., special education or mental health) to youth, there is resentment from the agencies involved.

Documents provided by the counties echo these concerns. Many of the responses pertained to youth who came to juvenile hall directly from group homes, shelters and mental hospitals -- typically after a lengthy history of lengthy behavioral problems, but precipitated by some immediate crisis. The clear assumption of everyone involved is that if you can't handle the child, you can always send them to juvenile justice.

B. Most Juvenile Halls Are Limited in Their Ability to Provide Anything But Crisis Intervention Services

Limited mental health resources in the counties make it difficult to provide anything but crisis intervention services to detained youth. Fresno confirms that available mental health services are inadequate to prevent youth from reaching a crisis state, and as soon as the level of crisis is reduced mental health services in juvenile hall are "closed out" for that youth. This often results in a crisis cycle for youth with very serious mental health issues awaiting placement. The longer the youth waits for placement the more depressed, anxious and bored he or she becomes. Also, some youth may sometimes act out, creating a crisis in the hope that they will be sent home. This can be very serious as youth engage in suicidal behavior, head banging, self-inflicted wounds and other behavior that could cause permanent self-injury or even death. The system is currently unable to provide continuous mental health intervention to deal with this "manipulative," but very dangerous behavior.

Los Angeles County speaks of the problems associated with caring for youth with serious mental health needs, including many on psychotropic medication, by staff lacking the skills to monitor them. Los Angeles reports being faced with the care of youth returned by mental hospitals even though they are still in need of inpatient treatment, as well as a reluctance to send youth to local hospitals that are under scrutiny for inadequate care. The federal Department of Justice investigation focused on some of these issues, and while the County has infused resources into the system for better screening, mental health care units, more mental health staff and probation staff training, the basic problem of handling seriously disturbed youth in the juvenile hall setting remains.

Sacramento County reminds us that juvenile halls are detention facilities, not "treatment" facilities, and so only crisis services are mandated under Title 15, of the California Code of Regulations. Sacramento, like other counties has nonetheless moved forward in providing services in juvenile hall at a level above the minimum mandated. Apart from the legalities, Sacramento urges that treatment for mental health *should* occur in a setting that is better equipped to support and nurture a child's journey through the risk-taking and challenges associated with making life decisions and changes.

C. Youth Are Often Cared for by Facility Staff Lacking the Training to Deal with Complex Mental Health Issues

Several counties mention the tremendous difficulty their staff face in caring for youth with serious mental health issues. Fresno points out that direct care staff often are in entry-level positions requiring only 60 college units. There is a high turnover rate in these positions, and this makes it difficult to provide even basic training for supervision and care. Training programs cannot possibly offer the kind of professional level interventions needed to stabilize youth with serious mental health issues. Not surprisingly, staff sometimes become quickly frustrated in dealing with such youth, and this may have negative consequences for everyone.

Many of the notations in the Los Angeles County case files confirm the difficulties staff face in dealing with acting out and self-destructive behavior by youth who have serious mental health issues. The situation is terrible for everyone -- all too often the youth are subjected to restraint, isolation, and pepper spray. Staff struggling to deal with unpredictably violent behavior have been seriously injured.

D. Facilities Resort to Isolation and Control Measures in an Effort to Keep Youth with Serious Mental Health Needs "Safe"

Fresno, like other counties, resorts to placing youth with mental health issues in isolation when they exhibit self destructive, out of control, uncooperative behaviors. Staff view this as providing more control, increased safety for the youth, and in many cases, increased safety for other youth. Unfortunately, isolation also increases self-destructive behaviors and/or brings on other mental health symptoms such as depression. Fresno's conclusion is that juvenile halls are not designed to deal effectively with youth in mental health crisis.

Los Angeles describes the devastating impact of caring for youth who need one-on-one or high level supervision upon staffing and operations for the rest of the juvenile hall. Placement delay of such youth exacerbates the problem, since the hall must either cover special handling in program units for extended periods, or hold them in units that rely heavily on isolation.

E. Inadequacies in Mental Health Services at Juvenile Hall Make It Even More Difficult to Treat Youth with Serious Mental Health Needs

Several counties express concerns about the impact on the individual child of having to stay in detention while awaiting placement. San Diego observes that that youth begin to show symptoms of depression if the wait is very lengthy (four to five months). It is difficult to keep them motivated and they may begin to display negative behavior.

Sacramento points out that detaining youth pending placement impedes the very goals of court intervention. For example, detention makes it difficult to provide a coordinated treatment plan that includes evidence-based practices, family reunification, and a stabilizing aftercare program. Instead, the most mentally disturbed youth in juvenile hall do not improve and, in fact, their conditions worsen over time. In one case, the youth deteriorated to a chronic psychotic state while awaiting placement for approximately one year. Other children have become essentially "institutionalized" because of years in and out of juvenile hall as "placement" youth, and being "institutionalized" renders them youth incapable of ever becoming independent adults. This, in turn, leads to long-term taxpayer costs for dependent youth and adult care.

F. Awaiting Placement Cases Fill Valuable Detention Beds

Fresno County's response points out that the more significant the mental health issues for a youth, the harder it is to locate appropriate placements. Youth with mental health issues may go through several placements before an effective one is found. Meanwhile, each time the youth returns to juvenile hall as a placement failure, the

harder it is to find another placement. The harder it is to place a youth, the more time they spend in the juvenile hall.

Some counties, including Riverside, express frustration with the fact that youth awaiting placement contribute to overcrowded conditions at juvenile hall. This deprives the facility of bed space needed for other purposes such as pre-adjudication detention, and court-ordered post-disposition detention time.

G. Youth Whose Primary Problems Relate to Mental Health Issues Should Not Be Housed with Seriously Delinquent Youth

Sacramento County urges that the mental health placement youth should be housed with youth in a like population environment. Mixing this population with higher risk, predominantly criminally oriented youth negatively impacts the effectiveness of rehabilitation and reunification. In addition, youth with less severe or overt mental health problems tend to become more criminally oriented as they adjust to their living environment amongst the more criminal population in detention.

IV. COUNTIES FACE MULTIPLE BARRIERS IN THE PLACEMENT OF YOUTH WITH SERIOUS MENTAL HEALTH NEEDS

Counties were asked to report on barriers or problems experienced in placing children with mental health needs, including but not limited to lack of specific kinds of community treatment services (e.g., multi-systemic therapy, therapeutic behavioral services, one-on-one outpatient therapy), lack of specific kinds of institutional programs (e.g., community treatment facilities), funding problems, unwillingness of providers to serve particular youth, or internal issues such as case processing delays or inadequate probation placement staffing.

A. Internal Resource Issues Impede Placement

1. Assessment

Sacramento County urges that many placement problems would be averted if there were a well-developed, collaborative evidence-based treatment plan approach to providing an appropriate disposition for these youth. Alameda County similarly speaks of lacking sufficient mental health professionals to provide psycho-diagnostic evaluations and case management recommendations. Nor does the juvenile hall in Alameda have the ability to do educational and special education assessments that might assist in placement.

As it is, even when the court knows a youth's mental health issues, dispositional orders often fail to address those needs. There is increasing recognition that, with a proper assessment, a portion of the youth detained in juvenile hall and those who repeatedly fail probation, could be safely treated in the community. Unfortunately, such assessment and linkage with the right services does not always occur. Unmet mental health needs result in revolving door justice, as youth return to and intrude further into the justice system.

Better assessment is also needed at the back end of the system. Thus, Santa Clara points to the need for a system that not only assures appropriate initial placements, but also to the need for one that can assess the reasons for placement failure.

2. Services to Prevent Placement or Stabilize Youth Pending Placement

Fresno and Alameda Counties note that the lack of services in juvenile hall to help stabilize youth represents a barrier to placement. The fact of being detained is a crisis in itself, and for youth with mental health issues the crisis level is increased as they have few coping skills. Mental health services need to be provided automatically to help stabilize behavior and prevent further crisis. Regular mental health services in the hall would help youth to present themselves in a positive light instead of in a deteriorated and dysfunctional state when interviewed by group home staff for placement. Further, some youth need medication to stabilize their behavior; but mental health services on medication issues are not available on a daily basis to help prepare them for placement.

