About CHILDREN AT RISK

CHILDREN AT RISK is a non-partisan research and advocacy organization dedicated to addressing the root causes of poor public policies affecting children. The organization began in the fall of 1989 when a group of child advocates met to discuss the lack of data on the status of children and the absence of strong public policy support for Houston’s children. Since then, the organization has produced eleven publications focusing on critical children’s issues, published biennially. The latest edition, Growing Up in Houston 2010-2012: Assessing the Quality of Life of Our Children, tracks over 140 quality of life indicators and includes background information, data, trends, and recommendations on children’s issues.

CHILDREN AT RISK has evolved from an organization researching the multitude of obstacles our children face, to one that also drives macro-level change to better the future of our city and state through community education, collaborative action, evidence-based public policy, and advocating for our youth at the local and state level. Through its Public Policy & Law Center—established in 2006 as the only center of its kind in Texas—CHILDREN AT RISK uses policy and legal expertise as a powerful tool to drive change and create a better future for our children. In recent years, CHILDREN AT RISK has grown exponentially in its capacity to speak out and drive change for children and has become the premier resource on children’s issues among major media outlets, public officials, and the non-profit sector.

About the Meadows Foundation

The Meadows Foundation is a private philanthropic institution established in 1948 by Algur H. and Virginia Meadows to benefit the people of Texas. The Foundation’s mission is to assist the people and institutions of Texas in improving the quality and circumstances of life for themselves and future generations.

Among its philanthropic initiatives, the Foundation established the Wilson Historic District, near downtown Dallas, where 36 nonprofit agencies are provided rent-free office space, as well as management and technical assistance.

Since its inception, the Foundation’s assets have grown to a current value in excess of $670 million, and it has disbursed over $600 million in grants and direct charitable expenditures to over 2,900 Texas institutions and agencies. The Foundation looks for programs and services that employ imaginative, innovative ways to solve community problems through projects leading to organizational self-sufficiency and capital plans that enable agencies to flourish. It seeks to support projects that can alleviate pain, enhance social skills, and promote better human relations.
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2010 Texas Juvenile Mental Health Courts: An Evaluation and Blueprint for the Future

Executive Summary

As of mid-2010, there were approximately 50 Juvenile Mental Health Courts across the country. In Texas, there are four such specialized courts. The first began in Austin (Travis County), followed by San Antonio (Bexar County), El Paso, (El Paso County), and Houston (Harris County).

The National Alliance on Mental Illness estimates that 70 percent of youth in the juvenile justice system have at least one mental health disorder, and at least 20 percent of these youth experience significant functional impairment from a serious mental illness, such as schizophrenia or bipolar disorder. Despite these staggering statistics, it is estimated that only half of youth with mental health issues actually receive treatment.

The expansion of Juvenile Mental Health Courts stems from the concerns about lengthy delays in processing cases, lack of individualized and appropriate treatment and sanctioning, and the lack of sustained and consistent monitoring of the progress youth make while under court supervision.

CHILDREN AT RISK received funding from the Meadows Foundation to conduct an independent evaluation of the Juvenile Mental Health Courts across Texas, and to create a Blueprint which will provide jurisdictions with the fundamental tools needed to establish a Juvenile Mental Health Court in their community.

The purpose of this evaluation was to determine whether or not Juvenile Mental Health Courts are reducing recidivism rates among juveniles with mental illness while saving precious tax-payer dollars. Through this evaluation CHILDREN AT RISK found that:

• Juvenile Mental Health Courts are an effective alternative to placement in psychiatric and detention facilities,
• They reduce recidivism rates among juveniles suffering with mental illness,
• They are an effective and efficient use of public resources, and
• They provide participants and their families with the essential skills and resources they need to move toward success.

Based on our interviews with key informants, data analysis, and observation, CHILDREN AT RISK recommends: (detailed recommendations found in conclusion portion of this document)

• The state of Texas should conduct one or more follow up evaluations on the Juvenile Mental Health Courts in Texas to measure consistency. Currently there is no institutionalized process for commencing and guiding evaluation efforts.
• Create a committee for the Juvenile Mental Health Courts in Texas. Members should include independent evaluation researchers, criminal justice and juvenile mental health professionals, and key representatives from county agencies which have the most impact on the programming of these courts.
• In addition, we recommend that the state of Texas sustain current funding levels for Juvenile Mental Health Courts, community mental health services and look to expand juvenile mental health courts to counties across Texas.
• Increase CHIP and Medicaid reimbursement rates for service providers.

The following evaluation and blueprint serve as an important step needed in Texas to expand Juvenile Mental Health Courts to help reduce recidivism rates among juveniles suffering with mental illness, reduce costs to taxpayers, protect the community, and improve the lives of children in Texas.
2010 Juvenile Mental Health Courts: An Evaluation

Introduction

The purpose of this report is to provide an evaluation on the operations of Texas Juvenile Mental Health Courts. Currently, there are four Juvenile Mental Health Court locations in Texas: Austin, El Paso, Houston and San Antonio. The first Texas Juvenile Mental Health Court began in Austin in 2007. Highlights of the findings and recommendations detailed in the body of this report include:

The benefits of a Juvenile Mental Health Court include the following:

- Utilizes individualized treatment plan and case management services.
- Multidisciplinary team approach, team acts individually and collaboratively in the interest of the family, youth and public safety
- Facilitates immediate linkage to intensive therapeutic and wrap-around services.
- Services address complex set of variables such as poverty, lack of appropriate housing, medical insurance, parental health issues, etc.
- Home-based services eliminate traditional service barriers such as access to transportation.
- Prioritizes community-based referral sources over residential placement.
- Community-based services increase family involvement
- Provide educational services for families-understand child’s behavior and how to manage it effectively
- Less expensive and more effective when compared to institutional placement
- Families learn independence and self sufficiency
- Encourages collaboration between juvenile justice system and community-based mental health service providers.

The goals for Juvenile Mental Health Courts include:

- Increased public safety for communities
- Decrease recidivism among juveniles with mental illnesses
- Improved quality of life for participants
- Provide comprehensive services and ensure that participants are connected to needed community-based treatments
- Improve family education on mental illness and facilitate increased family involvement
- Effective use of resources for sponsoring jurisdictions
- Reduces repeated contacts between people with mental illnesses and the criminal justice system
- Reduced cost in using community services and treatment; seen as more effective and less costly than correctional institutions

CHILDREN AT RISK is a nonprofit organization that drives change for children through research, education and influencing public policy. The mission of CHILDREN AT RISK is to improve the quality of life for all the children of Texas. Through research and advocacy programs, CHILDREN AT RISK is a well-known leader in understanding the health, safety and economic indicators affecting children and educating public policy makers in their importance in improving the lives of children.

In 2009, CHILDREN AT RISK received a grant from the Meadows Foundation based out of Dallas, Texas to conduct a policy research study to provide recommendations on supporting and expanding juvenile mental health courts in Texas. Prior to receiving this grant, CHILDREN AT RISK visited the Mental Health Court of Lake Charles, LA and brought together stakeholders in Harris County to begin the process of implementing a Juvenile Mental Health Court in Harris County. CHILDREN AT RISK, together with the stakeholders group, drafted and submitted the proposal for the current Juvenile Mental Health Court in Harris County.

CHILDREN AT RISK was tasked with visiting the four Mental Health Dockets in the state of Texas, which included: Austin, El Paso, Houston and San Antonio. CHILDREN AT RISK’s Assistant Director of Public Policy, Tanya Makany-Rivera met with the court judge, staff clinicians, probation officers, court managers, service providers and a sample of parents from each court. CHILDREN AT RISK is interested in ensuring that children and youth in the juvenile justice system and those at risk of entering the juvenile justice system have adequate access to mental health services.

The independent evaluation of these dockets is a necessary step that will allow for the proper expansion of the mental health court programs and services. The goal of this evaluation is to ensure the most effective and efficient use of public resources. Each community is unique and none of the Juvenile Mental Health Courts are identical. This evaluation will not suggest best practices for all mental health dockets. We will highlight the programs’ successes, additional resources needed, possible changes and best practices found at each particular court.

PART I of this evaluation provides a contextual overview and background, including the societal and criminal justice issues that led to the development of the Texas Juvenile Mental Health Courts.

PART II looks at the basic principles that guide the Texas Juvenile Mental Health Courts, how they operate, and how it is distinct from traditional courts.

PART III describes the evaluation methodology, findings about Juvenile Mental Health Court Processes and Structure.
PART IV describes each Juvenile Mental Health Court individually, their funding mechanisms, available resources for participants, eligibility, structure of court team, demographics and recidivism rates where available.

The evaluation recognizes that many of the Juvenile Mental Health Courts in Texas are fairly new, with the oldest operating from Travis County since 2007. Many interviews were conducted with staff as well as participants and their families. This evaluation attempts to summarize the perspective of court staff, families and juveniles involved with the Juvenile Mental Health Courts. There are also numerous other questions that could not be addressed in this evaluation.

The names of participants, their family members and staff members were withheld in this evaluation to protect their identity and to respect the integrity of the evaluation process.

Part I: Contextual Overview of Juvenile Mental Health Courts

Background

Mental health refers to how individuals think, feel and act as they deal with life situations. It is a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life. Mental health is a key component in a child’s healthy development. Children need to be healthy in order to thrive, learn, grow and lead productive lives. Unfortunately, those children most in need of mental health services often do not receive them at all.

Stigma associated with mental health and mental illness creates problems for children, youth, families and communities. Inaccurate beliefs, cultural attitudes and discriminatory behavior can negatively impact people with mental health needs and prevent them from seeking help.

In the Juvenile Court system, if a child is adjudicated or found guilty of an offense, the child will have a juvenile record. This record may adversely affect the child in a number of ways. Some examples of these adverse effects include denied employment or acceptance into a college or trade school. A criminal record could also prevent them from being able to enter into the military. For a child with a mental illness, this juvenile record serves as an additional punishment in a group already stigmatized by mental health status.

As of mid-2010, there were approximately 50 Juvenile Mental Health Courts across the country. The expansion of specialized youth courts, results from the concerns about lengthy delays in processing cases, lack of individualized and appropriate treatment and sanctioning, and the lack of sustained and consistent monitoring of the progress youth make while under court supervision. The National Alliance on Mental Illness estimates that nationally, one in 10 children have a serious mental or emotional disorder. It is estimated that only half of youth with mental health issues actually receive treatment.

A greater proportion of children and youth in the child welfare and juvenile justice systems have mental health problems than children and youth in the general population. The National Alliance on Mental Illness estimates that 70 percent of youths in the juvenile justice system have at least one mental health disorder with at least 20 percent experiencing significant functional impairment from a serious mental illness, such as schizophrenia or bipolar disorder. Without the appropriate treatment and prevention, these juveniles will continue to cycle through the juvenile justice system. This frequent interaction with the criminal justice system can be detrimental to both the individual and their family, while also detracting from the public’s safety and government budgets. Texas falls to the bottom of the list in per capita spending on public mental health services for adults and kids.

Children and youth with mental health problems have lower educational achievement, greater involvement with the juvenile justice system, and longer-term, less stable placements in the child welfare system than children with other disabilities. Key facts in regards to children and youth with mental health problems:

- Children and youth with mental health problems are more likely to be unhappy at school, be truant, or be suspended or expelled.
  - Their rates of suspension and expulsion are three times higher than their peers.
  - They are more likely to be dependent on restrictive and/or costly services such as juvenile detention, residential treatment, and emergency rooms.
- Youth in child welfare and juvenile justice systems with mental health issues do not perform as well as others.

Juvenile Mental Health Courts (JMHC) are specialized courts that utilize a separate docket, coupled with a team approach and regular judicial supervision, to respond to individuals with mental illnesses who come in contact with the justice system. Most such courts are made up of a team of representatives from county probation, the local mental health authority, and the offices of the District Attorney, Judiciary, and Public Defender (where it exists). Mental Health Courts focus on treatment to restore health and reduce criminal activity. The courts provide mentally ill juveniles with access to treatment, consistent supervision, and support to reconnect with their families.
These programs are voluntary and require consent by the youth, parent, and assigned counsel. The goal of the Juvenile Mental Health Courts is to protect the public while also preventing youth with mental illnesses from revolving in and out of the juvenile justice system which is not equipped to assist them. Research shows that incarceration does not rehabilitate juvenile offenders and that many of those youth in the system are non-violent offenders. The Juvenile Mental Health Court process, on the other hand, allows youth to be commended when they are moving in the right direction, provides an opportunity for challenges or problems to be addressed as they arise - not after the fact. It also provides an opportunity for therapists/community mental health agencies and family members to provide input. Juvenile Mental Health Courts help to identify the mental health needs of detained youth, provide more effective treatment and improved safety in relation to self-harm. These courts also help identify the community resources that meet the needs of the child as well as educate the family about mental illness, medication and the need to increase family involvement.18

Drug Courts and Adult Mental Health Courts have a proven track record of reducing recidivism, providing offenders with affordable treatment and boosting the number of patients who stay in their treatment programs, as well as cutting costs for taxpayers.19 The information and observations presented in this evaluation are addressed to judges, policy-makers, criminal justice personnel and those interested in the development and evolution of Mental Health Courts as an alternative to current criminal justice practices involving mentally ill youth. It is our intent that this evaluation will provide a deeper understanding of the unique nature of the Juvenile Mental Health Court approach and guidance in the application of those principles and practices that this research demonstrates as having important effects on defendants and their families, and the public.

Part II: What Makes up a “Typical” Juvenile Mental Health Court in Texas?

• With the exception of El Paso, all participating youths in Juvenile Mental Health Courts throughout the state work with pre-adjudicated juveniles. If the participant successfully completes the program, their charges will be dropped and their file may be sealed. If they do not successfully complete the program, the charges will remain and they will proceed through the general adjudication process. In El Paso the child is adjudicated and is on probation, the Juvenile Mental Health Court serves as an alternative to the traditional form of probation and is also a shorter period of time.
• Juveniles must be diagnosed with an Axis I mental health disorder in order to be eligible for participation. Typically, mental illness is classified using the Diagnostic and Statistical Manual of Mental Disorders (DSM). Axis I disorders are referred to as clinical syndromes and are typically further grouped into the following categories:
  - Adjustment disorders
  - Anxiety disorders
  - Attention deficit and disruptive behavior disorders
  - Dissociative disorders
  - Eating disorders
  - Impulse-control disorders
  - Mood (affective) disorders
  - Psychotic disorders
  - Sexual disorders and paraphilias
  - Sleep disorders
  - Somatoform disorders
  - Substance abuse related disorders

• Juveniles typically range from age 10-17. Each court may determine their target population and must have a supportive adult willing to participate in the program.
• Court Teams consist of Judge, Juvenile Probation Officers, District Attorney, Clinician/Psychiatrist, Juvenile Mental Health Court Manager/Coordinator, Case Manager and Juvenile Defender.
• Length of program is typically between 6 months to one year.
• Use wraparound method with entire family to ensure that entire family is receiving services.
  - Examples of wraparound services include educating the family on their child’s diagnosis, how to advocate for their child within the school system, access to counseling services and assisting families with navigating community services their family may benefit from.
• Utilize screening methods such as the Massachusetts Youth Screening Instrument, 2nd Version (MAYSI-2), which was designed for use in juvenile justice facilities, particularly detention centers, to “identify youths experiencing thoughts, feelings, or behaviors that may be indicative of mental disorders and/or acute emotional crises requiring immediate attention.”20 It is not intended to diagnose mental disorders.
  - The MAYSI-2 is a 52-item, self administered questionnaire, available in both English and Spanish, and written at a fifth grade reading level.
  - Answers to the MAYSI-2 are mapped on seven sub-scales: 
    » Alcohol and Drug Use
    » Angry-Irritable
Depressed-Anxious
Somatic complaints (It asks about physical manifestations of anxiety, which may take the form of bodily aches and pains.
Suicidal Ideation
Thought Disturbances
Traumatic Experiences

• The MAYSI-2 is one of the most researched tools currently available for mental health screening among juvenile justice-involved youth.21

Juvenile Mental Health Court Case Vignette

Stephanie is a 15 year old Latina who has been having trouble at school. She got into an altercation with another student and was charged with assault. She was referred to the San Antonio Juvenile Mental Health Court following this charge. Her mother was very pleased to join the program since Stephanie is the youngest of four siblings, who are adopted and all suffering from mental health issues. Her mother acknowledges that she is very strict with Stephanie and often does not let her go out without her.

Stephanie has been diagnosed with ADHD and is bipolar. Stephanie was remorseful about the incident, but also notes that the other student had been harassing her and provoked her behavior. She is pleased about participating in the program these last two months, she recalls a trip to the zoo that all the girls in the program participated in and how much she enjoyed being able to get out. All participants also visited a juvenile detention center, Stephanie noted that she would not want to be in that place and likes the fact that she is able to meet with counselors.

Her mother was connected with counseling services and realizes that all this time she has been worried about her children and taking care of everyone but herself. Stephanie looks forward to graduating from the program and finishing high school.

Part III: Evaluation Methodology and Findings about Juvenile Mental Health Court Processes and Structure

Methodology

This evaluation was conducted using three methodologies:

1. Direct observations of the Juvenile Mental Health Courts, including court team staffing, where potential cases are reviewed, assessed and selected; family meetings with judge and team, and any court proceedings depending on the individual court procedures;

2. a) Structured key informant interviews with individuals working in the Juvenile Mental Health Courts who have detailed knowledge of its operation, structure and who are able to identify areas of success and possible factors which limit its effectiveness; and

   b) Structured key informant interviews with participants of the Juvenile Mental Health Courts, their parent or guardian(s). These individuals were either currently in the mental health court system or had graduated from such a program

3. Analysis of participant outcomes, which include recidivism and cost analysis.

Within the scope and timing of this evaluation, we were not able to evaluate other data sources that we believe are also critically important, such as cost analysis per participant for all Juvenile Mental Health Courts, rate of hospitalization, family interaction, housing, life skills, academic achievement, truancy levels, etc. Because the oldest Juvenile Mental Health Courts in Texas was formed in 2007, this evaluation is being conducted while many of the courts are considered new and provides valuable input into development of such courts.

On the other hand, one of the limitations found in this evaluation is that due to the lack of longevity we cannot evaluate multi-year participant outcome data. Some of the mental health courts were able to provide up to date data regarding programmatic outcomes such as recidivism rates, cost analysis, social outcomes and participant surveys. CHILDREN AT RISK is based out of Houston and Tanya Makany-Rivera traveled to Austin, San Antonio and El Paso to observe and interview key informants. Due to time constraints and Juvenile Mental Health Court staff schedules and duties in some instances Tanya was unable to meet alone with individual staff members but did meet with the entire team as a whole.
We urge the State of Texas to conduct one or more follow up evaluations to measure results for consistency. Currently, there is no institutionalized process for commencing and guiding evaluation efforts. We recommend the establishment of a committee for the Juvenile Mental Health Courts in Texas. We would suggest that members of the committee would include independent evaluation researchers, criminal justice and juvenile mental health professionals, and key representatives from the County agencies which have the most impact on the programming of such courts.

