

**California Department of Corrections and Rehabilitation
Council on Mentally Ill Offenders (COMIO)**

10th Annual Report, December 2011



History and Purpose of the Council of Mentally Ill Offenders (COMIO)

On October 12, 2001, former Governor Gray Davis signed Senate Bill (SB) 1059 (Chapter 860, Statutes of 2001) (Perata) creating the Council on Mentally Ill Offenders (COMIO). The bill is codified as Penal Code Section 6044 which originally set forth a sunset date of December 31, 2006. In 2006 former Governor Arnold Schwarzenegger signed SB 1422 (Chapter 901, Statutes of 2006) (Margett) which eliminated the sunset date.

The Council is comprised of 11 members. The legislation designates as permanent members the Secretary of the California Department of Corrections and Rehabilitation (CDCR) and the Director of the California Department of Mental Health (DMH), with the CDCR Secretary serving as the chair. The vice-chairperson is selected from the membership. Other Council members are appointed as follows: three by the Governor, at least one representing mental health; two each by the Senate Rules Committee and the Speaker of the Assembly, each appointing a representative from law enforcement and a representative from mental health; one by the Attorney General; and one superior court judge appointed by the Chief Justice. Six members of the council shall constitute a quorum.

The Council's primary purpose is to "investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending." In pursuit of that goal the Council is to:

1. Identify strategies for preventing adults and juveniles with mental health needs from becoming offenders.
2. Identify strategies for improving the cost-effectiveness of services for adults and juveniles with mental health needs who have a history of offending.
3. Identify incentives to encourage State and local criminal justice, juvenile justice, and mental health programs to adopt cost-effective approaches for serving adults and juveniles who are likely to offend or who have a history of offending.

The Council shall consider strategies that:

1. Improve service coordination among State and local mental health, criminal justice, and juvenile justice programs.
2. Improve the ability of adult and juvenile offenders with mental health needs to transition successfully between corrections-based, juvenile-based, and community-based treatment programs.

The Council is authorized to apply for funds from the “federal government or other sources to further the purpose of this article.” In addition, in signing the legislation the Governor directed the affected State agencies to “identify funds that can be used to support this program.”

Penal Code Section 6044 (h)(1) requires the Council to “file with the Legislature, not later than December 31 of each year, a report that shall provide details of the Council’s activities during the preceding year. The report shall include recommendations for improving the cost-effectiveness of mental health and criminal justice programs.”

Composition of the Council in 2011 with Appointing Authority

- **Chairperson:** Matthew L. Cate, Secretary, CDCR
- **Vice-Chairperson (A):** Cliff Allenby, Ph.D., Acting Director, DMH
 - Joe DeMorales, Acting Deputy Director, Hospital Operations, DMH
 - David Lehman, Chief Probation Officer, Humboldt County, and member of the Board of Corrections (Retired)
 - Stephen Manley, Judge, Santa Clara County Superior Court
 - David Meyer, J.D., Professor, Institute of Psychiatry, Law and Behavioral Science, Keck School of Medicine, USC
 - James W. Sweeney, J.D., Legislative Advocate, James W. Sweeney and Associates
 - Charles L. Walters, Ph.D., Assistant Sheriff, Orange County Sheriff-Coroner Department (Retired)

Membership

As of November 2011, there are three COMIO vacancies to be filled: One Senate Rules appointee representing mental health, one Governor appointee representing law enforcement, and one Speaker of Assembly appointee representing law enforcement.

Efforts are underway to contact the three appointing authorities by Secretary Cate, on behalf of the Council, in order to replace departing members by early 2012.

A sub-committee chaired by Charles Walters was formed to draft a Memorandum of Understanding (MOU) between CDCR and a not-for-profit agency to fill the Executive Officer position and provide access to grants and other funding to support the Council’s legislative mission. During August 2011, Mr. Walters met with nonprofit attorneys and professionals and laid out the concept for what the Council is trying to achieve. On a pro bono basis, attorneys familiar with public-private partnerships, have volunteered to draft this document and a Professor of Philanthropy will review the document. Mr. Walters has met with representatives from the Forensic Mental Health Association of California (FMHAC) who have assisted in presenting components of what they believe should be in the agreement. Mark Grabau, President of the Board of Directors, FMHAC, reported that FMHAC Board indicated that they are open to an alliance with

COMIO. The FMHAC was very impressed with the energy and enthusiasm thus far and are very motivated to work toward an MOU. Thomas Gilevich, legal counsel to COMIO, indicated that no legal barriers to COMIO partnering with a not-for-profit through an MOU were identified from the initial proposal. This will be confirmed once the draft documents are provided.