A similar gap exists in serving youth who remain detained pending residential placement. San Bernardino County recognizes that once a youth with serious mental health issues enters a juvenile detention setting, other factors including depression, separation anxiety and anger arise. Thus, it's imperative that appropriate psychiatric resources be available for youth in the custodial setting for treatment and stabilization purposes. Funding for a unit directly oriented toward the stabilization and management of youth with mental health issues would greatly enhance the potential for success in a treatment setting. Once stable, a youth is far more likely to be accepted to a treatment facility. Such a setting is not generally available in the responding counties.

Finally the counties need pre-disposition services for families. Alameda observes that family members are often confused, frustrated and either incapable or ill-equipped to deal with their child's behavior. Therapeutic wraparound services that early in the process are seldom available, even though they could reduce the need for placement or increase placement options.

3. Placement Staffing/Training

Alameda voices the need for increased staffing resources to allow reduced caseload size and dedicated training to meet the needs of this population. Alameda also notes challenges in providing sufficient clerical support to navigate the funding and treatment documentation regulations. These resource issues undoubtedly relate to the kinds of concerns expressed by the counties with respect to the need for enhanced assessment and case planning. (See section IV.A.1 above.)

B. Advocacy, Training and Stability of Personnel Are Critical Components of Effective Placement

In a June 2001 report, the Juvenile Court Mental Health and Mental Health Committee of Sacramento County noted that career paths for public defenders, attorneys and judges generally call for them to rotate out of juvenile court just about the time they develop expertise in programs and service options offering much needed alternatives to standard dispositions for youth with mental health needs. Without such expertise and advocacy for programs designed to meet individual mental health needs, the likelihood that many youth will be inadvertently sent down trajectories that are doomed to failure greatly increases. Sacramento also identifies crowded court calendars, unusually short court timelines, and high caseloads for defenders and probation officers as factors that pressure the system into quickly adjudicating cases that might merit more attention. This results in dispositional orders that may not address the youth's mental health needs, and sets up a revolving door that is emotionally costly to the youth and families and a drain on county resources.

C. Counties Have Inadequate Access to High Level Residential Treatment

Without exception, the counties voice a need for increased access to high-level residential services for youth with serious mental health needs.

1. Hospitals and Community Treatment Facilities

Alameda County reports that it has neither a community treatment facility with locked hospital services nor a high-level group home capable of providing therapeutic services to children who are seriously disturbed. Although two community treatment facilities and a limited number of high-level group homes are located in surrounding counties; bed space is pre-purchased and/or dedicated to agencies within those counties, and thus, Alameda has limited access to the beds.

Fresno County lacks an in-county psychiatric hospital for adolescents. Youth who require hospitalization for mental issues must be transported to another county for services. This makes it very difficult for parents to be involved in their child's treatment during the hospitalization period. Further, residential treatment hospitals usually have outpatient programs for immediate follow-up and assistance to the youth and family once the youth is released. These services are not available to Fresno County youth, so follow-up is not immediate.

Sacramento longs for the presence of a county operated child and adolescent psychiatric inpatient program. Although the county contracts with private hospitals to provide inpatient services, the focus is on treating the crisis only, rather than providing a stabilizing period in an appropriate setting with a comprehensive treatment plan. This is a problem because, without stabilization, children's mental health conditions are much more likely to worsen. The response from Sacramento notes, "You would not send a child out of the hospital after a major medical trauma without stabilizing their condition. Should not a child with major psychiatric trauma receive the same treatment?" The

response notes that this "penny-wise, pound-foolish" approach by the government will ultimately cost taxpayers dearly. Sacramento specifically expresses the desire for a community treatment facility for severely mentally ill youth, which includes a locked component. The County has developed an excellent report, *Health and Mental Health of Delinquent Youth: A Progress Report with Key Findings and Recommendations* (2001) detailing the specific needs.

San Bernardino presents a series of situations for which it lacks appropriate treatment facilities: chronic psychiatric evaluations (5150); placements for youth who attempt suicide, or engage in self-mutilation or other self-injurious behavior; and chronic violent or sexual behaviors. San Bernardino also speaks of the need for facilities that can provide one-on-one supervision, seclusion and restraint. The county has access to only one short-term (4 month) secure program.

San Diego, too, notes the absence of State of California locked psychiatric facilities to address the needs of youth who are a threat to themselves or others due to psychiatric issues, and who cannot be appropriately treated in an open setting.

2. RCL 14 Group Home Beds

The California Department of Social Services licenses group home beds, and rates them according to the level of services to be provided. The highest level of services is provided in rate classification level (RCL) 14, which is reserved for seriously emotionally disturbed children. (Cal. Welf. & Inst. Code §§ 11462, 11462.01.)

A number of counties report that a barrier to placement is that they have inadequate access to RCL 14 group homes. Orange County notes that it has not had an RCL 14 group home since December 2000. With the loss of the Intermediate Care Facility it has been using, the County will have difficulties in placing seriously emotionally disturbed youth. Orange also has problems placing youth at the RCL 12 level. Many of the Level 12 programs reject youth on a frequent basis because of the youth's emotional disturbance, assaultive behavior, or long-term poor history with placement. A particular concern is that the county has limited resources for the RCL 12 girls. While it has several programs on its list, there are difficulties getting them to accept Orange County youth. In addition, the girls programs are mostly a six-bed group home setting rather than a therapeutic facility type setting, which some girls may need initially to stabilize.

San Bernardino and San Diego also express frustration that there are very few RCL 14 homes available to their counties.

D. Provider Barriers and Turf Wars Contribute to Placement Delay for Youth with Mental Health Needs

1. Special Education/Individualized Education Programs (IEPs)

Alameda County reports that the school districts responsible for completing individualized education programs ("IEPs," required for youth who are entitled to services under the Individuals With Disabilities Education Act) resist investing staff and

funding on detained youth with mental health problems who are detained, awaiting placement.

Fresno similarly reports that if the IEP and/or educational psychological evaluation documents become outdated while the youth is in juvenile hall, placement may be delayed for several months, as the placements will not accept a case until the documents are updated. To complicate matters further, the home school districts refuse to do the update on the ground that the youth is no longer living in their jurisdiction, and the county office of education will not take responsibility for the update arguing that the juvenile hall school is only an interim educational service and it is the home school district's responsibility to do the updates. The bottom line is that the youth stays in the hall longer because agencies are not willing to complete the updates as required by law.

Another problem is that some providers improperly (and illegally) require IEPs and a finding that the youth requires a non-public school (NPS). Such a finding enables placements to require youth to attend the private on-site school, instead of allowing them to go to public school. Although recent legislation¹³ prohibits providers from conditioning placement on having an IEP, there is a lag in practice and this contributes to placement delay. Thus, Alameda County reports that some of the better high-level facilities require, at minimum, a partial current IEP (psycho-educational evaluation) prior to acceptance. And although Fresno County does not acquiesce to demands that placement youth attend non-public schools, the county reports that the practice of requiring a non-public school (NPS) status persists.

Fresno County reports another variation of this scenario -- that school districts refuse to make a NPS designation for youth being placed out of county, stating that it is the receiving school district's job to determine if the youth can be serviced or not in the public schools. Many group homes, however, will not accept youth if they do not already have an updated IEP with an NPS designation. Accordingly, the refusal to make an NPS designation prevents the placement of Fresno County youth in many of the RCL 14 homes in other counties, even if patch money has been authorized.

2. County Mental Health Departments

While State law governs the handling of incompetent adults in criminal cases (Cal. Pen. Code § 1370), there is no specific statutory provision governing the handling of incompetent youth coming before the juvenile court. Sacramento has expressed concern that its county mental health department is hesitant to offer services to youth who have been declared incompetent, unless joined in the matter by the court. (Sacramento adds that county mental health disagrees with this assessment of the situation.) The absence of a clear statutory mechanism for dealing with incompetent youth leads to significant delay in case processing time and increased detention, while the system struggles to deal with incompetent youth.

¹³ A.B. 1858, Stats. 2004, added Education Code section 56155.7, which prohibits licensed children's institutions and community care facilities from requiring that students be identified as special education students as a condition of residential placement.

Sacramento also sees the need for a secure local mental health facility meeting broader treatment goals for youth with a serious mental health condition. The County is completing a Needs Assessment Project that is intended to estimate the current and long-range facility needs that will include both construction and annual operating cost data for such a specialized facility.