We also would have liked data that could be used for comparative purposes. We were unable to compare the participants of the Juvenile Mental Health Courts with other juveniles participating in other court sanctioned programming or those who were not participating in any programming. We recommend that future evaluations consider the development of a tracking system that will permit data to be compared between varying juvenile populations within the juvenile justice system.

Key Informant and Participant Interview Findings

The key informants included individuals who interact with the Juvenile Mental Health Courts on a regular if not daily basis, such as mental health providers, attorneys, probation staff, special programs coordinators, court managers, case managers and others in the Juvenile Mental Health Court with direct and extensive knowledge of the court program. Suggestions for improvements to the Juvenile Mental Health Courts do not include specific names of staff members to respect their professional identities. Key participants interviewed included current participants and graduates of respective programs.

Our questions for the key informant and participant interviews focused on whether the Juvenile Mental Health Courts is meeting its stated goals, whether its processes and roles are clearly defined and have a positive impact, and whether there are any observed improvements that can be made. Our interviews with key participants focused on their feelings of the Juvenile Mental Health Courts, how it has benefited them, what changes could be made to improve the program and how they became involved with the Juvenile Mental Health Courts. It is important to note that the identities of participants and their family members have been altered to protect their identity and also out of respect for their candid insights of the successes and improvements they observed while participating in the Juvenile Mental Health Court.

Many hours were spent conducting and summarizing these interviews, which covered a broad range of topics. The most significant findings from these interviews are summarized in each individual Juvenile Mental Health Courts summary findings.

Part IV: Juvenile Mental Health Courts in Texas

Austin, Texas

Travis County COPE Program

In 2008, the capital city of Austin, Texas had a population of nearly 1.7 million. Approximately 430,116 children call Austin home. In Travis County, there is a great need for behavioral health services, but the current need is greater than the capacity to deliver these services. During November of 2008 through November 2009 of all the calls requesting behavioral health assistance through the Travis County 2-1-1 system, the top request was for counseling for adolescents and youth.22

It is estimated that in Travis County there are approximately 43,000 children and youth under the age of 18 who have or are at risk of having a mental health disorder.23 According to the 2008 American Community Survey Population data from the National Alliance on Mental Illness (NAMI), approximately 25,320 children are in need of mental health services in Travis County. However, NAMI reports that fewer than half of children with a diagnosable mental disorder receive any mental health services in a given year.24 According to the Travis County Suicide Data Project, Travis County has had the highest suicide rate of any metropolitan area in the state of Texas for the last several years.25 In fiscal year 2008, 67% of youths in detention in the Travis County Juvenile Probation Department were diagnosed with a mental illness.26

In October of 2006, Travis County received a two-year grant from the Bureau of Justice Assistance, a component of the Office of Justice Programs, U.S. Department of Justice. The grant assisted Travis County in creating a Juvenile Mental Health Court. Through this grant, the Travis County Juvenile Court and the Travis County Juvenile Probation Department (TCJPD) created the COPE (Collaborative Opportunities for Positive Experiences) Program. After a year of preparation, the program began receiving referrals from the TCJPD on May 10, 2007. Once grant funding was depleted, the City of Austin sustained the program with use of local funds.

COPE is the Deferred Prosecution Program of the Travis County Juvenile Mental Health Court Project. This program strives to divert young offenders from both the formal court system and long-term criminal involvement. They also work to improve access to mental health services for juvenile offenders, and to facilitate collaboration between the juvenile justice system and the mental health treatment system.27
Who are the children of COPE?

In fiscal year 2008, 30 of 55, or 54% of participants were Latino. Because of the high proportion of Latino participants, it has been beneficial to have one probation officer who speaks fluent Spanish. Male juveniles also made up 60% of the COPE program population.

How does the program work?

Eligibility:

Juveniles are primarily referred to the COPE program through the Travis County Juvenile Probation Department Assessment Center, but also by probation officers, attorneys and judges. Any youth who comes through the Juvenile Probation Department will undergo a MAYSI-2 screening to identify any potential mental health “red flags.” Once a juvenile is identified as a potential candidate, an extensive psychological assessment is conducted to identify mental health diagnosis within 90 days of being referred to the COPE program. The COPE program considers the following types of assessments as appropriate and acceptable: mental health assessment (MHA), global assessment of individual needs (GAIN), and psychological or psychiatric evaluations. To participate in the COPE Program the juvenile must meet eligibility criteria, be accepted into the program, and sign contract documentation. Eligibility requirements are as follows:

- Juvenile must have a pending charge alleging an offense other than truancy or running away and has not previously been adjudicated on any charge. Depending on the severity of the charge, the District Attorney will decide whether or not to defer the case.
- Charge cannot be related to a sexual offense. (No sexual offenders are accepted into COPE.)
- Juvenile is appropriate for supervision through a deferred prosecution program.
- Juvenile has an Axis 1 diagnosis such as but not limited to Vascular Dementia, Schizophrenia, Cognitive Disorder and Bipolar I Disorder. This diagnosis must be more than just a conduct disorder or substance abuse disorder diagnosis.
- Assessment must be performed within 90 days of referral to COPE that will substantiate an Axis 1 diagnosis other than solely Conduct Disorder or Substance Abuse Disorder.
- Juvenile and their family must agree to participate in the program. If the family or juvenile refuse to participate, they are automatically ineligible. It may be possible for a child in state foster care to be eligible for the program.

Once the child has been pre-screened and meets initial criteria their case is then scheduled to be screened by the COPE team comprised of: Mental Health Court Project Judge, Assistant District Attorney, Juvenile Public Defender, COPE Coordinator, two Deferred Prosecution Officers dedicated to COPE cases, Director of Assessments, and a Travis County Juvenile Probation Department Psychologist as needed. If the child is selected, the Probation Officer will then schedule a time to meet with the family at home and discuss the terms/conditions of the program and a signed agreement will be completed if they wish to participate.

An individual Case Plan is formulated with the COPE Deferred Prosecution Officer and input from team members. Working with the juvenile and their family, the COPE Team suggests a Case Plan to address the juvenile’s mental health and other needs that need to be addressed through programs and services. As the juvenile progresses through the program, the Case Plan will be altered to make sure that it remains complete and appropriate. Some of the available services provided to both the juvenile and his/her family, include but are not limited to: basic needs such as food, rapid re-housing, mentoring, access to drug education, substance abuse education, respite care, therapy, parent coach, parent liaison and wraparound services.

If the child has a drug addiction there are many programs from drug education to residential, intensive outpatient therapy and a drug court to assist them with their addiction. Travis County Juvenile Probation has one of 14 juvenile drug courts in Texas. The Juvenile Drug Court Program was founded in May 2001 to serve post-adjudicated substance-abusing youths between 12-17 years old.
13 and 17 years old. Participants of the COPE Program cannot be a part of both alternative dockets at the same time. The participants of COPE must have a mental health diagnosis as the primary area of concern in order to participate; if drug addiction is the primary concern they will be referred to the Juvenile Drug Court Program. Drug addiction services are also available for parents and guardians of participants in the COPE Program; the staff understands that in order to fully assist the child, their home environment has to be stable so that the parent can focus on the child’s well-being holistically and not solely on their basic needs.

Individual and family therapy is offered through the Austin Travis County Integral Care (ATCIC), formerly known as the Austin Travis County Mental Health Mental Retardation Center. ATCIC serves as the local authority for Behavioral Health and Developmental Disabilities in Travis County. ATCIC is housed in the Austin County Juvenile Probation Department building and is able to conduct intake interviews quickly. ATCIC contracts with service providers who are able to provide therapy services inside and outside the home, which is very helpful for those families who may not have reliable transportation. Using wraparound services that assist the entire family is essential to the success of the participants.

Participants are assigned a psychiatrist through the ATCIC within 10 days of being accepted into the COPE program. The COPE team will work to educate the family on the child’s diagnosis and medication practices noting that medication alone will not resolve issues. The psychiatrist will prescribe medications if needed, although it is not mandatory for participants to be medicated. The COPE team will work with families to look at alternative interventions to medication if they choose not to medicate, such as anger management, diet, and schedules within the household that may improve symptoms. Some parents look for alternatives to medication when their child is diagnosed with neurotransmitter/sensory deficits found in Autism Spectrum Diagnosis, ADHD, Bipolar and Depression. 28

During COPE family meetings, the COPE team psychiatrist is available to discuss any potential changes to medication, based on any changes in behavior noted by assigned psychiatrist and/or prosecution officers.

The COPE Deferred Prosecution Officer is required to meet or make contact with participants at least once a week at their home, school or phone. On average, participants are visited two to four times a week depending on their case and services needed within the home. The two prosecution officers assigned to the COPE program have a maximum caseload of 12. One of the prosecution officers is bilingual, which has been vital to the success of the program since the largest population served through the COPE program is Latino. Prosecution officers also communicate frequently with the parent, school officials and any other adult who may be an influence in the participant’s life to note any changes or problems that may arise. Prosecution officers randomly test participants for drug use and make sure that they are attending school.

Participants progress through the program based on a level system with decreasing levels of supervision as they advance from one stage to the next. The average length of stay in the program is 164 days but can continue up to one year. The program includes regular non-adversarial reviews before a judge and court team and incentives for compliance with their contracts.29 Positive incentives such as gift cards are offered for exemplary compliance.

Sanctions may be imposed by the court for non-compliance with contract or program. Examples of sanctions are requiring the juvenile to write a paper related to an incident, community service hours, and being retained longer on a level of supervision. The juvenile can also regress to a lower level during the program as a consequence, if they do not comply with program.

**Program Levels:**

- **Level One:** The participant must participate in weekly contacts with the COPE Deferred Prosecution Officer, COPE Coordinator, and service providers. They must also attend Family Meetings every two weeks, during these meetings the Case Plan and compliance are reviewed. The Family Meetings involve the COPE Team, juvenile and family.
- **Level Two:** Family meetings decrease to only once a month with continued weekly contacts with the Deferred Prosecution Officer and service providers.
- **Level Three:** Final stage. During this phase the participant will participate in contacts every two weeks with their Deferred Prosecution Officer and service providers. Family meetings also decrease in frequency and will occur every six weeks. Once the participant has successfully completed each phase of the program they are eligible for graduation.

A child can be dismissed or removed from the COPE program if they do not comply with the program contract or commit a serious offense. Each incident is reviewed individually to determine if the participant should remain in the program. This decision is left up to the judge and the COPE team’s discretion.

Prior to graduation, the COPE team works with the parents or guardians to ensure that the family can maintain services after graduation. They teach them the skills needed to maintain success and how to access services if an emergency arises. The COPE Program Partners with The Children’s Partnership a non-profit organization which works to decrease duplication of services between child and youth serving systems. The Children’s Partnership unites and coordinates local resources to maintain a system of
care for the children of Travis County. The Children’s Partnership provides a pre- and post- placement system of care based on a nationally recognized model of service delivery, the Wraparound process, to children and youth with complex needs. This organization provides families access to a provider network comprised of county wide agencies, individuals and organizations that offer traditional and non-traditional services.

The Children’s Partnership will continue interaction with the family and participants of COPE for up to one year after graduation. The Partnership works with the family on ensuring that they know how to navigate the system of care. By continuing this relationship after graduation the COPE program ensures that a continuum of care exists for these children.

Juvenile Mental Health Court Case Vignette

Pedro was a good kid, never got into trouble in school and made good grades. He did get frustrated at times and often did not know how to control his anger so he would kick holes in his bedroom wall. When he was arrested for assault, his family was left in shock and did not know what to do. Pedro is an Autistic child who also suffers from Attention Deficit Hyperactivity Disorder (ADHD) and is Bipolar. He was taken to the Travis County Juvenile Detention Center where he was screened for a mental illness. His family assumed that he would go through the traditional process of being charged before a Judge until his Probation Officer suggested that they look into COPE as an option. The Probation Officer explained that COPE was an alternative program for juveniles who suffer from mental illness and would provide him and his family an opportunity to receive services and also possibly have the charges dropped if he successfully completed the program. His family agreed that this would be the best option for Pedro and did not mind having to come back to court monthly or to have the Probation Officer visit their home weekly. Pedro also knew that being a part of this program meant there were consequences to his behavior but there were people in the community that cared about him. After graduating from the program, Pedro stopped kicking holes in the walls. His anger issues at home ceased and now his family has someone to call when they do not know how to handle an issue. His mother received an array of services that she recognizes she never knew about such as counseling for herself and Pedro. She wishes that all children with mental illnesses and their families be made aware early on of the services available in the community so that an arrest does not become the only way to find a solution or hope.

Measurable Outcomes

Is the Travis County COPE Program reaching its target population?

The participant outcome data indicates that the COPE program serves the identified and prioritized target population of juveniles with mental illness. The top five primary diagnosis are ADHD, Depressive Disorder, Major Depression, Bipolar and Mood Disorder. According to COPE program eligibility requirements, the juvenile must have an Axis I diagnosis of, or
How many participants have graduated and what is the recidivism rate?

Since the inception of the COPE program in 2007, it has served 194 juveniles through September 2010. During the first year of release from the program, 65.2% of juveniles discharged from COPE during the first half of the fiscal year did not reoffend as an adult nor were they re-referred to TCJPD for a Class B misdemeanor or above. During fiscal year 2008, COPE served 55 juveniles. Recidivism is defined as those participants who are re-referred to the TCJPD or arrested as an adult within a year after they graduate from the COPE program. In FY 2008, the success rate for COPE was 69% with 38 out of 55 participants successfully graduating from the program. The respective recidivism rate for 2008 was 34.8% with 8 out of 23 participants being re-referred. This recidivism rate is significantly lower than the baseline one year re-offense rate of 66 percent for the state Special Needs Diversionary Program that targets mentally ill youth offenders, a group that is generally more likely to reoffend than non-mentally ill offenders. The success rate for COPE participants in FY 2009 was 82% with a recidivism rate of 33%. According to an information request response from the Travis County Juvenile Probation, the cost per day/per participant is approximately $180.59 for COPE Mental Health Court. The average length of stay per participant is 180 days, and the total approximate cost per participant is $32,506.20. This cost includes probation, therapeutic services and court costs.

The Case Work Manager of the COPE Mental Health Court attributes the cost to the negotiated fees they have obtained from therapy providers, as well as, the collaborative efforts between the local Mental Health and Mental Retardation Authority and the Children’s Partnership which, pulls all child based agencies into one location. There is no cost to participants for the COPE Mental Health Court.

What services are still needed in Austin?

Based on interviews with the COPE team, there is a great need for additional probation officers and therapists in the city of Austin. The team finds that if additional staff were available, more children could participate in the COPE program. In regards to psychiatric services, there is a shortage of psychiatrists in Travis County. Many of the families within the COPE Program do not have insurance, and parents as well as children are in need of mental health services. The Travis County area is in need of psychiatrists willing to take Medicaid and provide bilingual services. Currently the Travis County COPE program is looking for a bilingual psychologist who would be dedicated to the COPE program and would be able to provide services to the large number of Spanish-speaking participants.

Additional funding sources are needed to provide ancillary needs for COPE participants. Many families are in need of funding for basic needs such as food, electric bill payments, rental assistance and clothing. Although the COPE team can assist with these ancillary needs, many organizations providing the service are facing budget shortfalls. Also needed are services for co-occurring/dual mental health and substance abuse. Some participants of the COPE program also have drug addictions and are in need of substance abuse rehabilitation services. Funding such as grants obtained through the Bureau of Justice Assistance must continue to be available so that mental health courts can expand, keeping the caseload per court small. Probation officers note that because they have a case load of 12 each, they are able to spend more time with the child and family to ensure that wraparound services are provided as needed. If they had a case load of 40 to 50 children, the quality of supervision and services would be impaired.

Early intervention is essential in catching these children before they fall into the juvenile justice system. The school system should implement an assessment program to identify these children. Once such children are identified and in the system of services, their problems can be diagnosed and potential solutions found. Often, children with mental health issues are labeled as “bad” and are not given the necessary tools to be productive students and
citizens. Such courts should be sources of education to parents about mental health and the warning signs of mental illness.

A parent, who was interviewed notes that school counselors should be made aware of what services are available in the community so that families can place their children into them before it becomes too late. It was suggested that training be made available for teachers, school administrators and juvenile attorneys so that they can be made aware of the existence of COPE. Teachers and administrators should also be educated on juvenile mental illnesses and be trained on how to implement an Individualized Education Plan, (IEP) in their school for children suffering from mental illness. An example of an IEP Plan not being followed for a student with mental illness brought forth an unnecessary arrest when the child was exposed to stimulation clearly prohibited by the IEP that was to be followed. Luckily, the COPE Team and an Austin area advocate were able to resolve the situation and were able to assist this participant with getting charges dropped.

El Paso

**El Paso Special Needs Diversionary Program (SNDP)**

El Paso is the sixth largest city in the state of Texas. Its population is approximately 613,190 and the metropolitan area of El Paso County totals approximately 747,477. There are approximately 219,674 children in El Paso County. The Texas Borderlands: “Ground Zero for Health Care in America” (2006) sites a study by the Mental Health Association of Texas, which indicates that Texas, specifically El Paso, is experiencing a crisis in mental health services. In regards to children and adolescents, 5,577 are estimated to be at-risk and eligible for services, of which only 1,322 or 24% are currently able to assist this participant with getting charges dropped.

In 2007 with the help of the Special Programs Coordinator, the City of El Paso began the Special Needs Diversionary Program (SNDP). who had previously worked with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) project in El Paso and saw the need for an individualized Juvenile Mental Health Court in El Paso. After six months of strategizing and collaboration, the Special Needs Diversionary Program was approved by the County Commissioner’s Court in June 2007.

**How the court works**

The purpose of the program is to serve the needs of children who are at risk of being removed from their homes because of mental health issues that result in behaviors that make them unmanageable in their homes and/or communities. The program brings intensive services to these children in their homes and addresses the family issues that may be contributing factors to the dysfunction of the identified children. The goals of the program are to:

- Reduce delinquency.
- Increase offender accountability.
- Rehabilitate juvenile offenders through a comprehensive, coordinated community-based juvenile probation system.

In the beginning of the program, the El Paso Special Needs Diversionary Program was using the local Mental Health and Mental Retardation department (MHMR) and TCOOMMI, but saw that the program placed a significant amount of restrictions on the services they could provide to participants. The biggest obstacle the El Paso Juvenile Probation Department faced was the local Mental Health Authority, which was unable to adjust its system because of Medicaid billing constraints. In FY 2008 SNDP moved away from utilizing the local MHMR system, after a competitive bidding process, SNDP selected Pinnacle Social Services, LLC to provide case management and counseling services. SNDP continues to utilize the TCOOMMI program structure and shares information/data with the Texas Juvenile Probation Commission.

