



Trends in State Courts

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Special Focus

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Judicial Leadership to Address Adolescent Mental Health Needs

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Large numbers of youth involved with the juvenile justice system have significant mental health and substance abuse issues. Many of these youth could be better served in community settings, and juvenile court judges can lead or support community efforts to develop improved policies and service-delivery strategies for these youth.

Youth in the juvenile justice system are three times more likely to experience mental health disorders than the general youth population (Shufelt and Coccozza, 2006; Merikangas et al., 2010). Nearly 70 percent of youth in the juvenile justice system have a diagnosable mental health disorder; over 60 percent of youth with a mental health disorder also have a substance use disorder; and almost 30 percent of justice-involved youth have disorders serious enough to require immediate attention (Shufelt and Coccozza, 2006).

Trauma histories are the norm, especially among girls (Abram et al., 2004).

Judges who hear juvenile cases are likely not surprised by these statistics. Unfortunately, it is widely accepted that the juvenile justice system is the de facto mental health system for many youth. There is a growing sense that many of these youth could be safely and more appropriately treated with community-based services that address their mental health needs and keep them close to their families and schools—and out of trouble.

Juvenile court judges can wield extraordinary influence in a community. They ensure the appropriate administration of juvenile justice and often oversee juvenile probation and, sometimes, the juvenile detention facility. Judges can influence local policy, educate the public, and initiate collaborations with other service agencies, private businesses, and community organizations (Kurlychek, Torbet, and Bozynski, 1999). Judges can be especially helpful in improving a community's behavioral-health response to youth in the juvenile justice system.



Judicial Leadership at Work: Ohio

Ohio is a good example of how judicial leadership can influence mental health program development and service. In 2001, under the leadership of Judge Elinore Marsh Stormer, the Akron Municipal Court became the first Ohio court to develop a docket to address mentally ill adults charged with misdemeanors. The court demonstrated that such a docket, using client treatment and accountability, could improve the lives of mentally ill defendants and break their criminal-behavior cycle.

The Role of the Juvenile Court

What can judges do? For *individual clients*, they can start by asking the right questions:

- Has the youth received a mental health evaluation?
- Does the evaluation indicate a need for mental health treatment?
- Are there community mental health services that could treat the youth as an alternative to further processing within the justice system?
- Can local systems coordinate to manage the delivery of mental health services to youth?
- Are the services available to youth evidence based?
- If the seriousness of the offense prevents the youth from being treated in the community, are quality mental health services available in a residential placement?

A judge's ability to influence change, however, is not restricted to individuals. Judges can also play a critical role in changing community programming and systems operation. For example, juvenile court judges can lead or support efforts to:

- involve a broad group of stakeholders (juvenile justice, behavioral health, child welfare, education, family members) in juvenile justice reform;
- institute mental health screening and evaluation at key points of juvenile justice contact and policies and procedures to ensure this information is used appropriately;
- create more mechanisms and opportunities for diverting youth from the juvenile justice system early and into community-based treatment;
- ensure that existing resources support community-based mental health treatment services for youth, aiming for developing and implementing evidence-based practices and services whenever possible;
- lobby for additional resources to build evidence-based, community-based treatment; and
- advocate for enhanced training so that all juvenile justice staff (probation, detention, court, facility) receive basic training on adolescent development and mental health disorders.

“Judges can be especially helpful in improving a community's behavioral-health response to youth in the juvenile justice system.”

At the same time, other parts of the justice system were recognizing the importance of treatment for the mentally ill, as opposed to involvement in the criminal or juvenile justice systems. Crisis intervention team (CIT) training became widespread in Ohio, allowing police to intervene effectively to prevent the filing of criminal or juvenile complaints. These efforts were legitimized in 2001 under the leadership of Ohio Supreme Court Justice Evelyn Lundburg Stratton by the creation of the Supreme Court of Ohio Advisory Committee on Mental Illness and the Courts (ACMIC), which comprised mental health, law enforcement, and criminal justice professionals. ACMIC provided a platform for the statewide, cross-discipline exchange of information and practices on myriad issues presented by mentally ill individuals in the courts. This led to establishing numerous adult and juvenile mental health courts throughout Ohio.

Simultaneously, the Ohio Department of Youth Services (ODYS) and the Ohio legislature recognized the importance of community-based

services in meeting children's mental health needs. In response to a growing need for local alternatives for juvenile courts and overcrowded ODYS institutions, the Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors (RECLAIM Ohio) initiative was created on July 1, 1993. It encouraged communities to provide programming by creating financial disincentives for committing youth to state correctional institutions when they can safely be treated in the community. In 2009 the state expanded efforts to encourage evidence-based practices or model programs in communities by instituting Targeted RECLAIM and Behavior Health Juvenile Justice (BHJJ) Initiative grants. Under the leadership of local judges throughout the state, communities used this funding to provide behavioral-health services. As a result, admissions to ODYS facilities have dropped. Key to the continued success of these initiatives is strategically reinvesting the savings realized from closing numerous state correctional institutions back to local communities and courts, allowing them the flexibility to meet their youth's needs.



Turning lives around one child at a time.

The benefits of providing treatment as an alternative or addition to juvenile justice involvement can be realized much earlier than when a youth is on the brink of commitment to a state correctional facility. Judicial involvement and leadership can help a community examine *all* resources for developing innovative programming for youth and families.

Summit County Crossroads Program

In 1999 the Summit County Juvenile Court launched a drug court that addressed substance-abusing youth. In 2003 Judge Linda Tucci Teodosio convened local experts on mental health, substance abuse, and child welfare, as well as representatives from the schools, advocates, the medical community, the prosecutor's office, defense counsel, and local universities, to determine how the community could better address the mental health needs of court-involved

youth. Recognizing the close relationship between substance use and mental illness, the community embraced the notion of working with dually diagnosed youth on a specialized docket.