3. Communication Issues Between Probation and Providers

San Bernardino County surveyed its provider community on placement issues, and received a number of comments relating to communications issues. While providers felt that the overall relationship between county staff and group home providers was good, providers would like to have 1) improved communication with the placing workers (via email, phones with voicemail, etc); 2) more services from County of San Bernardino administration (provider meetings, county/provider training); 3) improved case management by social workers or placing staff, and; 4) more child information at the time of placement. Providers also expressed frustration that the county's Medi-Cal eligibility and funding process was not as evolved or advanced as in other counties.

4. Rejection of Youth for Improper Reasons

Los Angeles County provided redacted forms filled out by providers for rejecting youth from placements. The responses suggest a range of inappropriate reasons, particularly given the providers' contractual obligations through the Department of Social Services, Community Care Licensing Division. The stated reasons include: being too old (will turn 18 in a few months); reading at the 6th grade level and having only 100 high school units; having bulimia; being a drug user; hearing voices; having no remorse for one's victim; walking with a cane; and having "serious" mental health issues. While some of these reasons might be proper for lower level or specialty placements, the Los Angeles documents suggest that some providers reject youth with needs that fit well within their contractual obligations.

Other counties report similar problems. Riverside reports, for example, that some Level 12 facilities are unwilling to accept wards on certain medications. Other providers are unwilling to accept youth with specific behavior problems, some of which surely fall within the provider's state licensing obligations.

5. Lack of Programs Addressing Particular Issues

While the counties are rightfully concerned about inappropriate rejections, they also express the need for more programs addressing specific behavioral or other issues. San Bernardino conducted a provider survey (*Fourth Annual Group Home Placement Needs Assessment* (July 28, 2004), and found that while local providers will accept youth with a variety of issues,¹⁴ there is a dearth of placements to serve fire-setters,

¹⁴ Based on treatment questions from surveys in 2002 and 2003, 73 % of the San Bernardino group home providers that responded said they accepted children for multiple failed placements (33 homes), emancipation programs (31 homes), Individualized Education Plans (IEP) (28 homes), severe behavioral

psychotic/SED/violent youths, sexual predators, and non-ambulatory youth. Also, San Bernardino has a shortage of group home facilities that accept female placements; though there has been an increase from previous surveys. The survey also found that neighboring Riverside County group home agencies have few programs serving fire setters, sexual predators/offenders, and non-ambulatory youth.

San Bernardino also reports the need for readily available programs for sexual perpetrators - designed to specifically address the psychological factors associated with offenders who have committed rape, sexual battery, etc. The County also has difficulty finding programs for youth with chronic or recurring medical conditions (Diabetes, Tourette's Syndrome, Marfan Syndrome and congenital cardiac problems, MRSA [Methicillin-resistant *Staphylococcus Aureus*], etc.). Further, San Bernardino has problems finding programs for developmentally disabled children receiving Inland Regional services, as well as "low functioning" children (who have a low IQ but are not eligible for Inland Regional services).

Much of this is consistent across counties. Riverside County has difficulties placing fire setters, chronic runaways, youth with severe emotional disturbance, undocumented aliens and youth who are assaultive. Riverside expresses the need for more programs with certified drug treatment, and programs for females. In addition, the county sometimes needs special placements for youth with disabilities such as hearing impairment.

The files provided by Los Angeles show a need for additional programs to deal with youth who are low functioning; youth entrenched in gang activity; youth who have run away from or failed in past placements; youth who refuse to take medication; sexual predators; fire setters; youth who are severely emotionally disturbed; youth who are pregnant; youth with a history of suicide attempts or hospitalization; and youth with chronic health problems.

San Diego County lacks in-county sex offender programs. Thus, even though the court prefers to place youth as close to home as possible to facilitate family therapy, one third of the group home population in San Diego (including many sex offenders) is placed out of county. San Diego also reports difficulty locating programs for youth with histories of fire setting, youth with extreme psychiatric needs, and youth with physical conditions that require specialized care. Santa Clara also voices the need for sex offender programs and programs serving youth involved in arson.

Sacramento expresses frustration that the group home provider industry and the State Legislature have failed to grasp the fact that juvenile justice now serves a tremendous number of youth who are both hard-core chronic delinquents and seriously emotionally disturbed. The County voices a need for specialized treatment facilities and programs targeted to adjudicated delinquent youth with identified arson/pyromaniacs problems.

problems/conduct disorders (27 homes), frequent AWOLs (26 homes), and attachment disorders (24 homes). The Riverside group home agencies most common treatments were severe emotionally disturbed (41 homes), emotional abuse (40 homes), frequent AWOLs (33 homes), physical abuse, neglect and/ or abandonment issues (32 homes) and substance abuse (25 homes).

Also needed are programs to serve developmentally delayed youth with mental health issues or sex offender issues. Further, Sacramento reports a lack of programs for youth experiencing gender identity issues.

Finally, Sacramento and other counties report that few providers offer follow up services to support youth and their families as the youth transitions from an institutional or residential setting back into the community.

6. Provider Performance That Is Not As Advertised

A number of counties report that the programs they use do not deliver promised services. Thus, Alameda County has found instances in which treatment facilities were not providing the level of service, commensurate with their rate, classification levels and program statements: "Community care licensing is charged with conducting program audits of facilities; however, as is the case with many public agencies, budget constraints and staffing shortages have limited the frequency and scope of the audits."

V. FUNDING ISSUES IMPACT PLACEMENT OF DELINQUENT YOUTH WITH MENTAL HEALTH NEEDS

A number of counties discussed funding issues as a barrier to placing youth with mental health needs. [Note that other counties have successfully addressed some of these perceived barriers. See section VI.]

A. Social Services Funding

Alameda County describes bureaucratic problems in accessing funding streams. Foster care funding for the youth through its social services agency is problematic because there are three units and numerous individuals involved in the process. This makes resolution of issues in a timely manner difficult.

Riverside County speaks of the heavy financial burden when probation winds up footing the bill for high level placements when the child does not qualify for residential placement through the education system's A.B. 2726 (A.B. 3632) process. That process requires the child to be diagnosed as seriously emotionally disturbed and approved for such placement through an interagency placement committee. (Cal. Gov. Code § 7572.5, Cal. Welf. & Inst. Code §§ 11462.01, 4096; Cal. Health & Saf. Code § 1502.4.)

San Diego County reports that the county faces challenges in placing undocumented youth with mental health issues who are Permanently Residing Under the Color of Law (PRUCOL), because funding is contingent on the availability of documents that are sometimes difficult to produce.

B. Medi-Cal

Alameda County reports that the system to initiate provider payment and establish Medi-Cal benefits for youth is cumbersome because a number of units and individuals must be contacted. San Bernardino County adds that problems with Medi-Cal interfere with placement. Some programs are unwilling to wait for remuneration, e.g., for prescription changes if the youth runs out of medication within first thirty days of the program. (The County reports a 6-8 week delay in repayment).

Fresno objects that the restrictions on Medi-Cal funding impede placement. Being able to access such funding would provide much needed mental health and substance abuse services in the juvenile hall. With established services in the juvenile hall, community services could be developed to transition youth back into the parent's home for continuity of services.

Sacramento points to impediments posed by the Medi-Cal eligibility and provider system. A youth is not eligible for reimbursement while in the hall, and must establish eligibility when they leave. Although county mental health has developed an access team to screen and refer EPSDT¹⁵ eligible youth to services in the community, the system struggles with identifying sufficient providers, waiting lists, streamlining the referral process, and making the process user friendly for families. A typical problem is that the court will not release a youth until mental health services are in place, but the services cannot always be arranged while the youth is in the hall due to EPSDT funding issues, wait lists, or coordination issues. In one case, for example, a girl diagnosed as having schizophrenia and detained on an assault charge, was ordered to remain in juvenile hall for 6 weeks while she made her way up the waiting list for services in the community.

C. "Patch Money" for Providers

Fresno reports that there are few RCL 14 group homes in California that do not require mental health "patch money" in addition to the regular group home payment for the placement of a youth with serious mental health issues. Because the County does not have the resources to supply all Fresno County youth certified as a RCL 14 with mental health patch money for placement, some spend a lot of time in the juvenile hall while the placing officers attempt to find placements that will accept them without the patch money.

¹⁵ EPSDT is the Early and Periodic Screening, Diagnosis and Treatment program, the children's program for Medicaid. (42 U.S. Code §§ 1396d(a)(4), 1396a(a)(43), 1396d(r).) Medicaid represents the single most important funding source for poor children's health care, and youth residing in group homes or other non-secure placements are categorically eligible for the program. Significantly, too, youth who have a court order for non-secure placement may seek Medicaid reimbursement, even if they are physically still in juvenile hall. (See, Sue Burrell and Alice Bussiere, *The "Inmate Exception" and its Impact on Health Care Services for Children in Out-of-Home Care in California*, Youth Law Center (November 2002), pgs. 14 and n 60, 17, 19.)