Pinnacle Social Services, LLC is a private for-profit agency that serves the El Paso area. The services offered by Pinnacle are counseling, case management and referrals to community resources. Their counseling services are provided to both the individual and his/her family as needed. Since the implementation of services provided by Pinnacle Social Services, LLC, the successful completion rate of SNDP has increased from 57% in 2007 to 83% in 2008, 88% in 2009 and 77% as of July 21, 2010.

SNDP staff attributes this significant increase in the flexibility of the program, and the way in which they are able to provide care at all levels allows them to foster this higher completion rate. In addition, parents and participants have access to a 24-hour crisis hotline, and various support and counseling services are provided to participants and their families.

The SNDP targets post-adjudicated juveniles, meaning they have already been charged with an offense. Because these children are post-adjudicated, there is no legal incentive for them to participate in the program. However, youth who participate in the program and successfully complete the after-care component can have their probation terminated 90 days after complet-
ing the program rather than remaining on probation until their 18th birthday. In order to be eligible for the program, juveniles must meet the criteria for the target population:

- Be at risk of removal from the home;
- Post-adjudicated youth;
- Have a DSM-IV Axis diagnosis other than or in addition to substance abuse, mental retardation, autism, or pervasive developmental disorder; and
- Have a Global Assessment of Functioning (GAF) score below 50 as determined by the psychological assessment or the assessment completed by the contracted provider.38

The El Paso County Juvenile Justice Center does not currently test each juvenile coming through the system for a mental illness. The El Paso County Juvenile Justice Center will be implementing the PACT Pre-Screen (Positive Achievement Change Tool) Assessment in January 2011. This program is a 46-item, multiple choice initial assessment instrument that produces research-validated risk level scores measuring a juvenile’s risk of re-offending. The assessment measures a youth’s risk and protective factors in the following four domains: Criminal History, Mental Health, Attitudes and Behaviors. This will allow each juvenile to be screened for mental illness at intake. The department will also implement this assessment tool for the post adjudicated population. This will provide the department and courts with information regarding the risk and needs of each juvenile.39

A juvenile’s case is usually referred to the SNDP by a probation officer, juvenile court judge, or by an assigned attorney. The SNDP Team then reviews the case. The team is made up of the program Coordinator, Judge, Probation Officers, Counselors, Public Defender, Prosecuting Attorney and Case Manager. It takes approximately one week from the time of referral to the time a case is reviewed by the SNDP team. Since June of 2007, the core team has remained the same within the SNDP. Because of an increase in demand for the program services, an additional therapist and case manager were added in the spring of 2010.

Each SNDP team member votes on whether the SNDP will accept a case into the program. Each probation officer, counselor and case manager has half a vote and the Judge breaks the tie if needed. On average, a week passes between program staffing and the family sustainability interview and three to four weeks in a family’s acceptance of program services to program enrollment.

The referral packet that must be submitted by the Special Programs Coordinator includes:

- Special Needs Diversionary Program Referral Form;
- Pre-Dispositional Report (PDR)
- Psychological/Psychiatric Evaluation (completed within 90 days); and
- Any available mental health records.

The average length of stay in the SNDP was 168.74 days in 2009 and 193 days or almost six months in 2010. The SNDP can extend the program up to one year on a discretionary basis. Potential candidates for the program will meet with Probation Officers, Case Managers and clinicians to discuss SNDP during the Family Suitability Interview. The parent and the juvenile will be asked to sign the Family Suitability Interview Agreement if they are interested in participating. With their signatures, the juvenile and their parent/guardian accepts all of the explained services and expectations of the Juvenile Probation Department and the Special Needs Diversionary Program.
The Special Needs Diversionary Program is divided into three program phases and includes an aftercare component: As participants progress through the Special Needs Diversionary Program, they will note an increase in case management services, sustained probation contacts and a reduction in the number of hours spent in therapeutic home services and court review hearings. During the court review hearings, male and female participants are separated but allowed to participate together during a graduation ceremony.

Key Informant Interviews

Case Managers

Pinnacle Services, assigns two case managers to the Special Needs Diversionary Program. The Pinnacle Services Case Managers (who both previously worked with the local MHMRA) noted that their case loads were smaller, with a maximum of 12 cases assigned to each. They said there was less bureaucracy when working with Pinnacle. Case managers noted the SNDP is family driven, establishes a connection between the participant and the court team enhances communication among all parties, and provides a link between the judicial system and mental health services.

Case managers must meet with participants in the home at least once a week and also connect with them either via phone, at school, or in the community. These interactions enable observation of the home and community environment. By observing the participant’s environment, Case Managers are able to identify basic needs that are not being met. Case Managers connect the family to available services in the community and at times help with school supplies, food vouchers and phone service if needed. Case Managers also help participants with life skills and anger management. They are also available to help the family and participant with life maintenance skills such as de-cluttering, hygiene and home organization. Case Managers also teach parents on how to advocate for their child within the school system.

Probation Officers

Two Probation Officers are assigned to the SNDP. They currently divide their caseloads geographically and each take on half of the county. On average, each probation officer is assigned 10 to 14 cases. Once a family is selected to participate in the program, Probation Officers are involved with the Family Suitability Review and also participate in the Treatment Plan with the Case Manager and Counselor. The Probation Officers work closely with the Case Manager and will often speak with one another during the weekend if something comes up with a particular case. One particular frustration for the Probation Officers is that parents will often call them for disciplinary issues that they should not be dealing with. One such example is a parent who asked their child to clean their room and the child refused. Probation Officers often have to reiterate to parents that they are not the parents, and consequently the parents must discipline their children on their own.

Probation Officers are required to have two contacts with the juvenile each week. One contact consists of a visit in the home and the other can be by phone, at school, or in the community. Some aftercare juveniles continue to be monitored after the probation period is complete. Usually these juveniles are seen once a week or on an as needed basis.

Prosecutor

The prosecutors assigned to the SNDP rotate every three months in accordance with the County Attorney’s policy. The County Attorney is concerned that a prosecutor who stays with the program too long may become too involved with juvenile and be hesitant to charge them with subsequent crimes. The prosecutor interviewed for the purposes of this evaluation did not find this to be an issue and was in agreement that for the sake of public safety this policy made sense to her.

Program Psychiatrist

The current program psychiatrist was a former Program Manager with the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) which is a part of the local Mental Health Mental Retardation Authority. It is the Program Psychiatrist’s responsibility to review psychiatric evaluations for the program participants, evaluate current medications and makes suggestions on how the SNDP could be improved. If a participant is on medication and doing well, the Program Psychiatrist will re-evaluate the current dosage every two to three months, and check for any potential side effects. The Program Psychiatrist noted that he most often sees juveniles with attention deficit/hyperactivity disorder or mood disorders.

Public Defender

Each participant in the El Paso program is assigned to a Public Defender who has a maximum caseload of 15. One Public Defender is assigned to the SNDP. The Public Defender attends the case staffing, reviews the case and has one vote as to whether or not a case should be accepted. The Public Defender advocates for the participant. Even though they are part of the program team but they must also advocate for the child’s wants and desires. Sometimes, this conflicts with what the team’s evaluation of the child’s needs.
Case Staffing

While visiting El Paso, I sat in on a case staffing with the SNDP team. Several potential cases were reviewed and not accepted into the program. One involved a Latina female charged with Assault Family Violence against her sister. An out-of-home placement was recommended and no Axis II diagnosis was made. The team decided she would not be suitable for the program because she did not have a mental health problem and there was no history of trauma or abuse. The primary reasons for not taking a case include habitual runaway behavior, no mental health diagnosis, and the primary condition being drug abuse.

Who are the kids of the SNDP?

The program’s target populations are post adjudicated male and female juveniles between the ages of 10 to 17. Of the 38 participants during FY’09, 30 were Latino and 22 were male. While their ages spanned 10 to 17 years most were between 16 and 17 years. Fifty-eight percent of SNDP participants were referred to the program because of a Class AB Misdemeanor or a Violent Felony and thirty-one percent were referred for a violent felony. A summary of the most severe referral offense type upon starting SNDP is included below. Thirty-three percent of participants had been referred to the juvenile justice system one time prior to starting SNDP and 28% of participants had been referred twice.
Measurable Outcomes

Is the El Paso County Special Needs Diversionary Program reaching its target population?

The participant outcome data indicates that the SNDP serves the identified and prioritized target population of juveniles with mental illness. The top five primary diagnoses upon enrollment for FY ’09 were: Disruptive Disorder, Bipolar, Other Mood Disorder, Major Depression and Attention Deficit Hyperactivity Disorder. For FY ’10, the top five primary diagnoses were: Attention Deficit Hyperactivity Disorder, Other Mood Disorder, Bipolar, Major Depression and Disruptive Disorder.

How many participants have graduated and what is the recidivism rate?

For fiscal year 2010, the goal of the program is to enroll 24 juveniles in the program. As of July 2010, they have enrolled 22. Since June 30, 2008, the Special Needs Diversionary Program has served 34 juveniles. The completion rate for FY 2009 was 88% and as of August 23, 2010 the completion rate was 77%. During the period of September 2009 through July 2010, there have been 17 graduates of the SNDP program, five unsuccessful completions and two juveniles transferred to participate in other available programs.

Below is the breakdown by fiscal year for juveniles who have successfully completed the Special Needs Diversionary Program and who were adjudicated for new offenses either during their participation in the program or after program completion.

Recidivism rates for the El Paso SNDP demonstrate that the majority of participants do not re-offend. When compared to the general recidivism rate for the El Paso County Juvenile Probation Department with prior adjudications, over the last three years the average recidivism rate was 17%. There is approximately a 2% difference between probationers who complete the SNDP versus traditional probation programming. We acknowledge that this recidivism rate does not take into account any prior adjudications or the outcome of new adjudications, in some cases the case may have been deferred or dismissed. The general recidivism rate of the El Paso County Juvenile Probation Department includes juveniles who may or may not have a mental health diagnosis although studies show that in general: Approximately 70% of youth in the juvenile justice system nationwide have at least one mental health disorder.

What is the cost to participate in the Special Needs Diversionary Program? Does it save the county and state money?

The average length of stay for participants in FY ‘09 was 168.74 days. During the first six months of FY ‘10, length of stay was 193 days. Program expenditures allocated from September 1, 2009, through July 31, 2011, total...
$233,969.51. The estimated Medicaid savings are $11,677.12. With an average caseload of 13 youth per day, the approximate daily cost for the Special Needs Diversionary Program is $49.13. The total cost for 193 days of treatment costs associated with SNDP is $9,516.83 per child. The average length of stay in a residential treatment facility is approximately 180 days for a total cost of approximately $24,885 per participant. (Daily costs for such facilities are on average $138.25.) The Special Needs Diversionary Program results in a total cost savings of $17,165 per participant.

What additional services are needed in El Paso?

Key people involved in the Special Needs Diversionary Program said participants need access to more services, including a residential treatment facility. There is also currently a shortage of doctors, psychiatrists, mentors and licensed chemical dependency counselors for youth. Parents also need community-based services that have emergency funding for electric bills, phone bills and emergency food.

Probation officers noted that reliable mental health providers are needed in the community in addition to service providers who can handle clients with dual diagnoses. Because of this lack in El Paso, pediatricians often monitor medications.

Often, there have been challenges in linking youth to the mental health authority before they finish the program. Currently, there are long waiting periods to enter the system, often because of lack of funding. Many youth are in need of long term care. Because they lack insurance coverage or only have Medicaid, this can provide an obstacle to obtaining care.

The Special Needs Diversionary Program Psychiatrist notes a need to fund more therapists to take part in the program. In El Paso, the local El Paso Mental Health and Mental Retardation (MHMR) has only one on-staff child psychiatrist for a city of almost 1 million residents. He also advocated for an increase in services permitted under Medicaid. Currently, a Texas algorithm limits the amount of services to be provided.

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<th>Average Length of Stay</th>
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<td>Residential Treatment Facility</td>
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What are positive social outcomes of the Special Needs Diversionary Program?

“Positive outcomes of the program are seeing parents mature and approach the judge differently during case reviews, as well as the way they discipline their children,” noted one SNDP Probation Officer.

Positive changes that Special Needs Diversionary Program staff witness:

- Increased involvement in school by participants;
- Families communicating with each other;
  - Example: Case Manager noted a family decided to sit down for dinner, which they had never done before. The caseworker coached the family on how to have a family dinner together and helped to make it an event. The parents responded, “This is nice to see my kids talking to one another instead of fighting. Usually everyone is scattered everywhere.”
- Child who used to self-harm by cutting ceased after completing Special Needs Diversionary Program and therapy.

Key Informant Interview

Ryan is a 15 year old Latino who ran away from home and was charged with theft. He was placed on probation and was diagnosed with ADHD and bipolar disorder. He was given the opportunity to participate in the El Paso SNDP. When Ryan’s mother was told about the SNDP, she initially thought that the time commitment would be too much since she is responsible for three other children. She nevertheless committed to participating in the program because she felt it would give her son the one on one attention that he needed.

In the beginning Ryan would get into altercations with his mother daily and would stay out all hours of the night. Ryan’s mother found out that he was also using drugs. While in the SNDP, Ryan would meet with his social worker, counselor and probation officer weekly. Ryan enjoyed being able to speak to the therapist about his frustrations. His mother notes that the program has helped to make her a stronger parent and helped them both understand that Ryan needed to take his medications seriously.

After being in the program for six months, Ryan has seen a significant change within himself. His grades have improved because the medication has allowed him to focus on the tasks at hand. His relationships with his stepfather, siblings and mother have improved dramatically. He notes that he has been provided with the coping, communication and self-control skills he needs to live a normal life.
Harris County

The Harris County Juvenile Mental Health Court

Harris County is home to approximately 1.9 million children and the need for mental services continues to increase. It is estimated that in 2008, approximately 229,055 children had a diagnosable mental illness in Harris County. According to the Mental Health Needs Council’s 2009 report, 18,600 children need public mental health services in Harris County and approximately 14,100 of them did not receive treatment. Houston/Harris County also has the highest number of uninsured children in the state of Texas.

Approximately 10,000 of the 16,000 children in the juvenile probation department were identified with a diagnosable mental illness. When children are not treated for mental illnesses, the expenses will continue to grow for families, communities and the health care system. In addition to the rising costs, children who are not treated for mental illnesses are more likely to drop out of school and come into contact with the juvenile justice system. Untreated mental illness can disrupt a child’s ability to learn, participate and succeed in school.

Seeing a large number of cases involving mentally ill juveniles appearing in his court, a family court judge expressed an interest in presiding over a juvenile mental health court. At the time of his interest, there were insufficient resources to collect mental health information from juveniles entering the system. In response to this lack of resources in 2007, the Harris County Juvenile Probation Department (HCJPD), in collaboration with the Justice, Equality, Human Dignity, and Tolerance (JEHT) Foundation, Harris County Children’s Protective Services, Harris County mental Health and Mental Retardation Authority, Systems of Hope, along with several other private foundations funded Operation Redirect and have gathered data to support the significant number of seriously mentally ill youth in the HCJPD system.

Between February 2007 and July 2008, over 4,083 juveniles have been screened by Operation Redirect, with an average of 248 juveniles screened per month. Of those screened, over half were emotionally disturbed, and 20% were seriously emotionally disturbed; 1% of the juveniles tested were mentally retarded. Data generated from this assessment helped to create a comprehensive profile of juveniles involved in the juvenile justice system and helped support the creation of a juvenile mental health court. In 2008, the Harris County Commissioner’s Court approved funding for the Harris County Juvenile Mental Health Court.

The Harris County Juvenile Mental Health Court began on February 3, 2009. It is a voluntary, specialized, diversionary court program for families with youths with mental health problems who are involved in the juvenile justice system. For many juveniles and their families, the juvenile justice system has become the only recourse for families seeking services for their child. This interaction with the juvenile justice system often criminalizes youth for offenses committed due to mental illness.

The Harris County Juvenile Mental Health Court provides mental health services to youth with serious mental health issues through the collaboration of a multidisciplinary team of professionals, which include a judge, district attorney, public defender, probation officer, psychiatrist and court manager.

The criteria for inclusion in the Mental Health Court used by the court include:
- A mental health diagnosis and be between the ages of 10-17 years old;
- A criminal charge that is either a misdemeanor or felony offense; and
- Having a family willing to participate in an intensive in-home program.

Youth are excluded from participating in the program if they are charged with sex offenses, have a serious drug problem, suffer from mental retardation and or have significant gang involvement.

In addition, the family must be willing to participate in an intensive in-home program and be committed to participating in the Mental Health Court for a minimum of six months. The goal of the Harris County Juvenile Mental Health Court is to ensure public safety while decreasing recidivism by facilitating coordinated mental health interventions. The average length of stay in the program is approximately 8 months or 243 days.

The benefits to Harris County include:
- Decreasing the recidivism of mentally ill juvenile offenders.
- Diverting youth from expensive placement facilities, yielding a cost savings.
- Promoting mental health resource development in the community.
- Providing the most efficient and effective use of available resources
Who are the kids of the Harris County Juvenile Mental Health Court?

Fifty four youth have been served as of August 18, 2010. The age of participants range from 10-17 with the majority of youth aged 15. The majority of participants, 46%, were African American. Although the court serves both males and females, males made up most of the participants.

Harris County Juvenile Mental Health Court Data: As of August 18, 2010

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<td>Latino: 6</td>
<td>Latino: 14</td>
</tr>
<tr>
<td>White: 8</td>
<td></td>
<td>White: 7</td>
<td>White: 15</td>
</tr>
<tr>
<td>4. Sex of youth served</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male: 15</td>
<td></td>
<td>Male: 15</td>
<td>Male: 39</td>
</tr>
<tr>
<td>Female: 4</td>
<td></td>
<td>Female: 4</td>
<td>Female: 15</td>
</tr>
</tbody>
</table>

*15 youth were new in 2010; 9 youth who entered in 2009 are included in the 2010 total youth served. **2 youth of this total were ultimately removed from the Mental Health Court at parent's request and are considered neither failures nor successes.

How the court works

During the intake process at the Juvenile Detention Center, each juvenile is given a Massachusetts Youth Screening Instrument, 2nd Version (MAYS1-2) which was designed for use in juvenile justice facilities, particularly detention centers. The MAYS1-2 instrument is utilized as an initial evaluation of juveniles entering the detention center to confirm diagnostic hypotheses, in planning individualized treatment programs, and in measuring treatment progress.49 If the juvenile is not taken to the detention center, they are often identified by intake probation officers. The Mental Health Liaison is a position that was created to serve as the central point for all referrals to ensure that potential candidates for the Mental Health Court are identified. Probation officers in the field can contact the liaison if they believe a particular juvenile has a mental illness. The liaison will work with the mental health court staff to coordinate testing. If the child does not qualify for the mental health court, he or she is referred to services.

