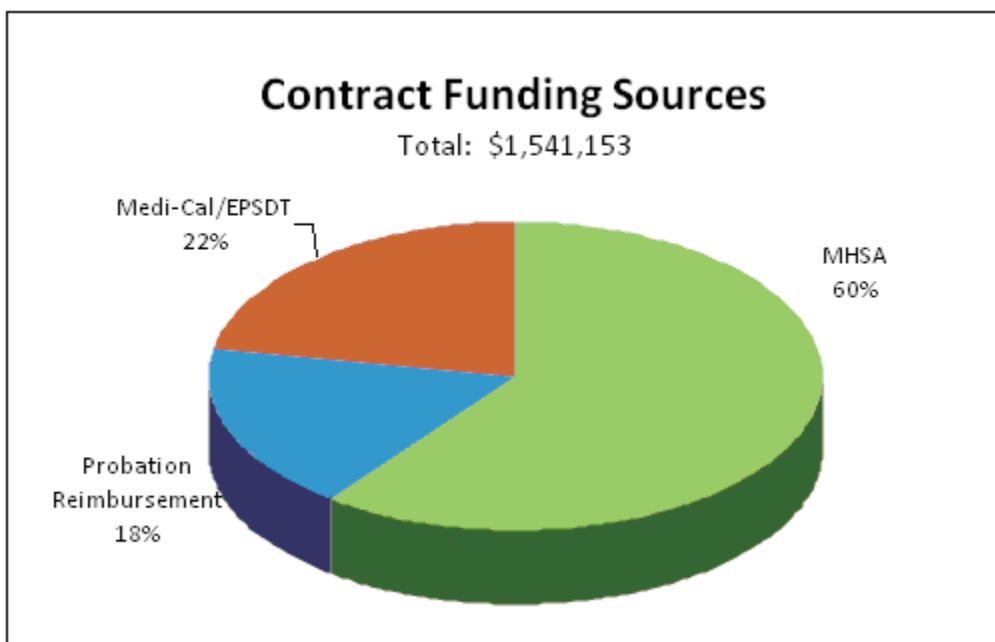
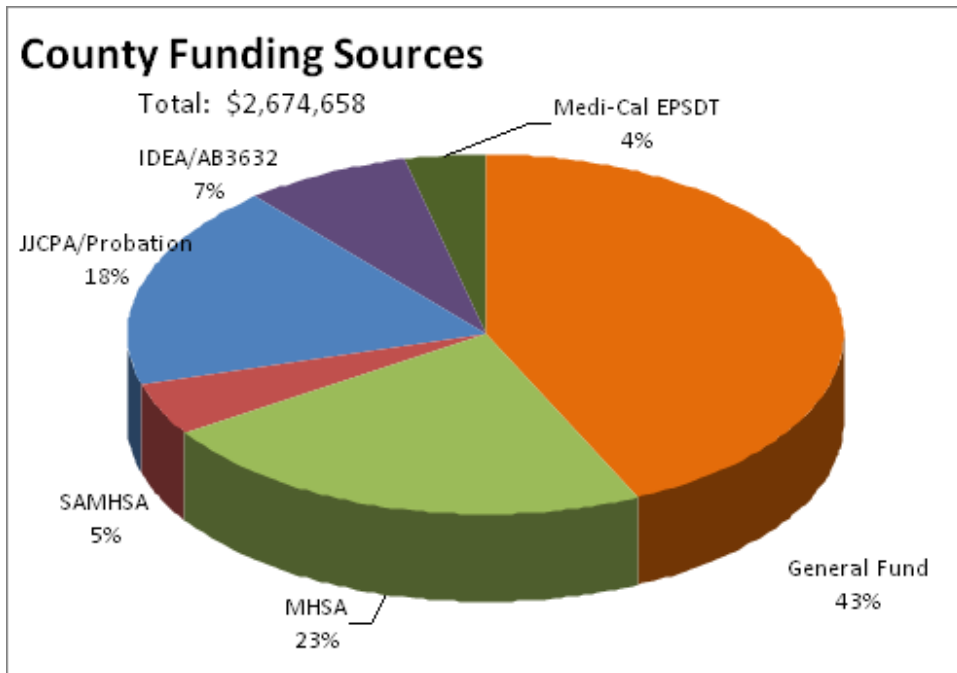
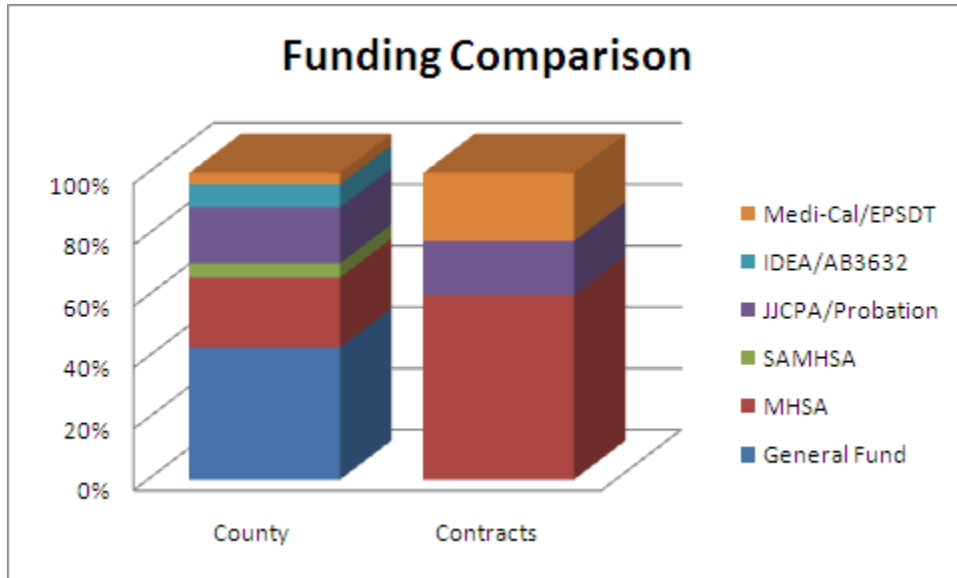