Orange also expresses concern that a mental health patch is required by several programs in order for them to accept youth. The amount of the patch is approximately \$120 - \$160 per day, and this creates an additional barrier to placement.

D. Funding for Aftercare Services

San Bernardino County reports that there is currently no funding available for aftercare programs for children and their families with mental health issues post-placement. This vital piece is needed to insure that this population receives a continuum of services through aftercare supervision enabling them to successfully complete probation, and ultimately to learn the skills needed to avoid reentry in the juvenile justice system.

Fresno County describes aftercare funding as a sort of "Catch 22." The County has a pre-placement program that, if successful, actually prevents placement. Youth are removed from the home by the court, and then "furloughed" to the home of the parent and placed on a special caseload. Pre-placement caseload services include intensive supervision by a probation officer and the same community recourses available to the youth and family prior to Pre-Placement. Unfortunately, wraparound services (S.B. 163)¹⁶ cannot be used to fund these services because most pre-placement youth will not be placed in RCL 10 to RCL14 group homes if the services fail (a required criterion), so they are ineligible for services. Mental health wraparound services are needed when youth are released from juvenile hall to prevent placement of the youth in a group home at a later date.

VI. SUCCESSES IN REDUCING PLACEMENT DELAY FOR YOUTH WITH MENTAL HEALTH NEEDS

The counties were asked to provide information about successes in reducing barriers, problems, or service gaps in placing youth with mental health needs. There are many successes to report, including a series of improvements and solutions that may be used to address some of the perceived barriers presented in the preceding sections.

A. Improving Mental Health Services to Youth in Juvenile Hall

In an effort to address the distinct problems associated with this population, the Alameda County Probation Department, Juvenile Justice Medical Services, Alameda County Office of Education and Alameda County Behavioral Health Care Services developed a treatment unit within its juvenile hall. The unit was designed to provide a therapeutic environment for wards with a current history of emotional and behavioral disorders. The objectives of the program are:

- Provide a daily setting that is safe, structured, predictable and therapeutic, thus reducing the tendency of these children to act out their anger in aggression, defiance of authority of self injurious behaviors

¹⁶ Senate Bill 163 (Stats. 1997, Chapter 795), codified at Welfare and Institutions Code § 18250 et seq., allows counties to use state foster care dollars to provide wraparound services for youth residing in, or at risk of being placed in RCL 12 and 14 group homes.

- Treat symptoms of anxiety and depression
- Help youth to understand and develop the tools to manage their emotional and behavioral issues constructively

Los Angeles County has monthly meetings in which the Detention Services Bureau meets with its Department of Mental Health to discuss a range of institutional mental health issues, including screening, monitoring of youth with active mental health crises, program development, best practices in treatment, funding, staffing needs, training needs, security issues, and transitional issues. Also, the system has established a Collaboration, Assessment, Rehabilitation and Education (CARE) Unit in one of its halls to address the treatment needs of extremely mentally ill and emotionally disturbed youth. The program can serve 12 boys and 12 girls.

Sacramento County has developed a specialized program, Placement Readiness and Recidivism Program (PRRP), targeted to Juvenile Hall residents awaiting placement who present mental health issues and are at high-risk for engaging in disruptive behaviors while in custody. PRRP services include mental health assessment to identify potential placement barriers, an individualized treatment plan, weekly individual treatment, and daily social skill building group treatment to promote success in placement. Past evaluations have shown that program participants experience decreased rates of self-injury and disciplinary incidents. While this program is assisting the system to meet immediate needs, Sacramento has also come to the conclusion that Juvenile Hall is an inappropriate setting for the housing of youth with serious mental health conditions, and the county is exploring the creation of a separate specialized facility to meet their needs.

Santa Clara provides pre-placement services during the period of juvenile hall detention. The services include mental health assessment, individual, group and family therapy, medication evaluation and therapy, life skills, parent support groups and other services to help stabilize behavior and reduce the chance of placement failure or running away.

B. Increased Inter-Agency Collaboration

While state law requires an interagency committee to approve placement in RCL 13 and 14 group homes (Cal. Welf. & Inst. Code § 11462.01), several counties use those committees in a broader way. In Los Angeles County, the Interagency Screening Committee makes recommendations whether youth should be referred to an RCL 14 group home, a community treatment facility or a State hospital program. The committee also recommends whether to refer youth to an RCL 12 facility, transitional /emancipation housing, adult mental health programs, the Regional Center, or other services.

Alameda convened a series of inter-agency informational meetings for the Probation Department, Social Services, Behavioral Health Care Services and County Office of Education regarding service needs of delinquent children. This has significantly improved inter-agency communication and collaboration.

Riverside has had "moderate success" in reducing barriers, problems and service gaps by working closely with its mental health department in finding appropriate placements, specifically RCL 14 facilities.

Fresno County has several collaborative groups. Probation brings difficult placement cases to the Interagency Resource and Placement Committee (IRPC) for recommendations and to address barriers in placing youth. Managers from the Probation Department, Mental Health, Children and Family Services, and County Office of Education attend this meeting. Also, Probation maintains and distributes a list of "difficult to place" youth to the judge, Juvenile Hall managers, Mental Health, Department of Children and Family Services, placement manager, and attorneys. The list keeps everyone informed with respect to placement duties. Issues that can not be resolved at the manager level are sent to the Administrative IRPC -- made up of the Director of Children and Family Services (DCFS), Deputy Director of Mental Health, Deputy Director of DCFS, Director of Juvenile Probation, and Director of the County Office of Education. This Committee meets to discuss and locate funding alternatives for hard to place youth, authorizes patch money, and assists in resolving barriers for hard to place youth.

Santa Clara County has several committees that address placement mental health issues. The Resources and Intensive Services Committee meets on a monthly basis to coordinate placement services for high need youth. The Committee includes representatives from Probation, Social Services, Mental Health, County Office of Education, Department of Drug and Alcohol, several residential providers, a community treatment facility (CTF)¹⁷ and two wraparound service providers.

C. Improved Access to Funding

In Alameda County, the Probation Department and Behavioral Health Care Services have signed a memorandum of understanding partially funding wards' access to high-end, out of county, residential mental health treatment facilities. Also, a percentage of EPSDT expansion funds have been dedicated to local programs to enhance their delivery methods and level of service to wards and their families.

Los Angeles County has made a concerted effort to involve probation staff in Medi-Cal and Healthy Families outreach, for which the department, in turn, may seek reimbursement for Medi-Cal administrative costs. The outreach occurs during normal contact with the youth's family, and consists of verbal information about eligibility and services, with follow up written brochures.

Sacramento County decided to go after Medi-Cal certification when grant funding for its placement Impact Program dried up. Although Medi-Cal does not fund the program at its previous level, this has helped to assure that the program will continue. Also, the

¹⁷ Community treatment facilities (CTFs) are licensed facilities (Cal. Health & Saf. Code § 4094 et seq.) providing care to minors under juvenile court jurisdiction who are seriously emotionally disturbed, or residing in acute care or state mental hospitals. CTFs are eligible for Medi-Cal reimbursement.

County is contributing to the program, and some aspects of the assessment process have been streamlined to stretch funds without losing effectiveness.

D. Improved Case Processing and Placement Services

Alameda County has developed a group home assessment team within the placement unit, whose function it is to audit current providers' delivery of service and physical conditions in placements. Riverside County, too, has added additional probation officers to monitor youth in placement.

Los Angeles County and Santa Clara County have juvenile mental health courts to serve youth with specific kinds of serious mental illness, organic brain impairment or developmental disabilities. These courts help to assure comprehensive assessment, and because of enhanced inter-agency collaboration, have had success in accessing services that have been difficult to obtain in the past, including IEPs, and Regional Center services. Also, the courts make special efforts to try to serve youth in the community instead of sending them to secure facilities such as camp or the California Youth Authority, where they probably would not receive appropriate mental health services. These programs are notable for their ongoing involvement in cases, and willingness to adjust services where needed. Los Angeles County also has a juvenile drug court that serves some youth with co-occurring mental health and substance abuse issues.