Once an appropriate case is identified, a comprehensive psychological assessment is conducted by the Mental Health Court Psychologist to create an individualized treatment plan. The case is then reviewed by the Mental Health Court team made up of the Judge, Mental Health Court Manager, Psychologist/Clinician, District Attorney and Defense Attorney. This team decides whether or not to take the case. Once the case is accepted, it is then transferred from the originating court into the Mental Health Court.

There are two probation officers assigned to the Harris County Juvenile Mental Health Court. They will also meet with a family and discuss the program, the responsibility, commitment and obligations of the family and juvenile if they decide to participate. If the family agrees to participate in the program, the mother and/or father will have to sign a document acknowledging the information they have received from the court staff and affirming their willingness to participate.

During the initial court hearing, the youth and the family will discuss their individualized treatment plan with the entire court team and predetermined treatment provider. The treatment providers include Systems of Hope, TRIAD Prevention Program, the Mental Health and Mental Retardation Authority (MHMRA), the Texas Juvenile Probation Commission and the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI). All youth received services from service providers and private providers while in the Harris County Juvenile Mental Health Court.

There are two court clinical psychologists with a caseload of about 20 each. The psychologist receives many referrals to the Harris County Juvenile Mental Health Court. They screen each case to make sure that a psychological evaluation has been conducted. They also will meet with the juvenile and his/her family to screen for eligibility and appropriateness for the program. The mental health court psychologist will also speak to both the child and parent to discuss the program and to find out if they would like to participate. Some parents decide not to participate in the program. Sometimes a single parent is the sole breadwinner and may not be able to take off from work once a month to take part. Or the parent may feel he/she has exhausted all of his/her energy on this child and want the child removed from the home.

Once a juvenile has been selected for the Harris County Juvenile Mental Health Court, the psychologist then works to connect them with mental health services in the community. The psychologist receives reports from the probation officer weekly to see how the services are going and also in-tervenes in crises situations. One example of this was when the psychologist was contacted by a family because their child was suicidal; she coordinated services immediately to ensure the participant’s safety. During an interview...
with the psychologist she acknowledged that parents have access to her cell phone number if they need to contact her at any time.

The goal of the mental health court is to keep the child in the home and in the community rather than remove them or send them off to boot camp, which is often requested. The court psychologist also formulates a particular treatment plan for each participant.

The presiding judge of the Harris County Juvenile Mental Health Court will hold dockets in the afternoon to accommodate working families and so that participants will not miss a majority of their school day. Families who may be struggling financially may not have the resources to pay for transportation to attend the dockets. At times, Systems of Hope, a collaborative network of community-based services in Harris County, will provide transportation for these families.

Youth who successfully complete the Harris County Juvenile Mental Health Court program are placed on Deferred Prosecution status. If the youth completes the Deferred Prosecution term without engaging in delinquent conduct, the original charge is dismissed.

All participants in the Harris County Juvenile Mental Health Court are given a pre- and post-test utilizing the BASC (Behavioral Assessment System for Children). This tool is a standardized behavioral assessment administered to participants and parents. According to survey results, both participants and parents report greater adaptive skills. Survey results also indicate a lower occurrence of depression and school problems. Participants also reported a better relationship with parents, increased personal adjustment, enhanced interpersonal relationships and a slight increase in self-esteem. Parents reported increased social skills, adaptive skills, leadership and resiliency.

Significant improvements found post-mental health court include increased school performance and attendance, improved behavior at home and in the community, and medication compliance. Often these social outcomes are not discussed because they do not translate directly into cost savings, but it is important to note an improved home environment for both the participant and their families. Participants noted areas where additional resources are needed, including involvement in pro-social relationships, extracurricular activities and continued participation in therapy. Participants also noted that they were glad their families chose to participate in the mental health court and felt more comfortable with this court setting versus a traditional court. Parents felt that their opinions and wishes were respected, and they felt that the mental health court staff was sensitive to the child’s mental health problems. Although the mental health court can be a six months or longer commitment for their family, the majority of parents who answered the survey did not feel that this time commitment was excessive.

### Mental Health Court Participant Survey

The Mental Health Court Survey was designed to assess the degree to which we are meeting the needs and expectations of the families we serve. Below is the summary of responses of participant guardians/parents (respondents = 9).

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I am glad my family participated in the Mental Health Court.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Strongly Agree 11%</td>
</tr>
<tr>
<td>2 I felt that meeting with a team about my child’s case was helpful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>3 I felt more comfortable in the Mental Health Court than I would have in a regular court.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>4 I felt that, as the parent/guardian, my opinion and wishes were respected.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>5 I felt very confused throughout the Mental Health Court process.</td>
<td>78%</td>
<td>11%</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 People were available to answer any questions I had about the Mental Health Court program.</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>7 The monthly review hearings were helpful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>8 I learned more about my child’s mental health problems by participating in this program.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>9 I learned effective tools and ways to work with my child and his/her condition.</td>
<td></td>
<td></td>
<td></td>
<td>22%</td>
<td>67%</td>
</tr>
<tr>
<td>10 The Probation Officer that worked with my family was helpful and professional.</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>11 I felt that the program that worked with my family in the home was helpful and professional.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>12 I felt that the Mental Health Court staff was sensitive to my child’s mental health problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
I felt that the Mental Health Court staff worked to help my child reach their treatment goals. 11% 89%

I felt supported by the Mental Health Court. 100%

The time commitment for the Mental Health Court was too much. 78% 11% 11%

My family is functioning better now than it was before we became involved in the Mental Health Court. 11% 89%

### Key Informant Interviews

#### Probation Officers Interview and Court Manager:

Each probation officer has a case load of approximately 12 juveniles. The probation officers split the county in half. Because Harris County is made up of 1,728 square miles, each probation officer spends a significant amount of time driving to meet the juveniles at their homes or schools on Mondays or Fridays. They felt that if their caseload were to increase significantly services would not be as intense. Each Probation Officer must visit each child at least once a week at either their home or school.

Probation Officers also organize activities for the participants of the Harris County Juvenile Mental Health Court such as camps and fieldtrips. They also provide families with resources to free or low cost activities for their children to participate in during the summer months.

The Harris County Juvenile Mental Health Court collaborates with Systems of Hope who has a Case Coordinator and Parent Partner who will help families find resources within the community. They will also help them fill out Medicaid forms, food stamp services and other basic needs.

The Harris County Juvenile Mental Health Court Manager identified a need for an education specialist. Juveniles participating in the Mental Health Court often are testing below grade level and need evaluation for dyslexia or other learning disabilities. An education specialist would help identify these children and would work with the school to accommodate their special needs. The Manager notes that an education specialist could reduce behavioral problems by making sure that these children are in the appropriate educational environment. Children in an inappropriate environment become frustrated and do not know how to express themselves properly. The Court Manager would also like to see two additional probation officers added to the staff in the future, a desire that may be tempered by resources.

Additional funding is needed to provide mental health services to juveniles entering the system. Staff is seeing an increase in the number of children with mental illnesses and unfortunately the community does not have the sufficient amount of resources to assist them.

#### Clinicians

Each clinician is responsible for 20 youth participating in the mental health court. Hundreds of referrals are sent to the department, and the clinician will review cases to determine which ones may be appropriate for the mental health court. A psychological evaluation must be conducted, and then the clinician will meet with the family and discuss the program with them to see if they agree to participate. Once the youth is accepted into the program, the clinician will connect them with clinical and psychological services. Clinicians are in constant communication with the assigned Probation Officers to discuss how the participant is doing and any challenges they may be facing.

The participant must be connected to services, including psychological and psychiatric, in the community. Participants consistently and actively participate in psychiatric services and parents should feel comfortable in using these resources if a crisis occurs. The definition of a successful graduation varies for each participant but staff would like to see improvement in social functioning as well as a reduction in behavioral incidences that would cause them to be rearrested. This would include fewer school suspensions, assaults, fights and the ability of the parent and child to know what to do if something happens. Six months may not be a sufficient amount of time to expect them to see real improvements; the court has the discretion to allow the participant to continue in the program for up to one year.

One of the clinicians notes that the Mental Health Court team works together with service providers to ensure that participants are receiving adequate services and to create a safety net for families. The program’s administration allows for flexibility to make changes and welcomes suggestions to improve the program. Because this is a fairly new program they are still working to make sure that best practices are in place.

Additional services needed in the community include community based mental health service providers that are willing to accept new Medicaid patients. Oftentimes parents are facing challenges to access private therapeutic services.
Measurable Outcomes:

Is the Harris County Juvenile Mental Health Court reaching its target population?

Based on a review of participant data, the Harris County Juvenile Mental Health Court is providing services to youth aged 10-17 with a mental health diagnosis. The top five mental health diagnoses found among participants include Affective Disorders, Attention Deficit-Hyperactivity Disorder Not Otherwise Specified, Disruptive Behavior, Oppositional Defiant and Adjustment Disorder. It is important to note that a majority of youth who participate in the program have more than one mental health diagnosis.

Table 1. Mental Health Diagnoses for All Youth Served by MHC

<table>
<thead>
<tr>
<th>DSM Diagnosis</th>
<th>Percentage/Number of All Youth Served by MHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Disorders: Major Depressive/Mood/Bipolar/Dysthyemic Disorders</td>
<td>67% (36)</td>
</tr>
<tr>
<td>Attention Deficit-Hyperactivity Disorder NOS</td>
<td>60% (30)</td>
</tr>
<tr>
<td>Disruptive Behavior/Oppositional Defiant/Conduct Disorders</td>
<td>40% (20)</td>
</tr>
<tr>
<td>Adjustment Disorder - Mixed Emotions &amp; Conduct or Anxiety</td>
<td>39% (21)</td>
</tr>
<tr>
<td>Cannabis Abuse</td>
<td>14% (7)</td>
</tr>
<tr>
<td>Parent-Child Relational Problems</td>
<td>10% (5)</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>10% (5)</td>
</tr>
<tr>
<td>Sexual Abuse (victim)</td>
<td>8% (4)</td>
</tr>
<tr>
<td>Autism Spectrum Disorders (Asperger’s, PDD, Autism)</td>
<td>7% (4)</td>
</tr>
<tr>
<td>Physical Abuse (victim)</td>
<td>6% (3)</td>
</tr>
<tr>
<td>Anxiety Disorder NOS</td>
<td>4% (2)</td>
</tr>
<tr>
<td>Learning Disorders (Reading, Spelling, Math) or NOS</td>
<td>6% (2)</td>
</tr>
<tr>
<td>Bulimia Nervosa</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Delusional Disorder</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Impulse Control Disorder NOS</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>2% (1)</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>2% (1)</td>
</tr>
</tbody>
</table>

**Most youth served have more than one mental health diagnosis

How many participants have graduated and what is the recidivism rate?

Since August 18, 2010, 27 participants have graduated from the Juvenile Mental Health Court and were placed on Deferred Prosecution with their charges dismissed. A total of seven participants did not complete the Mental Health Court: five were noncompliant, one moved out of state and one was placed in a residential setting by the parent. As of August 18, 2010, 20 youth were pending graduation.

New referrals while participating in the Juvenile Mental Health Court occurred for 11 youth, the approximate recidivism rate is 33% (9 new referrals after completion of Juvenile Mental Health Court divided by 27 successful graduations).

Table 2. Mental Health Diagnoses for Successful Graduates

<table>
<thead>
<tr>
<th>DSM Diagnosis</th>
<th>Percent/Number of Successful Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Disorders: Major Depressive/Mood/Bipolar</td>
<td>64% (16)</td>
</tr>
<tr>
<td>Adjustment Disorder - Mixed Emotions &amp; Conduct or Anxiety</td>
<td>64% (16)</td>
</tr>
<tr>
<td>Attention Deficit/Hyperactivity Disorder NOS</td>
<td>52% (13)</td>
</tr>
<tr>
<td>Disruptive Behavior Disorder/Oppositional Defiant Disorder</td>
<td>38% (8)</td>
</tr>
<tr>
<td>Autism Spectrum Disorders (Asperger’s, PDD, Autism)</td>
<td>10% (2)</td>
</tr>
<tr>
<td>Cannabis Abuse</td>
<td>10% (2)</td>
</tr>
<tr>
<td>Learning Disorders (Reading, Spelling, Math) or NOS</td>
<td>10% (2)</td>
</tr>
<tr>
<td>Delusional Disorder</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Obsessive-Compulsive Disorder</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Parent-Child Relational Problem</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Physical Abuse (victim)</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Post-traumatic Stress Disorder</td>
<td>5% (1)</td>
</tr>
</tbody>
</table>
What is the cost per participant to complete the Harris County Juvenile Mental Health Court? Is this a cost savings to the County or the State?

The approximate cost of the program per youth per day based on six months’ participation in Juvenile Mental Health Court is $150 per day. This includes the cost of the court, probation services, two attorneys, administration and program participation. The average length of stay is 8 months or 243 days, the total approximate cost per participant is $36,450. When compared to placement in juvenile detention at an approximate cost of $270 per day, there is an approximate savings of $29,160 per participant. This diversion may enable Harris County to save long-term by providing a variety of services to youth with mental illnesses and preventing repeat offenses and detentions.
San Antonio
Bexar County Crossroads Court Program

San Antonio is the 2nd largest city in the state of Texas and its population ranks 7th nationally. According to current estimates, 1.3 million people live in San Antonio. Bexar County has an estimated population of 1.67 million. Approximatley 427,904 children aged 0-17 live in Bexar County.

The Crossroads Court of San Antonio began taking cases in March 2009 after a year of extensive planning. This deferred prosecution program is offered to girls ages 12-15. Girls under the supervision of the Crossroads Court can be pre- and post-arrest, charges must be Class A offenses such as assault or misdemeanor offenses, and many participants are also on deferred prosecution status.

Girls are the focus of the program because court staff saw that they were underserved in the criminal justice system, which is often designed for boys. In San Antonio, there was a lack of services, education, and programming that was female gender specific. In order to be successful in working with girls, staff felt that it would be best to design a program tailored specifically for them.

Although there is no clear cut theory as to why girls commit crimes, many cite risk factors that include poverty, poor health, early sexual activity, early pregnancy, parental negligence and the need for freedom and power. Recent national data shows that girls are more likely than boys to be referred to the court system by sources other than law enforcement agencies (i.e., parents, school, etc), for behaviors such as running away, truancy and incorrigibility.

Profile of the Young Female Offender:

- High rates of physical and sexual abuse
- Severe drug addiction
- Low academic and employment achievement
- Chronically dysfunctional and abusive families

All of these factors cause severe trauma and dramatic short- and long-term effects in victims, which manifest into behaviors such as fear, anxiety, depression, anger, hostility and inappropriate sexual activity.

Who are the girls of Crossroads?

The ages of participating girls range from 12-16 years and the majority are between the ages of 14 to 15. The majority of participants are Latino, followed by Anglo and African-American.

How the court works

The Crossroads program is a collaboration of defense lawyers, the mental health community, judges and law enforcement. Primary referral partners are Communities in Schools, Center for Health Care Services and Baptist Child and Family Services. All Crossroads participants receive services from these primary partners.

The long-term goal of the Crossroads Court is to help juvenile females who have been traumatized and who may be acting out and committing crimes, at least in part because of past negative experiences, to find the support they need to move their lives in a different direction.

Potential participants in the program are referred by probation officers. The Assistant District Attorney may also refer females on deferred adjudication to the Crossroads Probation Officer. Eligible cases are screened by the probation officer at the Bexar County Juvenile Probation Office or at the Crossroads Court. If the initial screening indicates possible eligibility, a comprehensive assessment is completed by a psychologist. The Crossroads Judge, in consultation with the Crossroads Team, which includes the District Attorney’s Office, treatment providers, lawyers, probation officers, psychologists, and Communities in Schools will make the final decision as to whether or not a case will be accepted.
The objectives of the Crossroads Court are:
• Target female juvenile offenders ages 12-15.
• Reduce the commission of future crimes by participants of the Crossroads Court.
• Bring together community resources to provide services outside the Court to participants and their families as needed.
• Successfully address the mental health needs of clients.

As part of the eligibility criteria, participants being supervised through the Crossroads Court will most often:
• Be diagnosed with a mental health issue.
• Have a history of substance abuse.
• Have experienced past trauma and/or abuse.
• Have a supportive adult who will commit to participating in Crossroads.
• Be legally competent.

Once a case has been accepted into the program and the participant as well as her family has agreed to the terms of Crossroads, a Treatment Plan is formulated. This plan is developed for each individual participant and will be adjusted as the participant progresses through the program to cover the needs of the participant. One of the main components of the Bexar County Crossroads Court is to provide wraparound services for the participant and her family. In order to have a positive effect on the child, the court knows it must deal with any trauma they may have suffered. The specialized resources that are available for the participants and their families include:

• Anger management counseling.
• Family violence intervention/prevention services.
• Adolescent counseling.
• Family counseling (to include parenting support).
• Services that enable school success (including mentoring).
• Substance abuse treatment.

Services are coordinated by Crossroads Probation Officers. The primary referral partners are Communities in Schools, Center for Health Care Services, Kids Averted from Placement Services (KAPS) and Baptist Child and Family Services. All participating girls have received services from the three primary partners. The Probation Officers have also started implementing a program called, Project Learn, for parents to teach them skills on how to handle particular situations with their children. Because Crossroads is a Deferred Adjudication option, this program cannot be mandated by the court and therefore only some parents are taking advantage of this resource.

The Crossroads Court offers special services and programs for the supervision of young females. The Crossroads Judge monitors the progress of

<table>
<thead>
<tr>
<th>PHASE ONE</th>
<th>PHASE TWO</th>
<th>PHASE THREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court Review Hearing Frequency</td>
<td>Two per month</td>
<td>Two per month</td>
</tr>
<tr>
<td>Frequency of Treatment Provider Visits</td>
<td>Minimum of two visits per week, which may be held at probation offices, school or home</td>
<td>Minimum of one visit per week, which may be held at probation offices, school or home</td>
</tr>
<tr>
<td>Curfew</td>
<td>6 p.m. curfew with random curfew and school checks occurring twice weekly</td>
<td>8 p.m. curfew with random curfew checks occurring once per week</td>
</tr>
<tr>
<td>Drug Testing (Urinalysis, Breath etc.)</td>
<td>Randomly twice a week</td>
<td>One random test per week</td>
</tr>
<tr>
<td>Mandatory Meetings</td>
<td>Orientation/Overview of program; Assessment and initial treatment plan; Treatment Plan Development; Monthly review; Court appearances</td>
<td>Ongoing review and updating of treatment plan; Court appearances</td>
</tr>
<tr>
<td>Advancement Criteria in Order to Move Forward in Phases</td>
<td>No positive urinalysis, breath, or other test results for 4 weeks prior to advancement</td>
<td>No positive urinalysis, breath, or other test results for 6 weeks prior to advancement</td>
</tr>
<tr>
<td></td>
<td>No unexcused absences from scheduled services and school or structured program for minimum 4 weeks prior to advancement</td>
<td>No unexcused absences from scheduled services and school or structured program for minimum 6 weeks prior to advancement</td>
</tr>
</tbody>
</table>

Source: Crossroads Court Program Participant Handbook, March 2009
participants and the extent to which they utilize mental health and support services provided.