CDCR Support Staff

Legal Counsel: Bruce Slavin, former Chief of Legal Policy, and Mr. Gilevich, Assistance Chief Counsel, CDCR, provided legal guidance to the Council in 2010-2011.

Executive Officer (Vacant)

Other CDCR Support Staff in 2010-2011: Denny Sallade, Peggy Ritchie, and Julia Rodden, Division of Correctional Health Care Services.

Activities of the Council in 2011

COMIO Strategic Plan:

The Council developed and approved a strategic plan in 2010. This plan will guide COMIO's activities and projects into the future. Staff from CDCR facilitated the process (Stacie Sormano and Tess Rico). The Strategic Plan was unanimously approved by the Council in July 2011 and is attached as Appendix A.

Other Council Member Activities:

Legislation

Assembly Bill 109 and Assembly Bill 117 (“Realignment”)

Governor Edmund G. Brown Jr. signed Assembly Bill (AB) 109 and AB 117, historic legislation that enables California to close the revolving door of low-level inmates and parole violators cycling in and out of State prisons. It is the cornerstone of California's solution to reduce overcrowding in the State prison system. Following the May 24, 2011, decision by the U.S. Supreme Court, the number of inmates in CDCR's 33 prisons must be reduced to 137.5 percent design capacity within two years. Most of the changes in the legislation became effective on October 1, 2011. The Council authored the “AB 109 Realignment Recommendation” letter for distribution in response to the AB 109 legislation. It was approved for distribution by the Council July 21, 2011. The letter is attached as Appendix B.

AB 826

AB 826, which would have authorized CDCR to create an Integrated Service for Mentally Ill Parolees Program, was reviewed and supported by COMIO members. The bill was placed on the inactive list but CDCR will be providing a report to the legislature on current programs.

AB 1925

The legislation (AB 1925), allowing for the voluntary creation of veterans' courts, passed both the Assembly and Senate but was vetoed by the Governor. Veterans' courts can continue to be created even though there is no statewide statute establishing them as a separate component of the court system. Amendments allowing defense attorneys the right to raise the issue of Post Traumatic Stress Disorder during sentencing were enacted into law. There is a framework for the defense team to present information to the court and to bring attention to judges that there are sentencing alternatives for veterans.

Publications

Susie Cohen provided an overview of the "Mentally Ill Juveniles in Local Custody" publication during the July 21, 2011 meeting. The Corrections Standards Authority developed this document at the request of COMIO and CDCR. See Executive Summary in Appendix C.

Presentations

CDCR Annual Report

Dr. Steven Chapman, CDCR's former Assistant Secretary, Office of Research, provided an overview of CDCR's Annual Report during the January 20, 2011 Council meeting. A discussion of offender statistics related to offenders with mental illness followed the presentation.

Task Force for Criminal Justice Collaboration on Mental Health: Final Report

Judge Manley summarized the recommendations of the "Task Force for Criminal Justice Collaboration on Mental Health," prepared by the Administrative Office of the Courts, Center for Families, Children and the Courts, Judicial Council of California, at the Council's meeting on January 20, 2011. A link to the full report can be found on the COMIO website at www.cdcr.ca.gov/COMIO/.

Pelican Bay Hunger Strike

Scott Kernan, former Undersecretary of Operations, gave a report on the July 2011 hunger strike that was based on demands from Security Housing Unit (SHU) inmates at CDCR's Pelican Bay State Prison (PBSP). Around July 1st, a letter was received stating that inmates in the "Short Corridor," a unit of the PBSP SHU housing for identified gang leaders, were contemplating a hunger strike. Inmates and some advocates sought changes in the conditions of confinement and in CDCR's gang validation process, particularly as they relate to the Short Corridor. Hunger strikers demanded changes to the processes used for inmates to get out of the SHU and receive transfers to less-restrictive housing based more on behavior. Over a 20 day period, the protest spread to more than a dozen prisons where meals were refused for various periods of time. The Department recognized issues in the gang validation process. Decisions to implement some changes in property and clothing to the Pelican Bay inmates were made and revisions to the validation procedures are underway. The Legislature conducted an informational hearing on the hunger strike and is continuing to seek a better understanding of how inmates are placed in SHU.