In Fresno County, the Juvenile Court Judge has formed a committee to investigate the concept of a mental health court for juveniles to better address the mental health needs of youth. The Judge has obtained tremendous interagency and community support for the investigation and development of this project.

Sacramento County was able to develop and implement a specialized program for placement youth with funding secured through the Challenge Grant II program. Since funding ended, the program has continued to operate through a combination of mental health Medi-Cal dollars, foster care funding, and probation general fund dollars. The Impact Program was originally designed for juveniles who have been ordered into placement by the delinquency court for the first time, but has expanded its eligibility criteria following the expiration of grant funding. The youth are brought from the juvenile hall to the 21-bed Sacramento Assessment Center (SAC), and RCL 11 group home, where they live and take part in activities including on-site schooling and group counseling during the assessment process. The process takes about 30 days during which a battery of clinical instruments are used to assess functioning, problems, and strengths in ten areas. An assessment report is developed summarizing all of the material from the different perspectives and assessment effort and recommends a comprehensive plan of treatment, which becomes the basis for placement, or at times the basis for a return home with services rather than placement. A sister program, the Family and Children Community Treatment Program, was also developed and provides in-home, Multi-Systemic Therapy (MST) services to youth who return home. More than 400 youth participated in the Impact Program between January 2000 and June 2003. Evidence, so far, shows that youth going through the Program spend less time pending

placement, experience fewer failed placements, and have lower rates of rearrest – which translates into substantial savings in avoided future costs for the County.

E. Expansion of Community Based Services

Fresno County reports that the use of S.B.163 wraparound services has opened the door to step down some probation youth from high level group homes (levels 10-14) to the home of a parent or guardian, or to keep youth at home with wraparound services in lieu of placing the youth in a 10-14 level group home in the first place. This has been very successful for Probation in Fresno County as almost half of the current S.B. 163 slots are filled with probation youth.

Similarly, the San Diego County Probation Department has successfully reduced the need for out-of-home placement for youth with mental health needs. Through a continuum of services, which include prevention, intervention, supervision and treatment, fewer youth have been removed from the community while receiving family focused treatment. The programs include Breaking Cycles, Juvenile Drug Court, and the Juvenile Sex Offender Management Program. Throughout the Breaking Cycles program, mental health services are available through the Reflections Day Treatment program, as well as residential programs, including the Juvenile Ranch Facility and the Girl's Rehabilitation Facility. These programs have mental health staff available to address the needs of the population. The Reflections program also works with youth who have a dual diagnosis.

Los Angeles County has taken steps to expand its continuum of community-based services to include Functional Family Therapy and Multi-Systemic Therapy. Both are cost-effective programs with excellent proven outcomes, focusing on youth in the family context. The county has also developed a comprehensive Strategic Model of Gender Specific Programming for girls, with close attention to mental health treatment needs. In addition, Los Angeles County now has a Transitional Housing Program to help serve youth with mental health needs in residential settings where they can also receive therapeutic services -- funded through the Independent Living Program for Emancipated Foster Youth. The County also works with programs such as the Transitional Youth Outpatient Services Program to assist 17 to 21 year-old placement youth with mental health needs.

F. Tinkering with Existing Resources to Address Targeted Needs

Orange County filled the gap left by not having an RCL 14 placement by using an Intermediate Care Facility (ICF) on an interim basis. From October 2003 to October 2004, the county referred 18 youth, including some of the County's most difficult youth. The county reports having good rapport with the ICF, and due to their location, it was easy for the probation officer to have a good presence and when necessary remove youth for stabilization. At the same time, the ICF was good about accepting the youth back into their program to continue working with them after the youth had stabilized.

Similarly, Orange County is working with its existing providers to increase placements at the RCL 12 it needs. Its plan is to continue working with Alpha Connections regarding

"hard to place" females. In addition, another provider has recently converted two boys' homes into girls' homes, which are in the process of being approved for Orange girls. The same provider has two RCL 14 homes that are for San Bernardino and Riverside youth only, but they are adding a third home, RCL 14, for other counties to use, and this may present a much needed resource. The provider is willing to continue to work to meet the County's needs.

San Bernardino County has entered into a contract with Vision Quest Lodgemakers to provide residential mental health services, with a family component. The contract is for 72-beds at their facility to be constructed and qualified as an RCL 12 group home in Hesperia in San Bernardino County.

V. DIRECTIONS FOR FUTURE WORK

What can we learn from these responses? First, progress is possible, even in the fiscally cruel world in which we operate. Secondly, counties already have a great deal to teach each other with respect to particular approaches and solutions. And while this research hardly represents the totality of issues, barriers, and resolutions for California counties, it does suggest a number of areas for additional focused work:

- Counties uniformly spoke of youth who "do not belong" in juvenile justice, and who deteriorate further once in the system. Through legislation and policy decisions, State and local jurisdictions need to develop better front door mechanisms to reject such cases and assure that youth and their families receive needed mental health services. This includes crisis intervention services for families and providers to alleviate the need for entry into the juvenile justice system.
- Counties need to track the time and expense of placement delay (in money, impact on the child, and efficacy of services), as well as placement failure. It was disturbing, given the compelling problems for placement youth and the system itself, that some counties found it difficult to produce even basic data. Counties trying to leverage increased resources need to be able to show that the costs of not placing youth quickly and appropriately, far exceeds the costs of doing things right.
- Information on delay should be used to strategically develop missing pieces of the continuum of services, though working with existing providers or developing new programs.
- The State and local jurisdictions need to tackle the almost universal need for at least some inpatient or secure mental health treatment capacity. This does not have to be and should not signal a return to long-term hospitalization. Instead, whether it involves Community Treatment Facility beds, regional facilities for seriously emotionally disturbed youth, or another kind of residential treatment, the program should provide for short-term stabilization followed by intensive supportive services in the community.

- At the same time, counties should learn from the success of others in recognizing that a substantial number of youth slated for high level group home beds could be more affordably, and in many cases, better served in family-based wraparound and other services in the community.
- In developing needed services, counties should learn from the success of other jurisdictions in engaging their provider community to develop specific programs to fill gaps, for example, placement beds for girls. This approach should be expanded to other service gaps, as well as additional community based services or aftercare services that might eliminate the need for long term placement.
- Much more can be done to maximize Medi-Cal funding for mental health services to individual placement youth, for example in accessing services for youth with placement orders who are still physically in juvenile hall. Prop 63 and Juvenile Justice Crime Prevention Act funds offer additional resources for placement/mental health related projects, and local planning should be strategic in using these funding streams to fill gaps in their service continuum.
- Counties need to determine how to care for and house youth with serious mental health needs pending resolution of their cases in a setting other than juvenile hall.
- Counties that still experience lengthy case processing delays should learn from counties that have reduced delay by redistributing resources, increasing interagency coordination, enhancing case review, and providing better staff development.
- Advocates, probation and the court need to be better informed about placement and community-based service options, and dispositional case plan requirements of Welfare and Institutions Code section 706.6 should be enforced.
- The 15 day court reviews under Welfare & Institutions Code section 737 should vigorously address the efforts made to place the youth, the reasons for delay; whether the youth may be held in a non-secure setting pending placement; and precisely what more is needed to implement the dispositional order, and whether other dispositional plans should be considered.¹⁸
- Counties should track and analyze failed placements. Was it a bad match to begin with, or is there something that needs to be looked at in the placement itself? Is there a way to provide respite or crisis services to the youth and the provider to "save" placements that otherwise seem to be working?

¹⁸ In 2002, Youth Law Center and Commonweal sponsored A.B. 2496 (Steinberg), which would have heightened the 15-day review process. The costs and workload were minimal considering the benefits of having a more thoughtful structure for review. The Bill was passed by the Legislature, but vetoed by then-Governor Davis. It may make sense to try again for legislation focusing on the needs of placement youth in the court process.