A unique dynamic to the Crossroads Program is that all participants are able to witness each other’s cases during court hearings. Both participants and their parents are witness to the successes and sanctions that the Judge may decide. No sensitive information is discussed at this open hearing and all participants must sign a confidentiality agreement. The Crossroads team implements safeguards to protect each participant. The Crossroads team also provides incentives to the participants to take part. Field trips are coordinated throughout the process, such as zoo visits and visits to detention facilities. The program consists of a six-month deferred prosecution term with a potential six-month extension that must be ordered by the Judge. Most girls need more than six months to complete the program. The Crossroads Program has three phases of at least six months each. Successful graduates complete all three phases.

Advancement from one phase to the next will be the decision of the Crossroads team. When the participant has met the requirements for her advancement to the next phase, her case will be considered at a meeting just before the next scheduled Crossroads hearing. The Judge will tell her if she can move to the next level at the Court hearing.

Participants and their parents/guardians are expected to appear at the Crossroads hearings on time and adhere to the rules of the court which include:

- Not speaking when the Judge is speaking.
- Standing when addressing the Judge or when addressed by the Judge.
- Not approaching the bench unless permission is obtained or if the Judge invites the participant to do so.
- Not wearing inappropriate clothing such as hats, ball caps, sunglasses, sagging pants, gang-affiliated garb and having body piercing.
- Avoiding the intake of intoxicating substances.

The Crossroads team will work with participants to ensure that they are successful in graduating from the program. Repeated violations of the following can result in termination, including:

- Failure to attend court
- Non participation in family interventions
- Using drugs or alcohol
- Committing new offenses
- Failure to report to probation officer
- Non participation or cooperation in counseling
- Truancy

A new arrest does not automatically disqualify the participant from continuing in Crossroads, but if the charge is for a violent crime, the District Attorney will determine if the case will be further prosecuted.

Key Informant Interviews
Judge and Director of Mental Health Services

The Judge and Director of Mental Health Services describes the process of initializing the current Crossroads Program and how the Judge was seeing girls coming into her courtroom and not being given the services by the current system that would match their particular needs. Early on, the program development involved defense lawyers, community-based mental health service providers, Judge, and law enforcement representatives. It was decided that girls would be the focus of the Mental Health Court because of their unique needs and unique consequences such as pregnancy. Another judge in Bexar County is looking to implement a program specific to boys and an initial grant proposal has been written. The initial Crossroads grant provided funding for one year of planning and one 2 year extension. When funds were exhausted the department decided to allocate funds from their current budget to make sure the program would continue.

This program serves as an alternative to prosecution; often time parents would call the department asking for assistance and would say, “Do I need to say that my child hit me to get help?” That should not be the only option for parents.

The Judge who is a part of the Crossroads program also sees other cases but dedicates two days a week specifically to this program. She notes that consistency is key to the progress of the program and that the girls like to know that the Judge is there for them, and this is why she has not missed any hearings thus far. The eligibility criteria for entrance into the program allows for flexibility in the program except for girls with violent felonies.

The Crossroads program allows for girls to be seen on a regular basis and to be held accountable for their behavior beyond the capacity of regular probation services. With regular probation the juvenile does not come back in front of the judge to receive sanctions or rewards. The Crossroads program works because of the constituency and commitment of the staff.

“When I hear about girl’s cases, I feel personally involved and I am able to take a personal interest,” noted the Judge.

The Crossroads team works to assist families with placement into health and human services, Mental Health and Mental Retardation Authority providers. Unfortunately, there is a waiting list for children wanting to see a doctor for intake and medication.
The current Assistant Attorney assigned to the Crossroads program has been involved since March 2010. Eligibility criteria for the program does not allow for girls charged with aggravated assault, burglary of a building and any felonies. A few exceptions have been made in cases where a girl committed assault against a school officer when being arrested. Class B Misdemeanors have also been allowed such as possession of marijuana, but possession of cocaine, heroine or hard drugs have not been allowed. Each case is reviewed to determine whether or not a charge will be allowed and whether or not the program would be a good match for the juvenile.

Only nine participants have been removed for non-compliance with Crossroads rules such as not attending required appointments to ensure stability once the participant has graduated or habitual running away from home and being defiant with the judge or parent/guardian. The Assistant District Attorney finds that her involvement with the Crossroads program serves as a benefit to those participants who have been removed from the program. If she sees the particular girl in a court again she will be able to make suggestions to the probation officer and court on how much supervision the child will need because she interacted with them previously with Crossroads.

Positive outcomes that she has seen from the program are that relationships have been improved in many cases between a daughter and her mother. Mothers are telling their daughters that they are proud of them and this is often something that has been lacking in the home. In one particular case, the participant truly took advantage of the program and blossomed. She obtained and kept employment throughout the Crossroads program and showed that she was able to take on additional responsibilities.

Many of the families who come into contact with the Crossroads program do not have health insurance and therefore do not have access to psychiatrists or psychologist. The program currently does its best to make sure the participant is receiving services but due to the waiting lists it may take several months before they are able to obtain services from the local MHMRA. Mental health services in general should be made available to those who need it. Communities in Schools has been of great benefit to program participants who have it available in their schools; it helps provide some basic needs to the families such as school supplies and uniforms.

**Kids Averted from Placement Services (KAPS), Case Manager**

Kids Averted from Placement Services (KAPS) is an intensive intervention program aimed at deterring a juvenile’s patterns of troubled behavior. As a sub-contracted service under the Crossroads program, KAPS provides 24-7 crisis intervention services to the family and participants. Each participant will visit with a member from the KAPS team once a week; services are made available for the duration of the Crossroads program.

The KAPS team of three females consists of the Case Manager, Family Assistant Coordinator and Counselor. The team works together on all cases involved with the Crossroads program. Since the team is working with all families at once they communicate daily so as to ensure that services are not being duplicated.

The Family Assistant Coordinator assists the family with home management such as financial assistance with paying basic services, food assistance; help with obtaining identification, housing and transportation needs. The KAPS team works to get families linked to services and work with the family on learning how to manage their child’s discipline needs without having to rely upon program staff to resolve minor issues. During the holiday season all families receive a turkey, coats, clothing, toys and furniture as needed. KAPS has a certain amount of funding allocated per family to assist with these basic needs and once a limit has been reached they work to connect them to other community based services.

The role of the Case Manager is to assist the family with parenting concerns such as creative interventions within the home when dealing with behavioral issues. The Case Manager finds that because all of the participants of Crossroads are girls it has been beneficial for them to be able to relate to other females rather than male Case Managers. Many of the girls involved with the Crossroads program have been sexually abused so working with a female Case Manager truly allows them to open up and connect.

Because the Crossroads program is an open court where all girls are able to see each other’s cases, this allows them to form relationships to where they are encouraging each other to finish and be successful. This open setting also allows them to see the consequences and sanctions that are imposed on other girls when they are not following the rules of the program. Examples of creative sanctions include letter writing, community service clean up days, detention, early curfew and being held in a program phase which delays graduation from Crossroads. Parents have also benefited from this open setting because they can remind their child of the consequences of their behavior based on the example of others.

The KAPS Counselor is there primarily for the participant of Crossroads and provides individual counseling and group counseling for the family. Some of the goals of the Counselor are to assist the participant with communication skills and forgiveness. If the parent needs additional counseling they are outsourced to another counselor, if their child attends a school with Communities in Schools services then the cost for counseling will be covered by that organization’s budget. Communities in Schools also assist families with school supplies, school uniforms and counseling services.
The KAPS program team maintains constant communication with members of the Crossroads Team, including Probation Officers and a Mental Health Services Coordinator. They are also a part of the staffing process and are able to relay information regarding a particular girl’s case. KAPS team members work with Probation Officers to provide fieldtrips for participants and also conduct a Ropes Course where participants are able to work together and conquer some of their individual fears. During the holidays, the KAPS team also holds a Thanksgiving party and Christmas party for participants.

Additional services are needed in San Antonio; one of them is a need for after school activities. Many families do not have the financial means or transportation to get their children to many activities that are offered in the community. Oftentimes their home is not the best place for them to be; there may be gangs in their neighborhood or other elements that do not allow them to flourish.

386th Crossroads Court Program, Staffing Meeting

During the bi-weekly staffing meetings potential participant cases are reviewed and current participant cases are reviewed and updates are provided by staff. The Crossroads Docket has a maximum of 12 active cases at a time. A majority of the active cases involved girls who were initially charged with Assault Bodily Injury. Staff members will discuss any challenges they may be encountering with a particular case such as a participant testing positive during random drug testing or a sanction that was imposed on a participant for non-compliance such as writing an apology letter to their parent for altercation.

Measurable Outcomes

Is the Crossroads Court reaching its target population?

Based on a review of participant outcomes, the Crossroads team does not track the frequency of diagnosis but did report that the mental health diagnoses have included Bipolar Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Major Depression, and Dysthymia. Although the diagnoses are not tracked, the Crossroads program does target girls with mental health disorders.

How many participants have graduated and what is the recidivism rate?

Since the program began in 2009, 10 girls have graduated and have had their charges dismissed. None of the graduated participants have had their records sealed at this time. As of August 11, 2010, 12 participants were pending graduation.

Of the 10 participants who have graduated, one has committed a new offense after graduating from the program. Nine participants have been discharged from the program prior to graduation for non-compliance with program requirements and of those one has committed a new offense.

What is the cost per participant to complete the Crossroads Program? Is this a cost savings to the County or the State?

The cost per child to participate in the mental health docket is approximately $22,310 for a total of 212 days. The cost per day is approximately $105. Broken down, the cost for the Judge, District Attorney and Probation is $4,110 + $18,200 for intensive home-based therapy. The treatment costs do not include the services provided by Communities in Schools or Center for Health Care Services.

The cost of incarcerating or institutionalizing a child for 212 days is approximately $29,309 or $138.25 per day. This cost does not include court costs or costs associated with the District Attorney or Probation.

Therefore, the approximate cost savings to the community in using the mental health docket is $7,000 per participant. When this savings is calculated based on 12 participants, the current number, it results in an approximate savings of $83,988 to the county.
Section Two: A Blueprint for the Future

Overview

The last decade has witnessed an increase in the development of Juvenile Mental Health Courts across the nation. These courts represent the long overdue systemic interaction of the two primary stakeholders who play an integral role in the lives of today’s delinquent youth: mental health and juvenile justice. Realizing that working alone was not producing positive effects for juveniles with mental illness, these courts bring together community-based mental health resources, youth advocates, juveniles and their families to complete a plan for integration and stability in their community.

The first Juvenile Mental Health Court in the U.S. began in Santa Clara County, San Jose, California on February 14, 2001. After nine months of meetings to establish ground rules and forming necessary relationships in the community, this court became an example for the nation on how to work with seriously mentally ill children who have become involved in the juvenile justice system. The judiciary, probation department, district attorney, public defender, county counsel, and service providers collectively embarked on an innovative approach to mental health diagnosis, triage and treatment services for youth and families who come into contact with the justice system as a result of mental illness and juvenile delinquency.

Although Juvenile Mental Health Courts are a fairly new concept, much has been written about these specialized courts. This includes evaluations of individual courts, analyses of practices across courts, and the Juvenile Mental Health Court concept in general. Additional resources are needed to determine the long-term effectiveness of these dockets and to initiate new courts across the state of Texas.

This guide attempts to provide a blueprint, based on the evaluation of existing Juvenile Mental Health Courts in the State of Texas. This guide is organized according to three basic parts, described below, that should be followed by any community considering the establishment of a Juvenile Mental Health Court:

1. Understanding the Juvenile Mental Health Court concept
2. Determining whether a Mental Health Court is appropriate
3. Elements of the Juvenile Mental Health Court design and implementation

Part One: Understanding the Juvenile Mental Health Court concept

“I live everyday with a mental illness but no one took the time to help me. I was bounced around from one agency to the other, cycling in and out of the juvenile detention center. When will it ever stop?” Stories just like this one play out in the lives of children in our very own community. The opportunity to intervene early in the lives of these youth is often passed up, and instead juveniles and their families are left without the tools or resources to help these children. Often, these children are not helped or identified until it is almost too late – when they enter the juvenile justice system. Your community can come together to create an innovative Juvenile Mental Health Court and provide a real system of care for these children who desperately need services.

Juvenile Mental Health Courts are part of a growing number of problem-solving courts across the nation, which include drug courts, community courts, domestic violence courts, reentry courts and adult mental health courts. Although these courts primarily have focused on adult offenders, in recent years we have seen incremental growth in the number of courts focusing on juvenile offenders. For example, Texas seen has seen the growth of four Juvenile Mental Health Courts over the last five years.

An important factor to remember is that there is no perfect model for the type of Juvenile Mental Health Court your jurisdiction needs. Each of the specialty courts labeled “Juvenile Mental Health Court,” uses a different program structure. For example, courts’ eligibility criteria vary. The Crossroads Program in Bexar County works only with girls. They also differ in how they process cases, the treatment options they provide, the services they offer to the participant and their family, and how they dispose of cases upon program completion. Some courts work with pre-adjudicated juveniles, meaning that the charges have not yet been filed against the participant, and the alternative court is classified as Deferred Adjudication. Other Juvenile Mental Health Courts have decided to work with post adjudicated juveniles; in this case the judge has court mandated the juvenile to participate in the alternative court, if they choose not to participate they will proceed to traditional probation.

Although, Juvenile Mental Health Courts have been shown to improve the lives of participants and their families, the long-term effects of these programs have yet to be documented. Additional research is needed to better understand the Juvenile Mental Health Court process, whether the program is effective long-term, and whether participants will need services over their lifetime.

Part Two: Determining whether a Mental Health Court is appropriate

As noted before, the Juvenile Mental Health Court is not the only answer to the growing number of issues facing youth with mental illnesses. The dynamics of the issues facing this population and the needs of their specific community must be analyzed before determining whether or not the Juve-
The proposal to have such a court should be discussed by all stakeholders – judges, advocates, mental health experts, policy makers, lawyers, elected officials, criminal justice agencies, community groups, social services agencies and juvenile probation representatives. Once a taskforce or stakeholders group has been formed, someone should chair the discussion; ideally, a member of the judiciary should chair this discussion. A judge would give weight to the discussion with an impartial background and to moderate discussions among people with varying viewpoints and priorities. If the judge is not able to serve in this capacity, a representative from a child advocacy organization would be an option.

The taskforce should expand the pro and con discussion to assessing the range of difficulties that juveniles with mental illness face when they enter the Juvenile Justice System. The needs assessment should include a step-by-step guide to the current method by which juveniles are currently being processed through the legal system, how decisions are made and how they might be improved. These discussions should include supporting empirical data, including the size and character of the juvenile mental population in the jurisdiction. A baseline should be established to evaluate the effectiveness of the created Juvenile Mental Health Court. Taskforce members should also discuss their individual priorities, goals, duties, funding mechanisms and core concerns. Establishing a common ground will facilitate the relationship building and collaboration needed to tackle the problems our youth face within the juvenile justice and mental health systems.

During this process, the taskforce should ask the following questions:

- Are juveniles with mental illnesses coming into our system?
- Is a Juvenile Mental Health Court the right solution?
- How will we ensure that participants and their families receive the necessary services in the community?
- Do we have stakeholders who are fully committed to seeing this program succeed and be sustained in the community?
- Is a Juvenile Mental Health Court the only court-based strategy that will be utilized?

Regardless of the answers, stakeholders must understand that the Juvenile Mental Health Court will not be the only answer and will not solve all of the problems that youth with mental illnesses are facing. This is one method to improve the response to youth with mental illnesses entering the Juvenile Justice System and mental health system before they become adult offenders.

If your jurisdiction does not currently track or have in place an assessment mechanism for juveniles entering the Juvenile Justice System, you should implement one. An assessment of the juveniles entering your system will generate data that can be used to create a comprehensive profile to support the creation of a Juvenile Mental Health Court.

One such assessment tool used in Travis County and Harris County is the Massachusetts Youth Screening Instrument, 2nd Version (MAYSI-2), designed for use in juvenile justice facilities, particularly detention centers, to “identify youths experiencing thoughts, feelings, or behaviors that may be indicative of mental disorders and/or acute emotional crises requiring immediate attention.” It is not intended to diagnose mental disorders. The MAYSI-2 is a 52-item, self-administered questionnaire, available in both English and Spanish, and written at a fifth grade reading level.

Answers to the MAYSI-2 are mapped on seven sub-scales:

1. Alcohol and Drug Use
2. Angry-Irritable
3. Depressed-Anxious
4. Somatic Complaints - asks about physical manifestations of anxiety which may take the form of bodily aches and pains.
5. Suicide Ideation
6. Thought Disturbances
7. Traumatic Experiences

The MAYSI-2 is one of the most researched tools currently available for mental health screening among juvenile justice-involved youth.

Each jurisdiction should also conduct a needs assessment to determine what gaps currently exist in their respective system. The assessment should ask:

- Are we effectively identifying juvenile offenders with severe mental illness through screening and assessment?
- Are there enough resources in the community that provide services to juveniles with mental illness?
- Do we have access to short-term psychiatric diagnostic facilities that can serve as an alternative to placing a juvenile in a county facility?
- Does staff link the juvenile’s family with community-based services?
- Are all departments within the juvenile probation department, including mental health, probation, and aftercare, communicating with each other?

Stakeholders must also determine whether their Juvenile Mental Health Court will be able to provide necessary wrap-around services for the participant’s entire family, if necessary. Often, participants come from households of poverty, abuse, mental illness and drug use. Getting families connected to community-based services will empower the parent and provide intervention
services not only for the juvenile participating in the Juvenile Mental Health Court but also their younger siblings. The participant and his or her family will need access to healthcare, mental health services, basic services such as food, housing assistance and transportation assistance to enhance long-term success.

**Part Three: Elements of Juvenile Mental Health Court Design and Implementation**

To assist communities in deciding whether to establish a Juvenile Mental Health Court in their community, this blueprint summarizes elements of the Juvenile Mental Health Court design and implementation. Knowing that there is limited research on Juvenile Mental Health Courts, and noting that all of the existing programs in Texas are fairly new, it is impossible to say that there is one method or element that is most effective. This blueprint serves as a guide to identify parts of a Juvenile Mental Health Court that should be thoughtfully considered throughout the planning and operation of the program. This blueprint does not suggest to direct any jurisdiction on how they should structure these methods or elements, instead it intends to describe pros and cons to each approach.