**Department Budget Presentation
 Juvenile Justice Mental Health
 Presentation to the Mental Health Board System Planning and Fiscal Committee
 July 14, 2011**

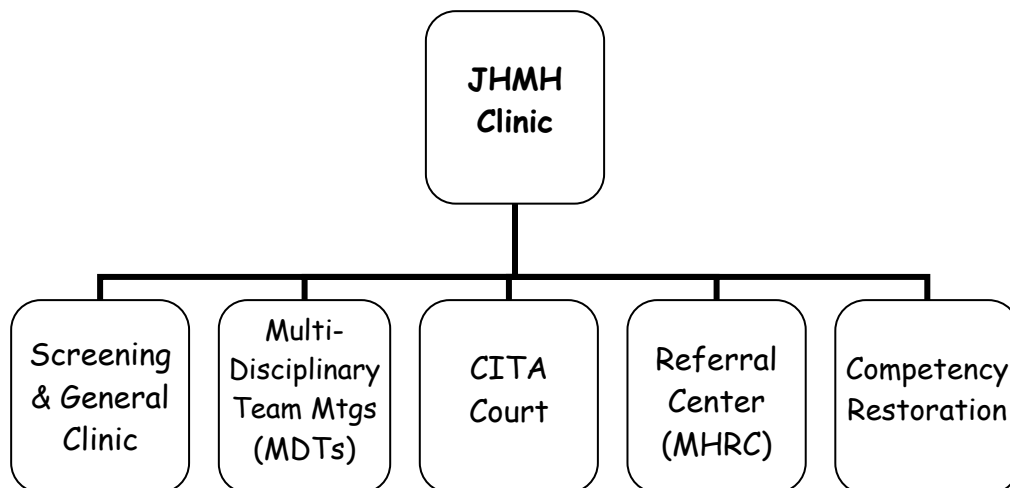
**Youth Served Annually: 2400+
 County Served: 2002
 Contract Served: 429**

**Annual Budget: \$4.2 million
 County Staff: 20.5 FTE**





County Operations



Juvenile Hall MAYSI Assessment: The MAYSI-2 is a 52 question mental health screening that is completed by every youth who remains in custody for more than 72 hours. The results provide Juvenile Hall therapists with an indication of the youth's mental health needs related to alcohol/drug use, depression, anxiety, suicidal thinking, psychosis, and more. Therapists follow-up by completing a brief interview with those youth and communicating with Probation regarding appropriate in-custody services.