Volunteers in CDCR

Jane Soria, Office of Community Partnerships, Division of Adult Institutions, CDCR, provided information on volunteer programs and activities in CDCR and described how volunteers are approved to work with inmates in CDCR facilities. Handouts provided to the Council during the July 2011 meeting included a matrix of all volunteer and inmate self-help programs within all CDCR facilities.

COMIO Meetings:

Minutes, agendas and the meeting schedule for 2012 are located on the COMIO website: <http://www.cdcr.ca.gov/COMIO/>

Best Practice Awards for 2011

COMIO members voted on and approved Best Practice Awards during their July 2011 meeting. The following agencies will be presented with the COMIO Best Practices Awards at the annual 37th Annual FMHAC Conference at the Embassy Suites Hotel, 1441 Canyon Del Rey, Seaside, California on March 21st, 2012.

Humboldt County - New Horizons Program

New Horizons, an intensive in-custody Mental Health treatment program, is offered within the secure environment of the Northern California Regional Facility. Treatment

services include a combination of medication support, individual, group, and family counseling, alcohol/drug assessment and counseling, skill development training focused on anger management, moral judgment, the correction of thinking errors, social skills, and victim awareness. The transition to the aftercare phase of the program, offered to both participants and their families, includes linkage to the Mental Health System of Care Services, out-patient counseling and/or medication support, and case management services. New Horizons aftercare services are coordinated through the Family Intervention Team multi-agency process. Individualized strength-based child and family case plans are developed using the Family Unity process followed by the integration of wraparound services to support the minor and his/her family throughout community care programming.

Los Angeles County - Project 180

Project 180 is committed to providing clients with comprehensive one-on-one and group treatment. This program believes in the power of individual connections and peer support to create sustained, viable and effective treatment. They are a team of mental and behavioral health professionals, substance counselors, social workers and peer advocates that work in concert to help clients reach their goals. Their services include: intensive case management, individual and group behavior modification, therapy and substance counseling, housing, benefits support, family reunification, supportive employment, education preparation and placement, and psychiatric and medication support. Project 180 strives to be on the cutting edge of treatment, delivering services that are evidence-based and taking a holistic approach to client care with groups from Moral Reconciliation Therapy to Mindfulness and programs such as Peer Mediation. In addition, they offer family/couples therapy, communication and conflict training, assistance with parenting classes and child reunification support. Their vibrant Alumni Association meets regularly and serves as a living example of the power of their programs.

San Bernardino County - Integrated New Family Opportunities (INFO)

This program is a newly funded Mentally Ill Offender Crime Reduction grant program for minors coming out of the Central Juvenile Detention and Assessment Centers. INFO uses evidence-based models for reducing the involvement of mentally ill minors in the juvenile justice system by providing assertive family/community involvement in treatment, 24/7 case management and support, behavioral therapy, and peer counseling.

Sonoma County - PATHS (Prevention, Art & Anger Management, Thinking Cognitively, Health Issues, Stress Reduction) Program

The core philosophy of the program is to provide guidance and instruction to assist inmates in identifying their feeling and thinking issues—the issues central to making healthy, appropriate life decisions. Each class' content overlaps with subjects being taught by a core group of instructors throughout the balance of the week. The intent in implementing this approach is to solidify and affirm the overall program content by offering the messages in more than one style and format.

Appendix A

Council on Mentally Ill Offenders

Strategic Plan

COUNCIL ON MENTALLY ILL OFFENDERS

STRATEGIC PLAN

VISION:

COMIO identifies strategies to respond to the needs of persons with serious mental illness who are at risk or presently involved in the criminal justice system.

MISSION:

COMIO investigates and promotes cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending.

GOALS:

CDCR Penal Code, Section 6044 (e) states, “ The goal of the council shall be to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending. The council shall:

- (1) Identify strategies for preventing adults and juveniles with mental health needs from becoming offenders.
- (2) Identify strategies for improving the cost-effectiveness of services for adults and juveniles with mental health needs who have a history of offending.
- (3) Identify incentives to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt cost-effective approaches for serving adults and juveniles with mental health needs who are likely to offend or who have a history of offending.”