The table below identifies the elements and some of the questions that the blueprint can help task force and planners answer. Ultimately, it is up to each jurisdiction, task force, and community members to decide how they will respond to their particular population, the priorities of those involved, and the available community resources.

With the aid of this blueprint, readers will understand how Juvenile Mental Health Courts across Texas have worked through some of the questions above, and will be better prepared to develop answers in their own jurisdictions. Juvenile Mental Health Courts are a cost effective alternative to detention and placement in residential facilities for juveniles with mental illnesses. In the State of Texas alone, the current Juvenile Mental Health Courts are saving taxpayers thousands of dollars.

One specific example of cost savings can be found in the El Paso County, SNDP, Project Hope Program which saves tax-payers approximately $17,165 per participant.\(^{57}\)

The cost of placing a juvenile in a residential treatment facility is almost triple the cost of participation in a Juvenile Mental Health Court.

Without the support and collaboration of stakeholders, no Juvenile Mental Health Court can succeed and sustain its existence. By forming lasting relationships among these stakeholders and service providers your community can work towards improving public safety and the quality of life of juveniles suffering with mental illnesses.

<table>
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<tr>
<th>Mental Health Court Element</th>
<th>Goals</th>
<th>Target Population</th>
<th>Participant Identification</th>
<th>The Court Team</th>
<th>Informed and Voluntary Choice</th>
<th>Confidentiality</th>
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<tr>
<td><strong>Goals</strong></td>
<td>What are the specific goals for the Juvenile Mental Health Court? Increase public safety, reduce recidivism among juveniles with mental illness, improved quality of life for participant and their family, cost savings to community, and/or a more effective use of resources? How will progress towards these goals be measured?</td>
<td>What is the age group for participants? Will the court work with pre- or post adjudicated juveniles? What types of charges will be accepted: misdemeanors, felonies, sexual charges, or all? Will the court work with both boys and girls? Will the court work with runaways or juveniles whose family involvement or support is limited? Will the court work with juveniles who have severe mental illness or mental retardation? Can the child have a drug addiction at the time of participating in the program? Will the court coordinate with other programs (such as a juvenile drug court)?</td>
<td>How will the court receive referrals? Who will screen potential participants for legal and clinical eligibility? Will all court team members be involved in final determination of eligibility? Who will have the ultimate authority to accept participants?</td>
<td>Who will be a part of the court team? How will team members be selected? What kind of training, both initial and ongoing, will be provided to team members? How many cases will each probation officer, case manager handle? How will the team handle turnover in staff and ensure continuance of established structure?</td>
<td>How will the court ensure that potential participants and their families are fully informed about the program before opting in? How will the court encourage participant input into treatment plans and other conditions? How will prospective participants be asked to consent to the release of information, and to whom will it be released? How will clinical information be handled in open court? Will the court allow all participants to be present during court proceedings? If working with both boys and girls will they both be allowed in the court at the same time?</td>
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### Mental Health Court Element

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<th>Integration of Treatment and Community Support</th>
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<tr>
<td>How will the court determine what kinds of juvenile mental health services are available in the community?</td>
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<td>How will the court respond to gaps in treatment?</td>
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<td>How will the court address co-occurring mental illness and substance abuse disorders?</td>
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<td>How will the court account for specific family needs and treatment needs of the family?</td>
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<td>How will the court transition participants from the Juvenile Mental Health Court to unsupervised treatment?</td>
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<th>Terms of Participation</th>
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<td>What are the rules of the court?</td>
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<td>What happens if a participant re-offends during the program?</td>
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<td>How often will drug testing take place?</td>
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<td>Will there be a curfew for participants?</td>
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<td>How will cases be disposed of when participants successfully complete the program?</td>
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<td>Will their files be sealed?</td>
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<tr>
<td>How often will participants and their parent/guardian be required to report to court hearings?</td>
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<tr>
<td>How long will the program last? How often will participants attend therapy sessions?</td>
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<th>Monitoring Adherence to Court Conditions</th>
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<td>Who will monitor or supervise participants while in the community?</td>
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<tr>
<td>Will staff have a mental health background, a juvenile justice background, or will a team approach be used?</td>
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<tr>
<td>Will probation officers, case managers, and court administrators communicate about adherence to court conditions?</td>
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<tr>
<td>Who will attend case staffing meetings during which participants’ progress is discussed?</td>
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<td>What types of rewards or incentives will be provided to encourage compliance with the program?</td>
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<tr>
<td>Who will update elected officials in regards to the progress of the program?</td>
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<tr>
<td>Will a creation of a non-profit be considered to obtain donations from community members for sustainability of the court program?</td>
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<th>Sustainability</th>
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<tr>
<td>From what sources will the Juvenile Mental Health Court obtain long-term funding or resources to operate?</td>
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<td>When will the court develop written policies and procedures?</td>
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<tr>
<td>What outcome data will be collected and who will be in charge of collecting them?</td>
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<td>How will the court respond to media inquiries including programmatic failures, such as well-publicized crimes committed by program participants?</td>
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<tr>
<td>How will the court educate and conduct outreach to other agencies and other community members about the goals and processes of the court?</td>
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### Introduction:

On any given day, there are about 130,000 youth residing in juvenile correctional facilities nationwide. Anywhere from 65-70% of these adolescents have a diagnosable mental health disorder. Approximately 25% of these youth experience disorders that significantly impair their ability to function properly. There is a high need for professionals who are able to effectively respond to the mental health needs of youth involved with the justice system, and developing mental health courts is one possible solution to addressing this need.

Early identification of youth with serious mental illness opens the door for effective and humane treatment of these children. The community as a whole will benefit from this early identification because it will allow treatment providers, court staff, and providers in the juvenile justice system to create an effective treatment plan for these children. Treating these children early on will result in decreased recidivism among these children, effective use of funding, and more efficient use of costly juvenile detention beds.

Families of children with mental illnesses will also benefit from learning more about their child’s illness, obtaining necessary information about what community-based services are available and providing connections to counseling/therapy if needed. Families involved with Juvenile Mental Health Courts will receive accurate education regarding biologically-based brain disorders, which manifest as emotional and behavioral disturbance in their children.

Without intervention juveniles with mental illnesses will cycle in and out of the criminal justice system and often will become adults in this system without ever getting the services they needed to stay in their communities. Specialty courts, such as those oriented toward drug offenders or offenders with mental health problems, have become common throughout the United States. Although the focus of these specialized dockets has been primarily with adult offenders, there has recently been a growth in specialty courts focused on juveniles. Texas has seen the creation of four Juvenile Mental Health Courts within the last four years.

There are no specific criteria for what constitutes the ideal type of Juvenile Mental Health Court. Juvenile Mental Health Courts vary on several aspects, including target population, types of offenses eligible for the program, intensity of supervision, phases towards graduation, program duration, and type of services available to participants and their families. The Justice Center, which is a component of the Council of State Governments, worked with leaders to develop the working definition of a “mental health court” as “a specialized court docket for certain juveniles with mental illnesses that substitutes a problem-solving model for traditional juvenile court processing. Participants are identified through mental health screening and assessment and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals.”
This guide will help readers understand the general concepts of what a Juvenile Mental Health Court is in order to determine whether a Juvenile Mental Health Court is right for their community. It will also explain how to design and implement a mental health court that responds to local needs through an evaluation of visitations and observances of the four Juvenile Mental Health Courts in Texas.

This guide is organized into three basic parts:

Part One - Understanding the Juvenile Mental Health Court Concept - provides an overview of the emerging and urgent needs that children with mental illnesses are facing in the juvenile justice system and discusses why a community should consider establishing a Juvenile Mental Health Court.

Part Two - Determining Whether a Mental Health Court is Appropriate - creating a task force, conducting a needs assessment, identifying existing service gaps in your community, and identification of juveniles with mental illnesses entering the juvenile justice system.

Part Three - Elements of Juvenile Mental Health Court Design and Implementation - identifies nine key aspects of Juvenile Mental Health Courts that can help guide task force members and administrators when establishing a specialized mental health docket.

Throughout Part One and Part Two are examples from the four Juvenile Mental Health Courts in Texas. These examples will illustrate how these existing courts have created personalized programs for youth with mental illnesses.

Part One: Understanding the Juvenile Mental Health Court Concept

Emerging and Urgent Needs

As of mid-2010, there were approximately 50 Juvenile Mental Health Courts across the country. The expansion of specialized youth courts results from the concerns about lengthy delays in processing cases, lack of individualized and appropriate treatment and sanctioning, and the lack of sustained and consistent monitoring of the progress youth make while under court supervision. The National Alliance on Mental Illness estimates that nationally, 1 in 10 children have a serious mental or emotional disorder. However, it is estimated that only half of youth with mental health issues actually receive treatment.

Because Juvenile Mental Health Court participants are minors, the court must also address a range of issues, which include:

- Involvement of parents and guardians
- Juvenile courts must focus on the well-being of the entire family by developing services that address the psychological needs of the family, as well as the participant.
- Wraparound services are provided to the family. Wraparound is a team-based planning process intended to provide individualized, coordinated, family-driven care to meet the complex needs of children who are involved with several child- and family-serving systems. The wraparound process requires that families, providers, and key members of the family’s social support network collaborate to build a creative plan that responds to the particular needs of the child and family.
- Reporting child abuse
  - The Juvenile Mental Health Court team is mandated to report any suspicion of child abuse to their state’s child protective services agency.
- Work with the participant’s school
  - Oftentimes the participant may not be in a classroom setting that meets their needs based on their mental health diagnosis. When a child’s mental illness interferes with his/her ability to learn and progress in a regular classroom setting, that youth may be eligible for special education services.
  - The Juvenile Mental Health Court will often work to teach the family or guardian how to advocate for the child in the school system. If the child is placed in a setting structured to meet his or her unique needs, it further supplements the work of the Juvenile Mental Health Court.
- Recognition of developmental issues
  - Juvenile Mental Health Courts must design treatment plans that respond to the unique developmental needs of each participant.

The juvenile justice system should not be a mental health service provider. Many youth facilities are understaffed and overcrowded. Placing juveniles with mental illnesses into a detention facility misuses costly detention beds. The juvenile justice system exists to provide consequences to juveniles who have broken the law and assist them with discontinuing that behavior by keeping them accountable and giving them skills they need to stay out of the system.

Why Create a Juvenile Mental Health Court?

In each of the Juvenile Mental Health Courts visited throughout Texas, staff and service providers described a need for additional child psychiatrists, access to health care services and gaps in service in their respective communities as part of the criteria that existed when a decision was made to create a Juvenile Mental Health Court. These criteria were the same in Austin-Travis
County, San Antonio-Bexar County, Houston-Harris County and El Paso County. Juvenile Mental Health Courts hold juvenile offenders accountable for their behavior while also providing diagnostic, therapeutic, and after care services to increase long-term success.

Juvenile Mental Health Courts serve as a safety net for families of juveniles suffering with mental illness. These alternative courts also assist in the creation of a trusting relationship among the family, participant, juvenile justice system and law enforcement. Often, families who have come into contact with the juvenile justice system are left without solutions or guidance, leaving frustrated and disillusioned with the system.

Juvenile Mental Health Court team members are equipped with resources to respond to most family issues. The community benefits from decreased recidivism, an improved match of resources to needs, fewer unnecessary detentions and an increase in the effective use of expensive juvenile detention beds. The juvenile justice system benefits by knowing that juveniles with mental illnesses receive individualized dispositions.

Families benefit from enhanced communication, assistance with locating a medical home for themselves and their child, mental health services, housing assistance in some instances and an array of other services targeting the most basic needs such as food and clothing. Families are also given accurate information regarding their child’s mental health diagnosis. Clinical outcomes are improved when youth and families are educated about their child’s disability and how it affects behavior and the family environment. Often families do not understand biologically-based brain disorders and the medications prescribed for the child. Juvenile Mental Health Courts also help teach parents to advocate for their children in their respective schools.

Juvenile Mental Health Courts also help parents in learning to advocate for their children in their respective schools.

**Example: Travis County Juvenile Mental Health Court Program-COPE.** In that program, a parent described how the school district had not followed her child’s Individualized Education Plan (IEP), which specifically advised school administrators not to allow the child to participate in physical education classes because it would cause the child to be over stimulated. The child attended the physical education class and then erupted in anger. He lashed out at his teacher and was arrested. The COPE Team was immediately contacted, and the Program Manager and child advocate organization were able to discuss the situation with authorities and the charges were dropped. If the COPE Team had not been involved, this child might have been expelled from the school and charged unnecessarily.

The goals of Juvenile Mental Health Courts include:

- Increased public safety for communities
- Decrease recidivism among juveniles with mental illnesses
  - **Example:** A 2010 evaluation of the Juvenile Mental Health Courts data showed that a majority of the participants of the Juvenile Mental Health Court did not re-offend.
- Improved quality of life for participants
  - **Example:** In all of the Juvenile Mental Health Courts throughout Texas success stories were recounted where families were able to better communicate with one another. An example of this occurred in El Paso County when a family began sitting down to have dinner together, which facilitated communication between the parents and their children. In addition, some participants saw their grades improve and others were able to take on additional responsibilities such as part-time employment.
- Effective use of resources for sponsoring jurisdictions
  - **Data found during a 2010 Evaluation of Juvenile Mental Health Courts found that these specialty courts are saving their communities money. Rather than placing a child with mental illness into a residential facility or juvenile detention, these programs are keeping children in their homes.**
  - **Example:** Harris County created a Juvenile Mental Health Court in 2009 for juveniles with mental illnesses. As of November 2010, 32 of 41 youth in the program had successfully completed it, at an estimated savings to the county of $240 a day per youth, based on the cost of detention.

**Part Two: Determining Whether a Juvenile Mental Health Court is Appropriate**

The establishment of a Juvenile Mental Health Court can be extremely beneficial for participants, families, taxpayers and the community. The idea to initiate a Juvenile Mental Health Court in your community can come from a variety of sources. A Juvenile Judge may consider a Juvenile Mental Health Court in response to seeing juveniles with mental illnesses coming before the court without the proper assistance. It may be based on a recommendation from an advocacy organization in the community. Regardless of the idea’s source, a diverse group of stakeholders should determine whether a Juvenile Mental Health Court truly makes sense in the community.

Data should drive the discussion about the advisability of launching a
mental health court. These data must go beyond the empirical experiences such as the day-to-day interactions of probation officers with juveniles, the opinions of a judge or the good intentions of an advocacy group. Use accurate statistics on the current state of your juvenile justice system when creating such a plan.

Creating a Task Force

All taskforce or stakeholder members should take part in planning a Juvenile Mental Health Court. In order for the discussions to remain focused and to ensure that time is maximized, a leader should be selected. This leader needs to be someone who can remain neutral and at the same time ensure that the group remains focused; often discussions can lose focus because stakeholders come from diverse backgrounds and each has varying attitudes in regards to Juvenile Mental Health Courts.

Example: in Harris County—under the leadership of the Family Court Judge a task force was formed to create a Juvenile Mental Health Court in 2008; the court started hearing cases in early 2009.

Creating a task force that will provide numerous perspectives and enhance the likelihood of establishing and successfully running a Juvenile Mental Health Court is vital.

Potential task force members may include:

- Judge
- District attorney
- Assistant district attorney
- Juvenile public defender
- Deferred prosecution officers
- Psychologist
- Crime victims and advocacy groups
- Community mental health organization leaders
- Assessment providers
- Probation officers
- Law enforcement officials
- Advocates for juveniles with mental illnesses
- Service providers - housing, food assistance etc.
- Child Protective Services

In order to commence productive discussions, the taskforce should have a system map of the current juvenile justice system in your jurisdiction. To guide initial discussions, the taskforce should examine how juveniles with mental illnesses are processed through the juvenile justice system. They should ask: What happens when a law enforcement official responds to a call involving a juvenile with mental illness? What options are available to that official other than detention? When these juveniles enter the court, what approach does the judiciary, the prosecution, the district attorney’s office and the public defender take? At the juvenile’s first appearance in court, what resources are available to the judge if the juvenile’s mental health is in question? The Bureau of Justice Assistance created A Guide to Mental Health Court Design and Implementation in May 2005, a tool that identifies key questions that taskforce members should be asking throughout each step in the process:

- What decision is being made, and how does it affect juveniles with mental illness?
- Who makes the decision?
- What information is available to the decision maker?
- What options are available to the decision maker?
- Are the available information and options sufficient to make the best possible decision?

It is important to note that each representative on the task force may potentially have different opinions in regards to the programmatic design of a Juvenile Mental Health Court, the target population, and the goals for establishing this alternative docket. Each person plays a different role in the community. Law enforcement and the prosecution are tasked with keeping the community safe, defense attorneys are charged with protecting the rights and interests of their client, judges are responsible for being a fair and neutral decision maker in the judicial process. Probation officers must ensure compliance with court release conditions. Each member of the task force has different interests to protect when contemplating the role of a Juvenile Mental Health Court and its impact on their responsibilities.

Each person should be given an opportunity to discuss their role and interaction with juveniles as well as any differing perspectives they may have in regards to a potential Juvenile Mental Health Court. This serves as an opportunity to also discuss and correct any assumptions, stereotypes and personal beliefs in regards to juveniles with mental health issues. It is important that each person feels that he or she is part of the process. Without a collaborative and cooperative foundation, the Juvenile Mental Health Court may not be successful.
Needs Assessment

The staff of the Juvenile Probation Department in your jurisdiction must first create a flow chart that clearly demonstrates the current system map. What happens immediately after a juvenile is arrested and brought to your juvenile detention center?

In the initial stages of designing a Juvenile Mental Health Court, a needs assessment should be conducted by representatives from the county’s mental health, probation, district attorney and public defender’s offices (if available). If the county staff is unable to conduct the needs assessment, a children’s advocacy organization may be able to work in collaboration with the county juvenile probation department to gather data.

The following data sources will be useful for jurisdictions considering the development of a mental health court. During the evaluation of the Juvenile Mental Health Courts in Texas, we found that the availability of data varied from one county to the other. Jurisdictions considering the formation of a Juvenile Mental Health Court in their community should focus on data that is readily available, or easy to obtain.