- Counties may also benefit from addressing specific placement failure issues. For example, since almost every county expresses frustration with placing youth who run away, a study of the reasons for running away should be undertaken, and used to develop solutions. Many placement youth run because that is how they have always responded to stress, so such a study might show the need to develop a few providers who have “no fail” policies under which they will stick with a youth even after a run away or other problems, and work with the youth on other responses to stress. Similarly, if the study shows that many youth run home, is there something we could do to structure successful services in a home-based setting?
- In developing additional programs and services, counties should look to the research and evaluations on programs already validated as cost-effective. As a starting point, the following publications may be useful:

From Promise to Practice: Mental Health Models that Work for Children and Youth, Fight Crime Invest in Kids, California (2005), <http://www.fightcrime.org/ca/toolkit/index.php>

The Mental Health Services Act (Proposition 63) and Juvenile Justice Youth, Multi-Association Joint Committee (California Mental Health Director's Association, Chief Probation Officers of California, and United Advocates for Children of California, 2004), <http://www.cmhda.org/documents.html>

Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders, by Robert Barnoski, Washington State Institute for Public Policy's, (January 2004), <http://www.wsipp.wa.gov/rptfiles/04-01-1201.pdf>

VII. CONCLUSION

If readers of this paper take one thing away, it should be that our system must not be, and need not be complacent about placement delay for youth with serious mental health needs. The growing track record of success in case processing, enhanced placement services, better use of funding options, provider development, and use of community-based options show the way for counties still struggling with this population. We hope that this information will be helpful in policy and legislative discussions, professional development, and planning for Mental Health Services Act (Proposition 63) implementation.

Appendix "A"

Youth Awaiting Placement in 2004

This is the data reported for 2004 for the period up to the time of the Public Records Act responses. While it reflects less than a year of placement cases, and counties reported the data in a variety of ways, it is useful in showing basic patterns across the jurisdictions.

No. of Days	Contra Costa	Fresno	Los Angeles	Orange	Riverside*	San Bernardino**	San Diego	Santa Clara
>15	24	68	86	6	56	67	22	45
>30	21	34	31	3	60	330	43	59
>60	3	9	10	1	25	151	7	17
>90	2	6	9	0	1	102	3	3
Actual Days Over 90	(107) (91)	(119) (122) (91) (99) (105) (105)	(91) (121) (180) (105) (95) (138) (98) (171) (145)		(124)		(91) (111) (92)	(97) (121) (112)
Total Waiting	50	117	136	10	142		75	124
Total Waiting > 30 Days	26	48	50	4	86		53	79
No. of Awaiting Placement Youth Reported to BOC 2004								
1st Q BOC	18	34	162	3	63	73	19	9
2d Q BOC	23	27	152	3	76	74	22	9
3d Q BOC	19	41	137	8	No rpt.	69	20	19

* Riverside's data represents 164 of 307 cases from 7/1/03 to 6/30/04

** San Bernardino reported total length of stay (entry to release), not from disposition to release, so the data cannot be included in the post-disposition length of stay comparison

Additional reports from Alameda County and Sacramento were as follows:

Alameda reported average ranges for post-dispositional stay going from 90-100+ days in 2003, reduced to 60-90 days in 2004, with more recent post-dispositional delays of about 30 days. (2/17/05)

Sacramento reported total length of stay (pre- and post disposition) for placement cases at 48.7 days for 2003, and 49.2 days for the beginning of 2004 (Jan. and Feb.). [To have a complete understanding of time to placement in Sacramento, it would be important to factor in the length of stay for those placement youth who go through the off-site Impact Program before being placed.]

Appendix "B"

Placement Case Profiles from Three Counties

Five Mental Health Case Histories From Sacramento County

*San Diego County: Additional Information on Minors Awaiting Placement
in Juvenile Hall*

*Juveniles in Secure Confinement Awaiting Placement in Los Angeles
County*

FIVE MENTAL HEALTH CASE HISTORIES FROM SACRAMENTO COUNTY*

Mental Health Case #1

The minor is a 16-year-old African American male. The minor, along with an accomplice, found a sulfur compound in a trash dumpster. They took the compound and attempted to make an explosive device, which resulted in a fire. On July 28, 2004, the minor was adjudicated a Ward of the Court and committed to level "A" placement relative to a sustained violation of Section 452(d) of the Penal Code (arson), a misdemeanor.

Previously, the minor was a Ward of the Court in Washington State for vehicle theft. He completed his probation and wardship was terminated in early 2004. While on Washington probation, the minor received counseling. However, his father reportedly could no longer care for him due to his poor behavior and he moved back to Sacramento to live with his mother. The minor has three younger siblings. The minor's mother receives SSI benefits and also works part-time at a local elementary school doing yard duty. The minor's mother reportedly suffers from Bi-Polar Disorder. Records indicate there have been 14 CPS referrals in Sacramento for his family. Five were sustained including referrals for caretaker incapacity, emotional abuse, and domestic violence. According to CPS records, in 2002, the minor orally copulated his four-year-old sister and when much younger had poisoned his puppy and abused a rabbit by tying rope around its neck, choking it. While in Juvenile Hall, the minor attempted to commit suicide by tying a pillowcase around his neck.

The minor has indicated that while he lived in Washington, he smoked several bowls of marijuana daily, but has denied the use of marijuana since his return to Sacramento. He has reported that while living in Washington, he was a member of the Hillside Hoover Grips [sic] but he has claimed that he has not associated with gangs since moving back to Sacramento.

It was determined that due to the limited knowledge regarding the minor's mental health, the minor would benefit from an in-custody comprehensive assessment provided by the Sacramento Assessment Center.

On August 19, 2004, the minor's assessment was completed, at which time it was recommended that the minor be placed in a highly structured, sophisticated treatment-oriented group home that specialized in dealing with delinquent youth with complex mental health issues, and to provide careful psychiatric monitoring. The Assessment Team conveyed that the program needed to specialize in treating psychotic clients with mood disorders, substance abuse, and thought disorders. In addition, the team further recommended that the minor be evaluated for possible special education services.

**retyped verbatim from Public Records Acts response*

As a result of the minor's assessment, the Probation Department requested an initial Individual Education Plan (IEP) meeting to determine if the minor qualifies for special education services. In addition, on September 15, 2004, the undersigned officer presented the minor's case to Inter Agency Management and Authorization Committee (IMAC) for approval of a highly specialized mental health placement (RCL 14). IMAC approved the minor's placement in an RCL 14. In order for the minor to be placed in an RCL 14, he must qualify for special education services due to the high mental health needs of the individuals they serve and their need for close supervision in a non-public school. On November 18, 2004, the Sacramento County Office of Education held an IEP Meeting at which time they established that the minor qualified for special education with a diagnosis of Emotionally Disturbed.

On September 17, 2004, the minor's case was referred to Milhous and Regional Youth Services (RYS) for possible placement in their mental health residential facilities. On September 20, 2004, the minor was declined for placement at RYS. On October 5, 2004, the minor was interviewed by Charis Youth Services, a high level (RCL 14) mental health facility located in Grass Valley, California. Charis agreed to accept the minor into their program if the minor qualified for special education services. Once the minor qualified for Special Education and was accepted at Charis, it was discovered that Sacramento County Mental Health Department (SCMHD) was at their maximum for contracted beds for Charis. SCMHD reviewed their contract and on November 22, 2004, made an exception and approved an additional client at Charis.

Subsequently, on November 22, 2004, the minor was placed at Charis. The minor spent a total of 151 days in Sacramento County Juvenile Hall awaiting placement due to his complex needs and the multiple agencies required to facilitate his appropriate placements.

Mental Health Case #2

The minor is a 17-year old white youth. The minor was originally removed from his adoptive parents for suitable placement on 5-16-02. The minor began to display a defiant and beyond control behavior while placed in a group home setting. As a result, he was removed from the facility and detained on a 5150 mental health hold on 3-27-03. He was allowed to return to the group home but his escalating beyond control behavior resulted in him being AWOL and an abscond warrant was issued on 6-11-03. In spite of not being an adjudicated sex offender, the minor displayed inappropriate sexual behavior that caused him to be classified as a sexual predator and therefore a danger to the community. The minor was apprehended and detained pending a suitable placement. While detained, the Juvenile Hall school program at El Centro High scheduled an IEP Evaluation meeting and submitted an updated IEP report. The minor also has an Alta California Regional Center caseworker, as he is developmentally delayed in addition to having serious mental health issues. The caseworker assisted with mental health referrals for suitable placement programs. After being unable to locate a suitable placement program willing to accept the minor, the case was referred to the IMAC with the updated IEP report for a Level 13-14 placement evaluation meeting. A recommendation was submitted to refer the minor to the Fred Finch facility in Oakland and the Avalon Dual Diagnosis Center. The facilities only accepted referrals

from the Alta Region Center caseworker and local referrals were given priority. The caseworker made the referrals and scheduled a referral evaluation meeting. Unfortunately, due to contractual/funding issues, the minor was not accepted into the treatment programs. On 2-23-04, the minor was accepted by the Mid Valley Youth Center in Los Angeles. Staff from the Sacramento County Adoption Assistance Program and the caseworker with Alta Regional Center are assigned to the case to assist with placement issues.