Based on the statutory language above, we offer the following goal statements:

- 1) Identify strategies to prevent individuals with mental illness from entering or re-entering the criminal justice system.
- 2) Identify strategies to improve the ability of offenders with mental health needs to transition safely and successfully into the community.
- 3) For those who must remain incarcerated, held, or institutionalized, recommend cost-effective approaches to assure appropriate levels of care and ensure public safety.
- 4) Identify and address resources, emerging issues, and best practices to address those issues.

COUNCIL ON MENTALLY ILL OFFENDERS STRATEGIC PLAN

STRATEGIES:

- 1) Identify and address emerging issues through the development of white papers.
- 2) Educate the Governor, Legislature, courts, and counties on emerging issues and best practices to address those issues.
- 3) Make recommendations on legislative changes regarding emerging issues and best practices to address those issues.

ACTIONS:

1) White Paper Committee:

This committee is being created to review white papers and identify the most critical issues related to the Governor’s proposal for realignment (AB 109) that need to be addressed in relationship to the “Task Force for Criminal Justice Collaboration on Mental Health Issues.”

Members:

- David Meyer
- Judge Manley
- (Peggy Ritchie will select additional members from the Mental Health Program)

Deliverable	Purpose	Staff Assigned	Status / Details	Due Date
1) Contact Jay Atkinson & Brenda Grealish to get data information	Have Population data to support issues	-Tess Rico -Tess sending them meeting notice	Complete	
2) Issues identified for collaborative work: and AB 109 White Paper and “Task Force for Criminal Justice Collaboration on Mental Health Issues.”	COMIO members will identify how they will assist with the implementation of the recommendations	Karen Moen	Complete -Posted on the website	
3) Gather additional Committee participants from the Mental Health Program	Review White Papers for critical issues	Coordination by Mental Health Staff (P.Ritchie)	Complete Dr. Scaramozzino identified: Virginia Steele-Pirie & Marilyn Immoos	

COUNCIL ON MENTALLY ILL OFFENDERS STRATEGIC PLAN

4) Organize Committee Meeting(s)	Review White Paper on AB 109; identify collaboration issues with the Task Force Report sited above.	Tess Rico	Complete Provide: Scheduling Agenda AB 109 and Task Force Report; Facilitation	
5) Compose letter of recommendations		Tess Rico	Complete	

2) **Social Media:**

A social medial presence will be created to improve the committee's ability to communicate and affect the goals.

Deliverable	Purpose	Staff Assigned	Due Date
1) Continue to improve and add information to the website and social media sites.	Information Linkage	Peggy Ritchie	Task Force for Criminal Justice Collaboration on Mental Health Issues Report to the Judicial Council, Business Meeting April 29 th , 2011 Strategic Plan Draft AB 109 Realignment Recommendations Letter PBSP Fact Sheet

Appendix B

Council on Mentally Ill Offenders

AB 109 Realignment Recommendations Letter

COUNCIL ON MENTALLY ILL OFFENDERS AB 109 REALIGNMENT RECOMMENDATIONS LETTER

As the Governor and Legislature consider structural changes to the correctional system, including proposals to move jurisdiction over nonviolent, nonserious, nonsex offenses to local jurisdictions, the Council on Mentally Ill Offenders (COMIO) would like to offer policy suggestions to ensure the State achieves its goal of providing cost-effective services to mentally ill parolees. Currently, there are approximately 170,000 inmates in the California Department of Corrections and Rehabilitation (CDCR) system. Of these, approximately 22 percent are on mental health treatment caseloads (Health Care Placement Program 2).

CDCR tracks two categories of the mental health population based on treatment needs, Enhanced Outpatient Program (EOP) and the Clinical Correctional Case Management System (CCCMS). According to the *2010 CDCR Adult Institutions Outcome Evaluation Report*, “inmates who suffer from mental health issues recidivate at a higher rate than those who do not. Specifically, the recidivism rates for inmates in the EOP and CCCMS mental health programs are higher (77.6 percent and 74.3 percent, respectively) than that for inmates who did not have a mental health code designation (66.2 percent)” (28).