Examples of the data that should be obtained include:

- Number of juveniles entering the juvenile detention center in your jurisdiction
- Percentage of juveniles currently in detention or entering the system with mental illnesses
- Percentage of juveniles in detention or entering the system with mental illnesses in past years
- Percentage of juveniles in detention or entering the system receiving mental health treatment or psychotropic medications while in detention
- Percentage of juveniles in detention or entering the system who have been involved in treatment (e.g., in their community, at school)
- Specific diagnoses of juveniles in detention or entering the system who are receiving mental health treatment or psychotropic medications while in detention
- Average length of stay for juveniles in detention with mental illness compared to that of the general population
• The types of offenses charged of juveniles with mental illnesses, compared to those of the general population (e.g., what percentage are felony, assault family violence or misdemeanor, violent or non-violent)
• Percentage of all juveniles in detention who have five or more prior bookings through the juvenile detention center
• Costs per day for detention of a juvenile in your detention center
• Costs per day to place a juvenile in a residential facility
• Costs resulting from juveniles who are classified as frequent users of detention facilities, detoxification, psychiatric facilities, emergency room, and community-based mental health services
• Average length of stay in detention
• Average length of time required for placement in residential facility for juveniles with mental illness

Example: In 2007 the Harris County Juvenile Probation Department (HCJPD), in collaboration with the Justice, Equality, Human Dignity, and Tolerance (JEHT) Foundation, Harris County Children’s Protective Services, Harris County Mental Health Mental Retardation Authority, Systems of Hope, and several other private foundations funded Operation Redirect. Operation Redirect conducted mental health evaluations on youth detained in the Harris County Juvenile Detention Center. Their assessment process included a screening and triage at intake, data collection, a multi-level mental health information and advocacy system, and data-driven service expansion and resource allocation. Data showed that between February 2007 and July of 2008, more than 4,083 juveniles were screened by Operation Redirect. Of those screened more than half were emotionally disturbed, and 205 were seriously emotionally disturbed.81

The data collected through Operation Redirect became part of the basis of the Mental Health Docket Program Proposal that was presented to the Harris County Commissioner’s Court.

Collection of data is critical. Planning efforts must target the existing local population. For example, judges may be interested in reducing the number of juveniles with mental illnesses entering the juvenile justice system. In order to attempt to tackle the problem, you must first have baseline data to determine the current state of your system. The task force cannot bypass data collection and analysis; doing so would result in a program that will not accomplish its goal. By collecting data that is relevant from the beginning of the process you will be able to determine whether or not the program is in fact effective.

Part Three: Elements of Juvenile Mental Health Court Design and Implementation

Once a task force has been established and an agreement has been made to move forward with the creation of a Juvenile Mental Health Court, the task force should solicit input from a diverse group of stakeholders. Some of the individuals that should be consulted prior to the creation of a Juvenile Mental Health Court include:

• Juvenile mental health service providers
• Substance abuse treatment providers
• Family members and advocates for people with mental illness
• Emergency room (psychological and medical) administrators
• Juvenile detention center administrators
• Detention intake personnel
• Juveniles with mental illnesses
• Medical and mental health staff of detention center
• Community-based service providers
• Advocacy organizations

Some of these individuals may be a part of the task force or they may be solicited for their input on juvenile mental health. The task force should be the mechanism to ensure that input is taken from a variety of stakeholders and to monitor the progress of data collection, programmatic planning, and inform strategic decision-making as it moves forward.

The task force should also consider visiting established Juvenile Mental Health Courts to observe how the courts work. Discussions with court administrators can provide valuable information on how they started their programs. Example: Many of the Juvenile Mental Health Courts in Texas visited other states to discuss with Juvenile Mental Health Court staff how they established their program, where they received funding as well as the challenges and outcomes of their particular program.

1. Establishing Your Specific Goals

Decide on a common goal or goals for the mental health court and develop concise objectives and strategies to hold to the identified goals. A key element will be the answer to the question: why is this court being created? In general, the goals for a Juvenile Mental Health Court can be grouped into the following categories: Increased public safety, increased treatment, improved quality of life for both the participant and the family and more effective use of resources.
The El Paso Special Needs Diversionary Program’s (SNDP) purpose is to serve the needs of children who are at risk of being removed from their homes due to mental health issues that result in behaviors that make them unmanageable in their home and/or community environments. The program was established to bring intensive services to these children in their homes and to address the family issues that may be contributing factors to the dysfunction of the identified children. The program is designed to assess the issues in the home that impact the mental health of the child. It is also designed to address the functionality of the family and to work with the family and community resources to address the identified problems, providing the rehabilitative and supportive services that will allow the juvenile to remain in his/her home with a decreased risk of removal as well as a lessened risk of recidivism.

The El Paso SNDP Court Program established three main goals:
- Reduce delinquency
- Increase offender accountability
- Rehabilitate juvenile offenders through a comprehensive, coordinated community-based juvenile probation system

The Harris County Juvenile Mental Health Court’s main goal is to “ensure public safety while decreasing recidivism by facilitating coordinated mental health interventions.”

In Travis County, COPE is a deferred prosecution program. Its goals are to:
- Divert youth with certain mental health diagnoses from further involvement in the justice system;
- Improve access to mental health services for juvenile offenders; and
- Facilitate collaboration between the juvenile justice system and the mental health treatment system.

In Bexar County, the long-term goal of the Crossroads Court is to help juvenile females who have been traumatized. Their goals are to reduce the commission of future crimes by participating girls, bring together community resources (outside the court) most often needed by the participants and their families, and successfully address the mental health needs of clients.

Increased Public Safety

Juvenile Mental Health Courts have the potential to reduce the number of juveniles with mental illness entering the juvenile justice system. They can also impact public safety by reducing involvement of program participants with the juvenile justice system, which translates into a reduction in crime in the community. A Juvenile Mental Health Court cannot completely rid a community of crime. Working in coordination with community-based mental health service providers, social service agencies and the Juvenile Mental Health Court, it can create incremental reductions in the number of law enforcement contacts, detention days or new charges for program participants.82

Increased Treatment Engagement

Often, participants in the Juvenile Mental Health Courts have not been diagnosed with a mental illness, may not be on necessary medications and are not consistently interacting with a mental health service provider. Members of their families may also be in need of mental health services. The family may not have the information or the tools they need to obtain mental health services, or they may not have medical insurance to cover the costs.

Goals focused on the integration of mental health services into the lives of the participants should include mandatory counseling sessions, group sessions with the family and proper diagnosis. The family should also be given factual information on the child’s diagnosis and be given the opportunity to ask questions regarding prescribed psychotropic medications.

Example: In Bexar County one family member described how the child was finally diagnosed with bipolar disorder. The mother described how she was given counseling services, and this has helped her deal with her own depression. The family was provided with mental health services that they would not otherwise have received.

Improved Quality of Life

The Juvenile Mental Health court is designed to improve the lives of the participant and the participant’s family. If the participant lives in a situation where his or her parents need mental health services or are unemployed, the court must look to assist the entire family to better the participant’s home life. We must remember that while the participant is in the program, he or she may see improvement. If the family is not committed to changing or incorporating the skills learned in the program into daily life, the child may relapse.

Quality of life may be measured by a reduction in the number of days the child has missed school, reduction in aggressive interactions with family members and peers, improvement in grades, drug and alcohol use and parental involvement in the child’s life. Quality of life is also affected by the extent to which participants are able to manage the symptoms of their mental illnesses and any physical ailments. Given the racial and ethnic diversity of mental health court participants, mental health courts should employ culturally sensitive and bias-free instruments when measuring progress.83
2. Who Will Be Your Target Population?

The task force needs to decide if the youth who will go through the program will be pre-adjudicated or adjudicated. With the exception of El Paso County, each court in Texas works only with pre-adjudicated adolescents. Most established Juvenile Mental Health Courts have established eligibility criteria across five main categories: mental health diagnosis, charges, family willingness to participate, drug addiction, and behavior. They must also decide the types of mental health diagnoses that will be accepted into the program; for example, this may occur in instances where a parent is unable to take time off from work to attend court hearings. A juvenile whose family refuses to participate is automatically ineligible. Other juveniles may be accepted into COPE, without meeting these eligibility criteria, based on fact-specific circumstances.

Example: in the El Paso County SNDP the target population is post adjudicated male and female juveniles between the ages of 10-17. In Bexar County the target population is girls ages 12-15 who are generally on deferred prosecution status. Harris County’s target population is youth with mental health diagnosis, aged 10-17, with misdemeanor or felony offenses. In addition, the family must be willing to participate in an intensive in-home program.

Setting eligibility criteria may be an area of disagreement among task force members. They may not agree on whom to allow into the program. Should gang members be included? Should it include those juveniles who are mentally retarded, habitual runaways, and or have serious drug problems? They may also not agree on the types of charges that will be permitted for inclusion into the Juvenile Mental Health Court.

More Effective Use of Resources

“Many Juvenile Mental Health courts cite cost savings as one of the central objectives of the court, and a key justification for long-term funding.”84 Juvenile Mental Health Courts should be careful about establishing cost-related goals. Cost data are very difficult to gather correctly, and some studies suggest that mental health courts and related programs result in an initial net cost increase and that savings many not be seen until several years have passed.85 The cost of Juvenile Mental Health Courts per participant, per day varies by jurisdiction.

Example: The cost of the El Paso SNDP is approximately $49.31 per participant per day. Travis County estimates the cost of its program to be $180.59 per day and Harris County’s is approximately $150 per day. Some of the costs include the cost of the court, probation services, attorneys, administration and program participation.

Mental Health Diagnosis

Each Juvenile Mental Health Court must determine which types of diagnosis may be most suitable for its program. According to a 2006 report from the National Center for Mental Health and Juvenile Justice (NCMHJJ) nearly half of the Juvenile Mental Health Courts across the U.S. restrict eligibility to youth with the most serious mental illnesses.86 Most courts exclude youth who have a conduct or oppositional defiant disorder.87 Only two courts limit access to youth who have co-occurring mental health and substance use disorders. Overall, caseload and eligibility criteria are based upon the needs of the community and the availability of resources.

Example: in Travis County the juvenile must be diagnosed with or have a diagnosis comparable to Major Depression, Bipolar Disorder, or Schizophrenia. In addition, the juvenile and their family must agree to participate in the program. If the family is unable to take the child may still be accepted into the program; for example, this may occur in situations where both parents are unable to take time off from work to attend court hearings. A juvenile whose family refuses to participate is automatically ineligible. Other juveniles may be accepted into COPE, without meeting these eligibility criteria, based on fact-specific circumstances.

In El Paso County, eligibility requirements include:
- Being at risk of removal from the home
- Post-adjudicated youth
- Have a DSM-IV Axis Diagnosis other than or in addition to substance abuse, mental retardation, autism, or pervasive developmental disorder
- Have a GAF below 50 as determined by the psychological assessment or the assessment completed by the contracted provider

Current Referral Status

There are two major components of the types of referrals that most Juvenile Mental Health Courts consider in their criteria for eligibility: (1) the severity of the referral and (2) whether this behavior is related to a person’s mental illness. The second is difficult to assess. “There is no recognized measure to assess the degree to which an alleged offense was caused by a person’s illness, and courts vary widely in how they apply this standard, if at all.”88

Many of the Juvenile Mental Health Courts in Texas will deny admission into their respective programs if the juvenile is referred to detention with a property crime such as robbery, a violent referral, a sexual offense, or are significantly involved in a gang.

In Travis County the participant may only be eligible if their referral is a Class A offense or below. There have been a few instances where other referrals were accepted but this is left to the discretion of the district attorney’s office.
Family Willingness to Participate

In order for a participant to successfully complete the Juvenile Mental Health Court, his or her family must be supportive of the program. Participation in a Juvenile Mental Health Court requires a significant amount of time for the participant’s family or guardian. Often, the parent may have to take some hours off of work to come to the required court hearings and the child may miss some class time in order to attend required meetings and appointments. The family must also be willing to allow probation officers, mental health service providers, case managers and other court personnel to visit the home or visit the child at his or her school.

Example: in each of the Juvenile Mental Health Courts in Texas, parents and participants must attend monthly court meetings which include the judge, probation officer, case manager, court manager, and other court personnel. Oftentimes these court meetings occur once or twice a month, in the afternoon or evening hours. Participants are also required to participate in random drug screenings.

Drug Addiction

The prevalence of co-occurring mental health and substance abuse disorders suggests that Juvenile Mental Health Courts should consider mechanisms for coordinating with local Juvenile Drug Courts if available. Often if a potential participant presents significant drug addiction problems they will not be accepted into the Juvenile Mental Health Court and may be directed to participate in a Juvenile Drug Court or drug rehabilitation services that may not address underlying mental health issues.

Example: in Texas each Juvenile Mental Health Court varies in programmatic scope and each is selective in regards to whether or not they will admit participants who drug addicted. Most Juvenile Mental Health Courts in Texas do not permit participants who are severely drug addicted and may instead refer the juvenile to their Juvenile Drug Courts.

The task force must decide whether or not it will allow a participant to participate in both the Juvenile Mental Health Court and the Juvenile Drug Court or if it will bar juveniles with drug addiction.

Behavior

Task force members must also decide if they will permit juveniles who are habitual runaways, gang involved and violent to take part in the Juvenile Mental Health Court. Most Juvenile Mental Health Courts screen out juveniles who are charged with sexual offenses.

Example: in El Paso County, the SNDP team will not regularly accept those juveniles who are habitual runaways. This is because they will not fully be able to participate in the program requirements and receive all of the intended services.

3. How Will You Identify Potential Participants?

In order to determine what youth will be eligible to participate in the Juvenile Mental Health Court, an assessment should be implemented and administered as soon as the child enters the system. A collective decision should be made by the planning team as to what type of assessment will be used in the court (e.g. MAYSI-29, NEFL). The initial assessment will provide the probation department with a better grasp of a juvenile’s mental health status. This is by far the most important step of the entire Juvenile Mental Health Court process.

If results in the assessment show that the youth is eligible for participation in the mental health court, the probation officer will refer him or her to the district attorney. Typically most referrals to the court are after deferred adjudication is decided and prior to disposition. When referrals are made depends on the vision of the prospective court. Following this referral, a more comprehensive assessment should be conducted by a psychologist and presented to the judge. The judge and a team of professionals are the final authorities in determining whether or not the youth is eligible for participation in the mental health court.

In Harris County, once an appropriate case is identified a comprehensive psychological assessment is conducted by the Mental Health Court Psychologist resulting in an individualized treatment plan. The case is then reviewed by the Mental Health Court team (Judge, Court Case Manager, Psychologist, District Attorney and Defense Attorney) to determine eligibility.

In Travis County a juvenile can be referred to the COPE Coordinator by the Juvenile Assessment Center, Probation Officer, Attorney or Court. A participant cannot be accepted into the COPE program without an appropriate assessment performed within ninety days of being referred to the Juvenile Mental Health Court. A mental health assessment (MHA), global assessment of individual needs (GAIN), and psychological or psychiatric evaluations are all assessments appropriate and acceptable for COPE purposes.

In Bexar County the Crossroads Probation Officer is always looking for new potential cases. The Assistant District Attorney also will make referrals of females on deferred adjudication to the Crossroads Probation Officer. The Crossroads Probation Officer will conduct an initial screening of those who have been referred. If screening results indicate possible eligibility, a comprehensive assessment will then be completed by a Psychologist. The Crossroads team will then make the final determination of eligibility.
4. Who Will Be on the Court Team?

The court team usually includes the probation officer, judge, therapist, case workers, court program manager, district attorney, and sometimes a public defender. The Juvenile Mental Health Court Team is present during every judicial hearing. The court team should ensure that the youth participant is obeying the program rules and is remaining committed to the process. Based upon the adolescent’s progress, the team will decide if the child moves to the next level of the program. They also decide whether to terminate a child’s participation if he or she has committed prohibited acts. The court team regulates all aspects of the Juvenile Mental Health Court.

5. Establishing Confidentiality

Juvenile Mental Health Court processes require that a vast amount of information about the participant and their family be collected and shared at all points of the court process, from the initial screening to the family interview process, to the eligibility determination, and throughout the entire probationary period.

Task force members and court personnel must ensure that the participant’s medical, mental health, and school information is safeguarded. Each court must decide whether they will permit all participants to view court hearings together or if each participant will meet individually with the court team.

Example: in Bexar County, the Crossroads Program allows all participants to witness each other’s cases during court hearings. Both participants and their parents are witness to the successes and sanctions that the judge may decide. No sensitive information is discussed at this open hearing and all participants must sign a confidentiality agreement. The Crossroads team implements safeguards to protect each participant.

Each participant and their family member must sign an agreement with the program requirements and maintenance of confidentiality. An example of confidentiality forms are provided in the appendices portion of this blueprint. The safest way to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is to assure that mental health court participants provide their written consent to release information on a form that specifically identifies what information will be released and the parties to whom it will be released.

In El Paso County the Confidentiality form clearly states that program staff adhere to the following guidelines:

1. Do not talk about clients by name with non-employees of the El Paso County Juvenile Probation Department or Pinnacle Services.
2. Do not use client’s names in conversations that occur in public places.
3. When unable to share confidential information, explain why confidentiality is imperative.

6. Establishing Support from Treatment and Community Services

Services:

Most services provided to participating youth are provided through linkages to community-based mental health providers. Thus, the amount of available resources depends on where the community is located and the types of services available in the area, which is a consideration to be explored in the planning stage. Typical services provided by a Juvenile Mental Health Court include: individual, group and family therapy; medications; medication management; and case management services. Some courts also provide anger management courses, family violence intervention/prevention services, school mentoring, and substance abuse treatment. As stated previously, the amount and variety of services that can be provided depends on the community and the Juvenile Mental Health Court’s budget.

Linkage to Wrap-around Services:

Because the family plays a major role in the court process, wraparound services for them need to be provided as well. If unresolved issues affect the parent, they may contribute to some of the behavioral patterns within the home. In this case, individual and family/marital counseling should be provided. Also, because transportation may be an issue for some participants, the mental health court needs to decide how they will deal with this issue to facilitate participation. It is important to include linkages to wraparound services because it enables collaboration between community services, the family, and the Juvenile Mental Health Court.

7. Terms of Participation

If an adolescent is considered eligible, the family needs to be brought into the discussion. The probation officer or case manager should meet with the family at home to describe the program in full detail. The family should understand that the youth is not the only one who must be committed to the program, but the entire family has to be committed as well. The program involves the whole family unit to make sustainable change possible. It is important that the child and the family are absolutely clear about the services that will be provided, the format of the court, requirements, restrictions, rules, and the benefits. Once the youth and the family thoroughly understand the dynamics of the program, they can choose whether to take part or not. If they want to pursue the program, every person has to sign an agreement confirming the commitment.
Example: each Juvenile Mental Health Court in Texas provides potential participants with a thorough explanation of what the program requirements are and expectations. Families are also given the opportunity to ask questions to the court team prior to signing programmatic agreement forms.

In Harris County, during the initial court hearing, the youth and family discuss the treatment plan with the Mental Health Court team and a predetermined treatment provider.