The minor is diagnosed with extreme psychomotor agitation and Bipolar Disorder. Due to his beyond control behavior, lack of impulse control, feeling suicidal, auditory hallucinations (voices that tell him to kill himself), self-injurious behavior and assaultive behavior, the minor was regularly removed from the facility for psychiatric hospitalizations. These regular hospitalizations resulted in the minor being overmedicated. He is no longer being treated therapeutically and this should not continue. The minor was referred to the Los Angeles Metro Psychiatric Hospital for a possible transfer. The transfer was denied because the hospital was not considered a suitable placement due to mental health funding issues. The minor's worsening psychotic symptoms/Bipolar Disorder resulted in regular temporary AWOL's, physical aggression with staff, and beyond control behavior with property damage. On 11-10-04, the L.A. Police Department took the minor into custody after assaulting a placement staff member. The case will be transferred in from L.A. County for disposition and once again, the case will probably be referred to level 14 placement hospitalization. The minor has been detained a total of 576 days in Juvenile Hall since his first referral to the Sacramento Probation Department.

Mental Health Case #3

The minor is a 16-year old white female. The minor was originally removed from her biological parents for suitable placement on June 20, 2003, relative to a violation of probation (remained away from her home overnight without her parent's or the probation officer's permission). The minor was then placed at the Sacramento Assessment Center (S.A.C.) on July 1, 2003. On July 6, 2003, the minor was absconded from the S.A.C. facility and a warrant was issued on July 7, 2003. The minor's whereabouts remained unknown until July 19, 2003, when the minor attempted suicide by setting herself on fire. Sacramento Sheriff's and Emergency Response team responded to a 911 call. The minor was initially taken into the Sacramento County Mental Health Treatment Center (SCMHTC), but then transferred to Sutter Psychiatric Hospital. The minor received daily treatment for her burns and suicidal ideation/depression. On July 24, 2003, the minor was cleared as not being a threat to herself and was transported and booked into Juvenile Hall, where she continued to receive treatment for her burns and depressed mood. While in Juvenile Hall, the minor was referred to the Family Child and Community Treatment Program (FCCTP), so she could receive additional counseling services. It was decided by the Probation Officer that the minor would benefit from a level 13-14 facility, due to her high risk of suicide. To be appropriate for this higher level of care and the minor's case presented before IMAC, the minor needed an IEP. The teachers at El Centro assessed the minor for possible Special Education or Emotionally Disturbed classification, however, while in Juvenile Hall, the minor did not display the needed characteristics. Several group

homes were contacted during this time regarding possible placement for the minor, but the minor was denied.

On January 8, 2004, the minor was returned to S.A.C. pending placement or long-term goal of possible reunification with her parents. The minor continued receiving individual and family counseling services from FCCTP. On May 5, 2004, the minor's 17 year-old brother committed suicide by hanging himself in the minor's home. This tragic incident put reunification plans on hold until the family could stabilize following the loss and the family dynamics further evaluated.

After increasing negative behavior at the S.A.C. and ongoing incidents occurring while on home visits, the minor absconded from S.A.C. on July 6, 2004. Subsequently, a warrant was issued the next day, July 7, 2004. The minor was returned to Juvenile Hall on July 23, 2004. The minor was accepted and placed at Valley Group Home in the Fresno area on July 29, 2004. The group home, the minor's therapist and attending psychiatrist were made aware of the minor's high risk, suicidal tendencies, and family history/situation. Initially, the minor adjusted well at Valley Group Home, but more recently the minor has been verbalizing suicidal thoughts, not eating and exhibiting a depressed mood. Further, on October 5, 2004, the minor absconded from her placement. The minor returned to the group home, alleging that she was raped and physically abused by older males. The minor currently remains at Valley group Home in Fresno, her prognosis is uncertain. The minor was transferred to a Deputy Probation Officer who supervises the Fresno area. The minor has spent a total of 261 days in custody from her first referral to 12/01/04.

Mental Health Case #4

The minor is a 17 year-old Laotian youth. The minor has been clinically identified as schizophrenic. He was first placed on informal probation on 5/25/99 for W&I Code 601 (b) and closed on 1/19/00. He had 3 subsequent referrals for fights, etc. at school all of which were rejected by the DA. He was finally made a ward on 6/18/01 for an altercation with his father. He was violated 8/19/02 for having M-80 firecrackers and was committed to placement. Probation could not place him so services were put into place and he was sent home. On 11/24/02, the minor stabbed his father in the ribs with a pocketknife. He was found to be incompetent to stand trial. Mental Health initially refused to get involved with the case. Eventually, Mental Health was joined in the matter by the Court. After many meetings between Mental Health, Probation, Juvenile Court and the Conservator's Office, the minor was conserved and placed at Metropolitan State Hospital in Norwalk, California. During his stay at Metropolitan State Hospital, an IEP was done which made him eligible for Section 26.5 of the Education Code services. Finally, almost 2 years later, the minor is at an RCL 14 facility near home working on reunification. Before commitment to the Metropolitan State Hospital, the minor had been detained in Juvenile Hall a total of 448 days.

Mental Health Case #5

The minor is a 15-year-old American Indian (Pyramid Lake Paiute) adopted by a "white family." He is designated as severely emotionally disturbed and is eligible for mental health services through Section 26.5 of the Education Code, including placement. Both biological parents had issues with drugs and alcohol. The father is living on the streets and mother died three years ago. The minor is currently placed at Regional Youth Services, which is an RCI 14 Residential Treatment Facility in Stockton. The minor had received prior in-home services from Families First. He also had prior hospitalizations at Heritage Oaks Psychiatric Facility for attempted suicide through an overdose of meds and slitting of his throat. He also has a previous suicide attempt in 2002 been detained a total of 69 days in Juvenile Hall.

SAN DIEGO COUNTY:
ADDITIONAL INFORMATION ON MINORS AWAITING PLACEMENT
IN JUVENILE HALL*

The following minors' cases were reviewed, as they represented minors that had been detained in Juvenile Hall longer than four months awaiting placement. They are identified by the number that on the list from fiscal year 2003-2004 and fiscal year 2004-2005. The following information was gathered:

(FY 03-04) #77. The minor was prescribed medications, but refused to take them. His diagnosis included Conduct Disorder and Dysthymic Disorder. Symptoms worsened while in JH awaiting placement.

(FY 03-04) #98. The minor was prescribed medication for his mental health needs. His diagnosis included Mood Disorder and Psychotic Disorder; symptoms worsened while in JH awaiting placement.

(FY 03-04) #100. The minor had no contact with mental health providers in Juvenile Hall, and did not have a mental health diagnosis. He did not take medication. There was no noted deterioration in his mental or physical health while awaiting placement. The minor was placed in a residential program due to his offense.

(FY 04-05) #1. The minor was prescribed medication for his mental health needs. His diagnosis included Psychotic Disorder and Bipolar Disorder. His symptoms worsened in JH while awaiting placement.

(FY 04-05) #17. The minor was prescribed medication while at Juvenile Hall. However, his mother refused to allow the minor to be treated while at Juvenile Hall. His diagnosis included Oppositional Defiant Disorder and Impulse Control Disorder. His Symptoms did not worsen while awaiting placement in JH (minor appeared to respond to structure of JH).

(FY 04-05) #44. The minor was not prescribed medication while in Juvenile Hall. His diagnosis included Adjustment Disorder with Anxiety. His symptoms did not worsen while awaiting placement. The minor spent the majority of his time in Juvenile Hall post-disposition.

(FY 04-05) #43. The minor was not prescribed medication while in Juvenile Hall. His diagnosis included Adjustment Disorder with Anxiety. His symptoms did not worsen while awaiting placement. The minor spent the majority of his time in Juvenile Hall post-disposition.

(FY 04-05) #45. The minor was prescribed medication while in Juvenile Hall, but refused them. His diagnosis included Depressive Disorder. His symptoms worsened while awaiting placement.

**Retyped verbatim from Public Records Act Response*

Juveniles in Secure Confinement Awaiting Placement in Los Angeles County

These are notes from the redacted case files provided in response to the Public Records Act request (prepared by Youth Law Center Legal Interns, Chelsea Haley-Nelson and Yoonjin Park).