COMIO is dedicated to promoting cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who have a history of offending. We believe the Governor’s proposal holds great promise for reducing costs and improving outcomes only if the proposal includes adequate resources and appropriate planning to support the needs of mentally ill offenders.

To ensure the mentally ill receive adequate support at the local level, any changes must include the following resource provisions:

- Money and resources must be focused on preventing re-incarceration of the mentally ill.
- Mentally ill parolees should be monitored by the courts, through existing mental health and other collaborative courts, rather than by the Board of Parole Hearings.
- Funding for State-supported mental health services for parolees must be transferred to local counties.
- Ensure local jurisdictions expend funding appropriately for the mentally ill.
- In response to mentally ill offender violations, courts should be encouraged to utilize Mental Health Courts and evidence-based practices in making decisions related to parole violations.
- The Mental Health Services Act (MHSA) must be amended to allow local jurisdictions to expend MHSA funds for the treatment of mentally ill parolees or the definition of these parolees must be changed to enable them to be served with this funding. Clarification for offenders is important so they know which services they can access, i.e., parole outpatient clinics versus MHSA services for parolees versus post-release supervision eligibility.
- Restrictions to obtaining and utilizing federal and State funds for use at the local level to support the adult and juvenile mentally ill offender population, while in and out of custody, must be eliminated.

To ensure a smooth transition from the State to local governments, planning and coordination provisions must include:

- An approval process for a mental health local care plan that designates adult and juvenile mentally ill offenders as a priority population. Prior to funding, this plan should include a review process that illustrates the approval of the courts, and the Board of Supervisors for each

COUNCIL ON MENTALLY ILL OFFENDERS

AB 109 REALIGNMENT RECOMMENDATIONS LETTER

county. The State's review and funding process should also include an ongoing commitment towards the utilization of evidence-based best practices with a strong evaluation component.

- A verification system that aids parolees in registering for and obtaining benefits and care at the local level.
- Discharge planning for the transition from parole to the county level must take place to assure that mental health services for parolees not be discontinued or interrupted.
- All information regarding patient care must be transferred to the local level by parole and CDCR prior to the transfer of jurisdiction and responsibility for parolees in order to assure consistent medication, management and continuity of care.
- Training and housing issues must be addressed.
- Local probation, corrections, mental health staff, and judges need to receive appropriate education and training on supervision of mentally ill offenders in the local community, utilizing evidence-based practices to avoid recidivism in this population.

COMIO respectfully submits these recommendations which were designed to ensure that mentally ill inmates will receive the care necessary to ensure public safety and is, at the same time, cost-effective.

COUNCIL ON MENTALLY ILL OFFENDERS AB 109 REALIGNMENT RECOMMENDATIONS LETTER

References:

California Department of Corrections and Rehabilitation – Corrections Standards Authority. *Jails and the Mentally Ill: Issues and Analysis*. Sacramento: 2010.

<http://www.cdcr.ca.gov/comio/index.html>

California Department of Corrections and Rehabilitation – Data Analysis Unit. *Weekly Report of Population*. Sacramento: 2011.

http://www.cdcr.ca.gov/Reports_Research/Offender_Information_Services_Branch/Population_Reports.html

California Department of Corrections and Rehabilitation – Health Care Placement Oversight Program. *Mental Health Population by Institution*. Sacramento: 2011.

California Department of Corrections and Rehabilitation – Office of Research. *2010 Adult Institution Outcome Evaluation Report*. Sacramento: 2010

http://www.cdcr.ca.gov/adult_research_branch/

California Judicial Council – Administrative Office of the Courts. *Task Force for Criminal Justice Collaboration on mental Health Issues: Draft Recommendations*. San Francisco: 2010

Cohen, Edward, and Jane Pfeifer. *Costs of Incarcerating Youth with Mental Illness*.