The result was the Crossroads Probation program, making the Summit County Juvenile Court one of the first U.S. juvenile courts to specifically target youth with co-occurring mental health and substance use disorders. Key components of the program include:

- a multisystem advisory board for planning and implementation;
- clear eligibility criteria and terms of participation;
- standardized mental health and substance use screening and evaluation;
- family involvement requirements;
- access to a range of community-based treatment services; and
- community supervision by specially trained juvenile probation officers.

Approximately 70 youth, aged 12-17, are referred to the program each year, post-adjudication, and can have their admitting charge and any probation violations expunged if they successfully complete the program. This docket focuses on youth with more-severe mental disorders, including major depression, bipolar disorder, posttraumatic stress, and psychotic spectrum disorders with co-occurring substance use. Youth with a history of serious felonies or gang involvement are not eligible. Youth participate in Crossroads for approximately one year; their length of contact varies depending on their initial charge.



Summit County Juvenile Court Website

Youth undergo substance abuse and mental health screening and follow-up assessment. A network of community agencies delivers services to youth and their families. A significant number of youth participate in the Integrated Co-occurring Treatment model. Family members are required to participate in court processes and in developing a case plan.

Probation officers receive specialized training and meet with youth under their supervision up to three times per week. The court can sanction youth who fail to meet program expectations. Youth can successfully graduate from the program if they abstain from substance use for at least three months, have had no new charges, and have completed a

substance-abuse-focused intervention. They must comply with prescribed medication and be considered stabilized in their mental health treatment. They must also be involved in some pro-social activity (organized sports, volunteer activities). Youth must apply, by letter, to be released from probation when they consider these conditions to have been met.

Summit County Responder Program

In 2008 Ohio was selected for the John D. and Catherine T. MacArthur Foundation's Models for Change Mental Health Juvenile Justice Action Network, with Summit County as the local site to test

Defining "Success"

To date, in 75 percent of the cases in Summit County, youth successfully completed the terms of the program and showed increased school attendance and improved behavior as reported by their teachers. For these youth, there are no official referrals to court, so they end up with no official record of juvenile justice system involvement. The Summit County Juvenile Court is working with Case Western Reserve University to conduct an evaluation of the Responder Program, and once that is complete, there will be additional outcome information available for participating youth.

innovations developed by the Action Network. The Action Network first chose to focus on "early diversion," i.e., creating new opportunities for diverting youth with mental health needs from the juvenile justice system into community-based care as early as possible.

Summit County schools were a logical place to start. Teachers and school support staff were in an ideal position to note unusual behavior, a change in behavior, or a lack of regular school attendance. Additionally, zero-tolerance policies in local districts often resulted in court referrals for behaviors that could best be handled not by judicial sanctions, but by counseling or

psychiatric services. In many cases, court referral was the only option for addressing the behavior and connecting the student to mental health services.

Using start-up funding from the MacArthur Foundation, in conjunction with other states in the Action Network, the Summit County Juvenile Court collaborated with county partners, including the superintendent of the Akron City schools, to create the Responder Program. This school-based diversion initiative provides another option for addressing troubling behavior of youth that may be a symptom of an undiagnosed or untreated mental health disorder. Key components include:

- collaboration between the schools, the police (particularly school resource officers), the juvenile court, and community-based treatment providers;
- case managers who provide school-based intervention and case management services to youth;
- training for school staff; and
- parent support services.

The Responder Program initially targeted middle-school youth suspected of having mental health needs and whose behavior has brought them to the attention of school disciplinary staff. The program was quickly expanded to schools throughout Summit County. Mental health "responders," assigned to individual school buildings, help school personnel identify potential mental health needs in students and help link referred youth and their families to treatment and case management services.

The responders are case managers who work out of the Family Resource Center (FRC) at the juvenile court, which provides a wide array of services and support to families. Using a team approach that includes relevant school staff and any providers already working with the family, responders provide in-school intervention services and case management. They conduct mental health screens, arrange full assessments when needed, and work with families to develop service plans linked to community-based services, such as mental health care, substance abuse treatment, mentoring, and tutoring. School personnel receive training on how the program works, the types of behavior that might indicate an underlying mental health need, and how to make referrals to the program. The Responder Program also works with Mental Health America to provide parent peers who support families in the program.

Feedback from the schools, parents, and the juvenile court has been overwhelmingly positive. While a full evaluation of the program is planned for 2014, the program tracks each referred student, recording the reason for the referrals, the services received, indicators of progress, and changes in behavior. More than 75 percent of referred cases have been closed successfully. The Responder Program has expanded from 2 Akron middle schools in 2009 to 18 middle schools and



4 elementary schools throughout the county. The program is sustained with state and local funding, including Temporary Assistance for Needy Families funds from the Summit County Department of Job and Family Services and the juvenile court's RECLAIM grant.

Conclusion

Juvenile court judges can play a significant role in ensuring that communities respond appropriately to juveniles' behavioral-health needs. Judges can initiate, lead, or support efforts to improve policies and practices for youth in the juvenile justice system and use their office to hold children and youth accountable for their behavior and systems accountable for meeting their needs. Because judges have a front-row seat for viewing family struggles, they can motivate systems to collaborate to meet the needs of children served by the court, as well as those who would be better off without the negative, long-term consequences of court involvement. As conveners and facilitators, judges must be careful listeners and take advantage of the opportunity to learn from experts in their communities. Judges can use the information they receive to encourage the cross-system use of resources to serve the best interests of the child. 🔄

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