Mental Health Treatment Unit: The B-4 Unit of Juvenile Hall houses a population of young men who require specialized mental health services. Daily programming includes a morning check-in, individual therapy sessions, and evening check-out. The unit uses a therapeutic approach to eliminate negative behaviors and assist youths in developing prosocial skills. This is all made possible due to

a high level of collaboration between Probation and Mental Health, both during a weekly unit meeting and throughout daily programming.

Psychiatric Medications: Juvenile Hall psychiatrists work in conjunction with therapists and VMC medical clinic staff to insure that all youth who enter custody with a valid prescription are able to continue their psychiatric medication. Youth can also receive a complete medication assessment within 2-4 weeks (to start or stop medications as needed), and can obtain refills of that medication upon release.

Multidisciplinary Team Meetings: During these collaborative meetings, a variety of professionals meet with a youth and his/her family to discuss high-risk behaviors, identify strengths, coordinate services across departments, and create discharge plans. These meetings ensure that youth with complex needs receive the services that best support their successful rehabilitation and return to the community. These meetings are held at the request of any professional within the juvenile justice system, and are run by an experienced group facilitator.

Court for the Individualized Treatment of Adolescents (CITA): This specialized treatment court exists to help youth with mental illness by focusing on keeping the youth at home, rather than in custody, and providing intensive wraparound services for the family system. Attorneys in CITA court take a non-adversarial approach to their work, and confidentiality rules are streamlined to promote collaboration and better serve the young people involved.

Mental Health Referral Center (MHRC): Provides a centralized system that connects youth in the juvenile justice system to mental health services. It promotes clear, consistent communication between the Probation and Mental Health Departments, and serves as a resource for community-based organizations (CBOs) as they engage youth in treatment.

Competency Restoration: Youth who are found to be incompetent to stand trial due to mental illness, cognitive impairment, or developmental immaturity receive a follow-up competency evaluation from qualified MHD staff. This trained evaluator can then develop a service plan and refer the youth for competency restoration services. The program, based on a nationally recognized model from Virginia, has been successfully tested in Santa Clara County and is scheduled for full implementation in FY2011-12. It is the first of its kind in California.

Staffing at Juvenile Hall (FY 2011)

NO. OF FTE'S	TITLE	TYPE OF LICENSE/ CERT. TRAINING	LANGUAGE CAPABILITY	
			Language	Bilingual Certified
FY 2010-11				
1.0	Healthcare Program Manager II	LCSW	1	1
0.2	Clerical Office Supervisor		1	1
3.0	Clerical		1	1
0.8	Psychiatrist	M.D.	1	0
10.0	Clinician II	LCSW/LMFT	4	4
4.0	Clinician I	ASW/MFTI	4	4
0.5	Psychologist	Ph.D.	0	0

Contracted Services to JPD Youth

Psychological Services: MHD has a panel of independent psychologists who are contracted to complete psychological evaluations of youth in the juvenile justice system. These evaluations are ordered by the court, and used to make decisions about sentencing, out-of-home placements, and services provided to the youth both in and out of custody.

Ranch Services: Two contract agencies (Community Solutions at Wright Center and Starlight at James Ranch) provide basic mental health services to youth in custody at our ranches. These contracts provide one full time staff member for each ranch, with psychiatry time provided by MHD. Line staff and management at these agencies maintain regular contact with Juvenile Hall Mental Health to coordinate care.

Ranch Aftercare: The same agencies provide follow-up services to youth as they transition home after completing the ranch program. Youth are assigned into this program or more intensive services depending on the results of an exit MDT, held several weeks prior to the youth leaving.

Major Initiatives for 2011

Diversion of Youth 13 and Under: By decision of the Board of Supervisors (2010), no youth age 12 or under may be admitted to Juvenile Hall unless all other placement options have been exhausted and the action is approved by senior management within the Probation Dept. Additional work is currently underway to reduce or eliminate the need to have 13 year-olds enter custody.

Integrated Health Records: For youth who do enter custody, the care they receive from medical, mental health, and substance abuse treatment providers should be coordinated at all levels. Additionally, the direct services that youth receive should be documented in a single, integrated health record that is easily accessible to all providers who have a "need to know" about the services provided.

Discharge / Transition Planning: Our job is only half done if we provide quality care to youth in custody, and then send them back into the community alone to face the same challenges that brought them into custody in the first place. Staffs are now working across systems to make sure appropriate services are in place when youth transition home.