CASE #	AGE/ GENDER	ENTRY INTO DETENTION	SUMMARY
Case No. 1	15 year-old Male	Apprehended: 6/28/04; § 777 (change of placement petition) – in detention while waits	Detained for Placement failure - Leaves group home 2-3 times a day; suicidal—cuts wrists with knife; chronic bed wetting; answers "yes" to almost all questions on suicidal risk screening. Still in detention 11/09/04; ripping sheets and putting in air ducts (aimed at suicide); put on Level III (intensive supervision). JH (Juvenile Hall) staff logs: juvenile is defiant, disrespectful; disruptive at school; fighting—goes to Special Housing Unit, put on medication. Juvenile suffers from chest pain, nightmares, depression and feelings of helplessness. 12/02: Assault on mother with great bodily injury. Subsequent petitions filed (2002-2004): battery with great bodily injury; vandalism; terrorist threats, assault with a deadly weapon. 2003: Detained at JH. Doing well to begin with (good behavior reports 02/03). Grows disruptive, verbally aggressive, irritable, frustrated with confinement—expresses desire to start placement (04/03). Initially no suicidal precautions, but begins to self-injure, becomes more depressed, gets in fights with other juveniles, acting out. Numerous pepper spray and mechanical restraints used, sent to the Special Housing Unit. 2004: Placed at Harborview for therapeutic program. Kicked out because of noncompliance, inconsistent and aggressive behavior—released back to mother. Mother brought back to Juvenile hall for detention because threatened her. Detained. Constant expression of suicidality, anger, agitation, head banging & screaming, nightmares. Disruptive & defiant; fighting with other juveniles; refusal to take medication; disrespectful, threatening and assaultive to staff, escape attempts. Locked in room, lots of time in the Special Housing Unit and on Level III observation, numerous restraints (soft and mechanical) used. Medication changed—sent to Metropolitan State Hospital. Head banging, screaming, refusing medication, destroyed property, attempted suicide with bed sheet. Put on Level III. Ejected from Metropolitan for disruptive, acting out behavior—back to JH.
Case No. 2	14 year-old Male	In and out of detention, Metropolitan State Hospital, L.A. General Hospital since 12/02. Most recent arrest: 11/05/04; Admitted to hospital: 11/6/04 Back in detention 11/09/04	
Case No. 3	16 year-old Female	Arrested (Robbery): 02/03; still in detention 07/03 Back in detention 2004	2003: Doing well off and on. Reports of self-injury (scratching arms) and uncontrollable crying. Put on Level III intensive supervision. 2004: Self-injury escalating (cutting wrists), yelling, suicidal talk/attempt, assaultive toward staff, disruptive, defiant, aggressive toward other juveniles, refuses medication, destroys property. Feels helpless, frustrated with being in juvenile hall—wants to go to hospital (Metropolitan); withdrawn with emotional outbursts. Lots of soft and mechanical restraint used; put on Level III (camera) often. When serious cutting, brief stay at Los Angeles General Hospital, then Level III. Transferred back and forth between Girls CARE Unit and Lock-up.

Case No. 4	16 year-old Female	Detained for probation violation: 09/11/03	5/03: Agitated, verbally assaultive toward staff, explosive behavior, refuses medication, threats to harm self (suicidal), staff and other minors, assaultive to staff, destroys property. Depressed, hears voices, uncontrollable crying, sleeps a lot. Fluctuates between Level II & Level III, sent to the Special Housing Unit, soft restraint used. Grows more and more anxious about not being interviewed for placement—wants to return to psychiatric hospital (where evaluated)—behavior gets more explosive/disruptive. Juvenile has daughter in foster care. Minor has developmental disabilities. In custody for most of five months pending placement in developmental center. Problems when released to parent/de facto parent.
Case No. 5	Male	Detained: 07/02/01 Released to De Facto Parent: 08/09/01 Detained awaiting placement: 10/19/01 Released to Father: 01/24/02 Detained (no show at court): 04/03/02 Placed (Porterville Development Ctr): 12/05/02	
Case No. 6	Female (born in 1986)	Detained: 1/7/03 Still awaiting placement: 10/03	1/7/03: Detained and charged with robbery. 1/20/03: Has explosive anger and violent behavior. 1/26/03: Minor requests to speak with mental health personnel, depressed, has bad dreams, shares about having been physically and sexually abused. 2/03: Says she is hearing voices and is afraid she is going to hurt someone. Punched the wall with her fist. Detaining order orders housing in the CARE unit. Throws books at the camera. 3/03: Threatens to fight a staff member. Transferred to the Special Housing Unit. Says she's going to kill herself after conversation with her mother. During a transfer, refuses to put her hands together to be handcuffed, makes an "aggressive move" towards a DSO, restrained by three DSOs and placed on floor to be handcuffed. Assaults another minor. 4/03: Attempts to run towards the coed-school while being escorted back from court. Enters room and is asked to get on the floor, handcuffed. 5/03: Scratches on arms, threatens to kill other minors. Placed in The Special Housing Unit. Expresses desire to go to a mental hospital. 6/03: Fights with another minor, continues after warned, pepper sprayed. 7/03: Handcuffed for refusing to be searched. 7-8/03: Placed on and off of Level 3. Ties sheets around her neck, refuses to take off the sheet and is placed in a wristlock while the sheet is removed. 9/03: Reports physical abuse by another minor. 10/03: Projected release date to placement.

Case No. 7	Female (born in 1987)	Most recent: Detained (runaway): 5/03 (history of arson, drug offenses) Detained (misrepresentation to a peace officer): 2/04	6/04: Receives stitches (unclear if it's for self-inflict wound?). Multiple attempts to remove stitches, restrained because of attempts to remove stitches. 1/10/00: Charged with arson for setting a fire to 8 Christmas trees. 2/3/00: AWOLed from home, brought back to juvenile hall. 2-5/00: Sent to the Special Housing Unit for threatening to AWOL. Hyperactive, uncooperative. Hears voices to hurt herself and others. Bangs head against the wall. States she is going crazy and will go to a mental hospital anyway. Placed in the Special Housing Unit. 2/24/00: released but detained again on curfew violation for sleeping on a train; released to DCFS (child welfare agency) for placement. 12/3/02: Charged with possession of cocaine and paraphernalia. 1/03: 1 month pregnant. 3/26/03: Charged with possession of a controlled substance. 5/13/03: Detained after running away from a group home. History of seizures. 5-6/03: Hits window and wall in anger, verbally and physically fights with other minors. 2/9/04: Charged with false identification to a peace officer. 4/04: Sent to camp for the first time (Camp Onizuka). Behavior improves and then declines. Placed in the Special Housing Unit several times for being disruptive and failing to follow instructions. Placed in mechanical restraints. 6/30/04: Charged with assaulting a peace officer 7/04: Cuts both wrists with sharp paper that is mirror-like in appearance, states she is trying to go to a mental health hospital. Mood swings, depression. Put on Level III. Taking medication. Ties sheet around neck, threatens to kick, bite, and spit on staff. Screams, kicks door, floods room. 5/27/04: Charged with assault w/deadly weapon or force likely to produce great bodily injury). Hyperactive, easily irritable, bipolar, ADHD, has explosive episodes. Restrained and placed in handcuffs after tried to run in the opposite direction while being escorted. Placed on and off Level II and III. Placed in the Special Housing Unit multiple times. Refuses to groom or take meds. Bangs head, ties sock around her neck and stuff the other sock in her mouth. Becomes combative, placed in tuff cuffs. 8/04: Ties sheet around her neck. Hits face against the door, drawing blood from her nose. Leather restraints applied and protective headgear placed. States desire to kill herself. Scraped forearm. Placed in handcuffs because she was on her stomach and appeared to be choking. Bangs head multiple times. 9/04: Inflicts wounds. Acts out before court dates because doesn't want to go to placement. Put on Level III. 10/04: Threatens to AWOL. Bangs head on door on multiple occasions. Attempts to flood her room. States suicidal feelings. 11/04: Ties sock around neck. Refuses medication. Spitting up blood. Laceration on finger (possible with a paper clip). Ties rubber band and sweater around her neck.
Case No. 8	Female (Born in 1991)	Detained (placed in JH for assaulting a staff member at a group home): 5/04. Arrested (violation of probation): 9/04	