8. How Will You Monitor Compliance Among Participants of the Juvenile Mental Health Court?

The steps and actions to be taken when a youth violates the rules need to be determined. A list of prohibited acts should be formed, such as if a participant is in possession of a weapon or if they refuse to cooperate with a staff member or court team personnel. Also, a list of requirements for participants should be formed. Courtroom conduct needs to be discussed with all youth, so they know how they must behave during the hearings. The court team has a say in whether or not a child should be terminated from the program, but the judge has the final ruling.

In all Juvenile Mental Health Courts across Texas, select court team members will interact with participants on a weekly basis. These team members are usually case managers or probation officers who will often visit the participant at their school or at their home. During these visits probation officers will interact with school staff to determine if the participant is being truant or if any other behavioral issues have occurred.

In Bexar County participants are given a handbook which outlines programmatic expectations as well as sanctions for non-compliance with courtroom rules. Some of the prohibited acts include: Crossroads participants shall not possess any weapon of any type including firearms or knives; Crossroads participants shall not miss any scheduled probation meetings, Crossroads appearances, family sessions, or any other group, class or program.

9. How Will You Sustain the Program?

Evaluation:

Although it is difficult to evaluate a program that is just starting, there are some steps that can be implemented to receive feedback. Surveys should be made for both the participant and the family to fill out. They should be distributed at the start, middle, and end of the program. The surveys will show if progress is being made and how the family feels about the program as a whole. The survey should also leave room for comments and recommendations. The feedback will provide the Juvenile Mental Health Court with ways in which they can improve and to let them know if the program is working.

Sustainability:

Throughout the implementation of the Juvenile Mental Health Court the team should work towards collecting and analyzing data throughout the program to demonstrate the impact of the Juvenile Mental Health Court. Its performance should be assessed throughout the fiscal year and steps should be taken to modify programming as needed. Support for the program should also be continuously cultivated and expanded in the community.

From the beginning the task force and Juvenile Mental Health Court team should discuss long-term sustainability. The court should track the impact of its programming on participants and their family. The data should include the court’s outputs, such as the number of juveniles who were screened during court team meetings for the program, the type of mental illness they have, and the outcomes such as the number of total participants, the total number of graduates, and the number of juveniles who were discharged due to non-compliance. Setting output and outcome measures for the Juvenile Mental Health Court are necessary for the long-term sustainability of the program. Quantifiable data should be complemented with qualitative evaluations of the program from staff and participants.

Some potential data to be collected should include:

- Mental health diagnosis
- Demographic information-age, sex and race of participant
- Offense committed, any history with the juvenile justice system
- Cost per participant
- Average length of program per participant
- Recidivism rates, how many participants re-offend during the program and after
- Qualitative outcomes such as change in behavior, school attendance, interaction with family, improvement in grades, social functioning before and after the program
- It may also be important to note whether or not the participant is attending therapy and taking prescribed medications

Example: Each Juvenile Mental Health Court in the State of Texas regularly collects information regarding the juveniles who are screened for participation in their respective program. Information is also collected regarding their primary diagnosis upon enrollment, previous interactions with the juvenile justice system, demographic information, ages, and an array of additional data outcomes.

It is extremely important that court policies and procedures become institutionalized within your juvenile justice system. Police officers, school
officials, probation officers, defense attorneys, public defenders and all those individuals who may potentially interact with juveniles suffering with mental illnesses should be educated about your Juvenile Mental Health Court because it may be a potential option for their client.

The history, goals, eligibility criteria, and information sharing protocols, screening and referral tools, and treatment resources should be complied with to maintain consistency and to lessen the impact of any turnover that may occur within the court team.

Maintaining funding for a Juvenile Mental Health court can be difficult regardless of the economic climate. The court team should compile data on a monthly to quarterly basis to illustrate the number of participants in the program, those who completed the program, and how many youth have been terminated from participation. This information is important when the court team is compiling grant application information or cultivating long-term funding sources. When applying for long-term funding, the court team should clearly state what the court hopes to accomplish. In addition to compiling empirical evidence of program successes, Juvenile Mental Health Courts should invite key county officials, state legislators, potential funding partners such as private foundations, non-profits and other key policymakers to observe the court in action.95

**Example:** Travis County’s Project COPE, a pre-adjudication Juvenile Mental Health Court was initially funded through a Bureau of Justice System grant but has been sustained through local funding.94 Bexar County received a grant in 2008 to establish a mental health court for female juvenile offenders; after initial funding was depleted, the program was sustained through county funding.

Outreach to the community, media, and key criminal justice and mental health officials will also promote sustainability. Once the Juvenile Mental Health Court is implemented it would be helpful for the communications team of your juvenile justice system to release a press release to the area newspaper(s) to inform the community of this new and innovative alternative docket. The court team should communicate with the community regarding the successes of the program and should be prepared to answer any questions that the media may have regarding any failures.

**Example:** The Juvenile Mental Health Court in Harris County created a website dedicated to the program which also includes sections: About Us, Partners, How to Contact the Court Team, court team member photos, and information regarding the court program. The page also includes Mental Health Court Video Clips which were featured on a local news station.95

Ongoing communication should be maintained with task force members and ideally the group would continue to meet on an as-needed basis to keep them informed of the program progress, maintain communication and guidance to sustain interests and support for the Juvenile Mental Health Court.

**Example:** In Travis County, the COPE Juvenile Mental Health Court also has a COPE Advisory Council. Members of this committee are comprised of the COPE team members, Chair of the Travis County Juvenile Board, Chief, and two Deputy Chiefs of the Travis County Juvenile Probation Department, and community stakeholders. The role of the Advisory Council is to develop and implement COPE and also oversee its continued operation. This Council meets every quarter.

**Conclusion**

In family courtrooms across the country, judges, public defenders, and prosecutors are seeing an increasing number of juveniles with mental illnesses entering the justice system. The current juvenile justice system and the traditional court process are not working for many juveniles with mental illness. This is because the juvenile justice system is designed to rehabilitate juvenile offenders; while juvenile offenders are provided with mental health services, the system is not designed with the primary goal of treatment for mental illness. Juveniles with mental illness should be treated with appropriate services in the community. Juveniles who are not screened early on and given proper treatment for mental illness have a greater likelihood of reentering the juvenile justice system or the adult criminal justice system. Although Juvenile Mental Health Courts in Texas are relatively new, the data collected during an evaluation of these programs show that they are effective in reducing costs and reducing recidivism among program participants.

Juvenile Mental Health Courts serve as an alternative to the traditional court process for juveniles charged with an offense. This intense alternative docket is typically comprised of a small caseload with dedicated staff who provide much needed services to the participants and as well as their families. Court teams work in partnership with community mental health service providers, non-profit organizations, leaders in the juvenile justice system, and local and state policy makers to implement outside-the-box programming to provide participants and family members with the tools and skills they need to work toward long-term success.

Although Juvenile Mental Health Courts vary from county to county to meet the unique needs of their particular community, they also have much in common with one another, following a similar operational structure and experiencing similar needs and outcomes. The following recommendations are derived from the evaluation of the Juvenile Mental Health Courts across Texas as well as across the nation, highlighting recurring needs found among them. The purpose of these recommendations is to provide existing courts with an insight into the experiences of other courts, and to serve as a resource to counties who are considering the implementation of a Juvenile Mental Health Court.
The recommendations include: (1) Recommendations and suggestions from key informants, participants and parents/guardians, (2) recommendations and best practices from a national perspective, and (3) recommendations from CHILDREN AT RISK.

Recommendations and Suggestions from Key Informants, Participants and Parents/Guardians

Expand eligibility requirements to include more children:

Some jurisdictions felt that their programs could be serving more youth, and that they should consider expanding their eligibility criteria to accept high need juveniles, such as runaways, youth suffering from drug addiction, and those approaching mental retardation. Many of these children have no other programs available to them in the community and will continue to cycle through the juvenile justice system if no intervention is in place.

In jurisdictions where children with co-occurring disorders, such as mental illness and substance abuse, may be denied eligibility into the Juvenile Mental Health Court, psychiatrists should play a larger role in determining whether or not participation in the program is suitable for the child. The team may be trying to determine what is affecting the child more - the psychiatric issue or the substance abuse. In this case the main determinant is how stable the client might be and whether they are stable enough to begin substance abuse counseling in addition to participation in the Juvenile Mental Health Court. If so, 6 months of substance abuse counseling should be the minimum. If they are not stable, they should not enter substance abuse counseling.

In some Juvenile Mental Health Courts in Texas the Probation Officer has an average caseload of twelve and could consider taking on more cases so that more children can be served. Contrasting sentiments are that smaller caseloads help to keep the services intense and do not overstretch the staff’s time with each participant.

Be consistent with consequences/sanctions for participants in the Juvenile Mental Health Court:

Staff also notes that consequences for participants should be consistent. Having a mental illness diagnosis does not entirely excuse a youth from the consequences of their actions, and there are times when some of the participants are detained and sent to the Juvenile Detention Center. However, the Juvenile Detention center may not be suitable for children who suffer with mental illness. Many of the detention centers do not have a round the clock therapist/psychiatrist. In extreme cases where a patient is having command hallucinations and/or is acutely unstable, they should not be placed in detention.

One case manager suggested that ankle monitors be discontinued. They noted that, especially during the summer months, it is difficult to make the child stay at home. Oftentimes a child’s home is not the best place for them to be if their siblings are engaging in criminal activity or the home is dysfunctional. The author would like to note that children with ankle monitors are allowed to participate in approved extracurricular activities.

Increase access and funding to community based services:

The community should invest in community mental health services so that participants are able to receive services immediately upon graduation. Aftercare for the participants is critical to their long-term success. Many communities face a shortage of adolescent mental health care providers and are often located far from the participant’s home.

Local Mental Health and Mental Retardation Authorities working with the Juvenile population need additional staff, and they also need to streamline services so that children are not waiting several days see a therapist for medication. The pharmaceutical and insurance companies should work to lower the costs of medications for children with mental illness; oftentimes, parents with insurance cannot afford the high cost of medications for their child.

One public defender said juveniles need more extracurricular activities, and their parents/guardians need services such as financial assistance and housing. Some eligible families do not participate in the program because of transportation issues or because they work during the time that they would have to attend court. Employers should be more flexible to those individuals who are trying to be there for their children; the cost savings will benefit the community as a whole if they are able to prevent future incarcerations.

Recommendations and Best Practices from a National Perspective

Further research is needed to establish evidence-based practices. With the evidenced successes of adult mental health courts, drug courts, and our preliminary data in the reduction of recidivism and cost savings, the application of mental health court principals to populations in the juvenile court is a logical step.

The National Center for Mental Health and Juvenile Justice has identified four cornerstones that are critical to the effective delivery of mental health services to youth involved with the juvenile justice system; collaboration, identification, diversion and treatment.
1. Collaboration - The juvenile justice, mental health, and educational systems should recognize that many youth in the juvenile justice system are experiencing mental health problems and that it is the responsibility of all three components to ensure that each child is adequately receiving services. Any collaboration among these entities should include family members and guardians.

2. Identification - The mental health needs of youth should be identified early – prior to their interaction with the juvenile justice system. If this does not occur, then their mental health needs should be identified at each step of their interaction with the juvenile justice processing system.
   a. Each youth should be systematically screened within the school system for mental illness.
   b. Youth involved in the juvenile justice system should be able to access emergency mental health services.

3. Diversion - When possible, youth with mental health needs should be diverted into effective community based treatment.

4. Treatment - Youth with mental health needs in the juvenile justice system should have access to effective treatment to meet their needs.
   a. Qualified mental health personnel should be available to provide mental health treatment to youth in the juvenile justice system.
   b. Families should be fully involved with the treatment and rehabilitation of their children.

The first Juvenile Mental Health Court in the U.S. began in 2001, in Santa Clara County, San Jose California. The creation of this court came after nine months of “judicially convened meetings” to establish the programmatic rules and the formation of long standing relationships. Also known as the Court for the Individualized Treatment of Adolescents (CITA), this court uses a multi-disciplinary team approach to assess monitor, and make recommendations to the court regarding a youth participant’s case. The CITA program in Santa Clara County has become a model that many of the Juvenile Mental Health Courts in Texas have utilized to create their individualized programs. As the first and longest standing Juvenile Mental Health Court in the country, the CITA program utilizes annual protocol reviews to ensure they are consistent with current law and are the best mental health intervention practices.

For example, in Santa Clara County, CITA’s target population is: juveniles with a serious mental illness under the age of 14 at the time of the offense. Youth who have committed certain violent crimes are excluded from participation. All participants receive a clinical assessment upon acceptance into the program which includes: psychological, behavioral, educational, social, and family assessments. The CITA program provides an array of mental health services which include therapy, emergency services, medication, and wrap around services. Once a participant is eligible for graduation, transition planning is conducted to help facilitate a successful transition to the community.

Recommendations from CHILDREN AT RISK

Based on the data collected and interviews conducted during the evaluation of the Juvenile Mental Health Courts in Texas, CHILDREN AT RISK recommends the following:

Funding
- Without adequate funding, children suffering with mental illnesses will not have access to the quality care they need and will continue to cycle through the juvenile justice system.
- By underfunding our mental health services our emergency rooms, juvenile justice systems, and other taxpayer funded programs will continue to bear the brunt of costs.
- County mental health departments should advocate for and provide mental health services for Juvenile Mental Health Courts.
- County Juvenile Probation Departments should explore a variety of funding sources, including the Mental Health Services Act (MHSA), Substance Abuse and Mental Health Services (SAMHSA) Block Grant, and reallocation of existing resources to implement Juvenile Mental Health Courts in their jurisdiction.
- The state of Texas should sustain current funding levels for Juvenile Mental Health Courts and community mental health services, and should look to expand juvenile mental health courts to counties across Texas.

Adequate Staffing/Community Collaboration
- Because Juvenile Mental Health Courts across the state of Texas have reported limited funding and shortages in adolescent psychologists, county/city providers should partner with non-profit and/or private community-based mental health services to expand services to children and their families.
- Increase CHIP and Medicaid reimbursement rates for service providers.

Tracking and Information Sharing
- Current Juvenile Mental Health Courts should update their tracking systems to effectively track graduates of their programs to track long-term whether or not a participant has entered the adult criminal justice system.
- In addition to tracking and information sharing, a definition of recidivism should be consistent in all Juvenile Mental Health Courts;
in some courts it is calculated using new adjudications regardless of outcome and in others it is only if subsequent charges are filed against the juvenile.

• Recidivism rates should be accessible and provided in a timely fashion so as to effectively communicate messages to stakeholders, elected officials, and the community in regards to the situation at hand.

Cost reduction through assessment and evaluation

• Surveys to both participants and their parents should be provided throughout the program and should be consistent in their administration.
• The State of Texas should conduct one or more follow up evaluations on the Juvenile Mental Health Courts in Texas to measure consistency. Currently there is no institutionalized process for commencing and guiding evaluation efforts.
• Create a committee for the Juvenile Mental Health Courts in Texas. Members should include independent evaluation researchers, criminal justice and juvenile mental health professionals, and key representatives from county agencies which have the most impact on the programming of these courts.
• Current Juvenile Mental Health Courts and future alternative dockets should be evaluated on a regular basis through data analysis, survey evaluation, observation by a neutral party and assessment.

Texas currently ranks 49th nationally in funding for mental health services. Without adequate funding, children do not have access to the quality care they need and will continue to cycle through the juvenile justice system. If Texas continues to underfund mental health services, our emergency rooms, juvenile justice system, and other taxpayer funded programs will continue to bear the brunt of costs. The detention of youth in juvenile facilities is expensive, costing taxpayers approximately $270 a day per participant, and hospitalization for mental illness can average $3,749.43 per stay. The fundamental concern for all Texans is that if we do not invest in this now, the costs associated will compound significantly over time.

Acknowledgements and Information about the Author and Editors

This evaluation was conducted by CHILDREN AT RISK with funding from the Meadows Foundation. The purpose of this evaluation is to assess whether the Juvenile Mental Health Courts in Texas that are handling cases involving mentally ill juveniles create a positive impact in the lives of the participants and the community as a whole as well as using uses taxpayer dollars effectively. Tanya Makany-Rivera conducted the evaluation, partnering with the four Juvenile Mental Health Courts located in Austin, El Paso, San Antonio and Houston.

Tanya Makany-Rivera previously worked in the City of Houston Mayor’s Anti-Gang Office, where she coordinated a youth leadership program working with at-risk youth in the Gulfton area of Houston. Many of the participants had mild mental health diagnoses; several came from abusive households or were affiliated with gangs. Tanya also worked as an after-school coordinator for the City of Bellaire at Pin Oak Middle School. Tanya brings a vast array of public policy experience to this task from her previous positions in the offices of then-Council Member Adrian Garcia (now Harris County Sheriff), Vice Mayor-Pro Tem Ed Gonzalez and State Senator Mario Legos. Tanya earned her undergraduate degree at the University of Houston with a B.S. in Sociology in 2005.

This report represents a large amount of work to which many individuals have contributed. The author is greatly indebted to the judges and staff of the four Juvenile Mental Health Courts for their willingness to provide information and answers to her numerous questions. A special thank you also goes to Ashley Class, Cathryn Ibarra, Esq. and the staff of CHILDREN AT RISK who assisted in reviewing this document.

Robert David Sanborn, Ed.D. is a noted leader, advocate, and activist for education and children and the President and CEO of CHILDREN AT RISK. Dr. Sanborn earned his undergraduate degree at Florida State University and his doctorate at Columbia University in New York City. Under his leadership, CHILDREN AT RISK has expanded its influence considerably. Significant change has been achieved through CHILDREN AT RISK’s legislative victories to fight human trafficking in Texas, providing solutions to help children trafficking victims and raising awareness throughout the state.

Mandi Sheridan Kimball has been advocating for Houston’s children since 2004. In January 2006 she became CHILDREN AT RISK’s Public Policy Analyst and now serves as the Director of Public Policy and Government Affairs. She received her Masters in Social Work from the University of Houston and her Bachelors degree in Social Work from St. Edward’s University in Austin.

Dawn Lew received her undergraduate degree in Political Science from
University of California Berkeley in 2002, and she received her law degree from Boston College Law School in 2006. Through her course of study as well as her work and volunteer experiences in law school Dawn knew she wanted to dedicate her legal career to working on issues affecting the health, safety, and welfare of women and children. She is licensed to practice law in both California and Texas.

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Appendices:

Thank you to Travis, El Paso, Bexar and Harris County for allowing us to utilize your programmatic forms as examples for this Blueprint.

Please visit www.childrenatrisk.org

Texas Juvenile Mental Health Courts Evaluation

Key Informants

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Bexar County District Attorney’s Office, Jill Mata

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Bexar County, Kids Averted from Placement Services, Case Manager, Bettina Young

Bexar County, Kids Averted from Placement Services, Therapist, Jordan Wiederstein

Bexar County, Communities in Schools, Jessica Weaver

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