<http://www.cdcr.ca.gov/comio/index.html>

Appendix C

Mentally Ill Juveniles in Custody

Executive Summary

MENTALLY ILL JUVENILES IN LOCAL CUSTODY

ISSUES AND ANALYSIS

JUNE, 2011

A RESOURCE PAPER DEVELOPED BY
THE CALIFORNIA CORRECTIONS STANDARDS
AUTHORITY (CSA)

AT THE REQUEST OF
THE CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR)
COUNCIL ON MENTALLY ILL OFFENDERS (COMIO)

EXECUTIVE SUMMARY

In 2009, CDCR's Council on Mentally Ill Offenders (COMIO) asked the Corrections Standards Authority (CSA) to produce a pair of 'white papers,' one discussing key issues and best practices related to the growing population of mentally ill people in jails and the other addressing similar topics related to mentally ill youth in local juvenile facilities. The first paper, "Jails and the Mentally Ill: Issues and Analysis," was released in September 2009. This second paper, "Mentally Ill Juveniles in Local Custody: Issues and Analysis," deals with the wide ranging and complex mental health considerations facing local juvenile halls, camps and ranches charged with the care of juvenile offenders.

To accomplish the second half of its charge from COMIO, and to continue its leadership in facilitating local corrections practice, CSA convened the Mentally Ill Juveniles in Local Custody Work Group. Comprised of local juvenile justice, judicial, health and mental health personnel and including representatives from the California Association of Probation Institution Administrators, the Chief Probation Officers of California and CDCR's Division of Juvenile Justice, the Work Group endeavored to describe existing best practices and promising strategies in use in local juvenile corrections facilities as well as innovations being developed in these facilities for effectively dealing with offenders with mental health problems.

While the primary goal of this paper was to focus on custody-related issues, the Work Group felt it important to also address systemic and structural concerns as well as such non-custody matters as reentry, post-custody supervision, the need for more appropriate community and treatment placements, family involvement and continuity of care. Because local juvenile corrections is moving toward more comprehensive, collaborative, evidence based, client and family centered systems of care, the Work Group opted to address issues related to this emerging culture change, in addition to specific, facility related practices and considerations.

If one idea or theme were to be singled out as most vitally important to the delivery of appropriate mental health services for youth in the juvenile justice system that theme would be collaboration. It is clear that the responsibility for youth in custody who have mental health problems is shared among multiple agencies and individuals. Courts, custody, health and mental health staff, substance abuse, school and social services / child welfare personnel all have important roles to play, as do family members and community support providers. No one agency has all the answers or all the best approaches. Mentally ill youth in custody present complex, multi-layered problems which demand collaborative, multi-agency solutions.

One of the collaborative methods stressed throughout the paper is the use of multi-disciplinary teams. Such teams are recommended for assessment, service design and delivery, reentry planning and aftercare, among other functions. Information sharing among members of such teams is strongly recommended, as is information sharing between and among agencies, including the courts. The Work Group emphasizes that information sharing is essential to plan for and provide the most appropriate services to youth in custody, those transitioning out of custody and those in reentry / aftercare.

Also important is determining and documenting what programs and interventions are effective with specific populations of youth in custody. Gathering data about what works and what does not for various kinds of mental health and behavioral problems is vital to enable agencies to sustain effective programs and strategies, expand those that work and eliminate those that do not. Regular process evaluations and outcome studies position agencies to sustain system successes, as well as compete effectively for limited grant and other resources. Agencies are encouraged, not only to do good work, but also to document what is achieved with whom under what circumstances, so as to both sustain effective approaches and enable others to replicate their successes.

The paper's final recommendation speaks to budgetary and funding concerns and acknowledges the extreme difficulties correctional agencies experience as they are continually asked to do more with less. Juvenile halls, camps, ranches and probation departments in general have been remarkably adaptive in implementing evidence based practices and attempting to design cost effective strategies for serving the youth in their care. The Work Group urges probation agencies to continue trying to break down existing silos and encourage its partner agencies to blend money to accomplish the treatment and service goals which generate positive outcomes and thereby enhance public safety.

The paper discusses a number of approaches, interventions and programs in use in local juvenile corrections facilities and systems across California. Some of these are common practice; others may be more or less unique to specific jurisdictions. The paper's goal is to help facility personnel exchange information with and learn from one another and to widen the perspective that each practitioner brings to the difficult work of providing appropriate care to mentally ill juvenile offenders in custody. This paper is also intended to help juvenile correctional and mental health personnel share ideas, resources and strategies and to further dialogue among local juvenile justice systems' multiple key players. It is the Work Group's hope that the ideas presented here will foster continued efforts to seek innovative and collaborative ways to provide needed services to youth and families in the juvenile justice system.