



CALIFORNIA'S JUVENILE JUSTICE SYSTEM & PATHWAY

Probation, detention, and youth facilities make up California's Juvenile Justice System. When youth are detained there are a variety of outcomes depending on circumstances. The arresting officers at times can choose whether to take youth home or refer them to county probation departments. Probation officers and department staff play a vital role in determining if a youth offender's case is referred to juvenile court, placed into a diversion program, or other actions.

- Nearly **nine out of ten** juveniles referred to county probation departments are by local law enforcement ([DOJ, 2019](#)).
- There are about **4,000 minors detained daily** in county-run juvenile facilities statewide, and approximately **35,000 supervised** by probation officers in their communities.
- On the State level, there are 764 youth offenders held at the Division of Juvenile Justice. These youth have greater mental health needs and serious charges.

OVERREPRESENTATION of MINORITY YOUTH

In California, **17,200 minors under the age of 17** were arrested for felonies in 2018; and more than half were Black and 36% Latino. The same year, about **14,400 youth ages 18 and 19** were arrested on felony charges (DOJ, 2018). Data from the California Department of Justice shows Latino youth were arrested over **2.5 times** the rate compared to the arrest of white youth. ([DOJ, 2019](#)).

- **88%** of youth at DJJ are African American or Latino (CJCJ, 2019 & CDCR, 2020)
- **Nearly 90%** of all *justice involved youth* have had prior [exposure to toxic stress](#).
- **76%** of former DJJ youth are rearrested and 29% return to DJJ or state prison ([CDCR, 2019](#)).
- **70%** of youth have one or more **behavioral health condition** in the nation ([OJJDP, 2017](#))

YOUTH LIVED EXPERIENCE

"I was at a point where I felt like, 'Do I belong here? Am I meant to be here, or in this system for the rest of my life? That's how bad the environment and the situation was. Being in the system makes kids feel like that. It did not rehabilitate me, if anything, it made me worse. I felt like I was losing my mind and wanted to harm myself"
–Youth with Lived Experience

JUVENILE JUSTICE & HEALTH ISSUES

Poor living conditions among youth and young adults who are incarcerated exacerbate severe physical, psychiatric, substance use, and social problems. Research shows youth placed in a locked facility, are more likely to have been exposed to one or more adverse childhood experiences (ACE's). Studies show Trauma and PTSD to be more prevalent among juvenile offenders than others in the community ([Abram et al, 2004](#)).

COST ASSOCIATED WITH CONFINED YOUTH

The cost of confining youth in juvenile halls and camps has increased despite steady declines in the amount of youth. In 2018, **Santa Clara County reported the highest cost per juvenile at \$531,440 annually** and **Nevada County had the highest increase since 2011 falling behind Santa Clara at \$511,000 per juvenile** (Source: Board of State and Community Corrections, local probation departments). Increased spending per youth could be attributed to the increases in services and treatment specifically behavioral health treatment.

SCHOOL DISCIPLINE TO JUVENILE JUSTICE INVOLVEMENT

Studies show a link between school discipline histories and juvenile justice involvement. Suspensions and expulsions are drivers. **Nine in every 10** incarcerated youth have a history of suspension and expulsion. According to reports, more research is needed in this area to develop effective interventions.

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REDUCE JUSTICE INVOLVEMENT AND DETENTION FOR YOUTH WITH BEHAVIORAL HEALTH ISSUES

Prioritize eliminating barriers to expand successes in youth diversion and development

COMMUNITY BASED APPROACHES, SERVICES & PROGRAMS

The [Huckleberry Community Assessment and Resource Center \(CARC\)](#) is a single point of entry for crisis intervention, assessment, service integration and referral of arrested youth. Staff from juvenile probation, public health, the sheriff's department, the police department, and community-based organizations work together in the same space to assess and case manage youth who are arrested for a variety of offenses, both felony and misdemeanor. This type of approach is a true partnership working to support youth and can be used as best practices model to strengthen youth diversion across CA.

In California at least half of all counties offer various [Mental Health Services Act \(MHSA\)](#) projects/programs to serve children and youth who are engaged by the juvenile justice system. County Behavioral Health Departments collaborate with local Criminal Justice partners to provide case management, system coordination, and Wellness Centers to divert Youth from the Criminal Justice System. Some counties have written into MHSA program services to assist with delivering behavioral health care to young people in the criminal justice system and on community supervision. Individuals from the community can also participate in the local planning process to help suggest innovative plans and programs to support youth at risk of criminal justice involvement. To learn about current MHSA programming across California that is working to support youth diversion, click [here](#). In addition, The [Mental Health Student Services Act \(MHSSA\)](#) is another opportunity for localities to submit plans for public schools to partner with local mental health professionals to provide on-site mental health care and linkage to community-based services. There is a great opportunity to support partnerships to help grow youth diversion programs while leveraging current and future resources.

YOUTH DIVERSION

Juvenile mental health courts are a collaborative court dedicated to minors who have a mental health diagnosis. These courts focus on **providing access to treatment**, consistent and **intensive supervision**, and **academic and family support**. Juvenile mental health court is the pathway to the vehicle to diversion and supportive services. **In California, there are 11 juvenile mental health courts.** *Studies* of mental health courts have shown promising results in several areas, including participants' utilization of services, reduced recidivism, and cost savings to counties and states. If you have questions regarding collaborative justice courts, email collaborativejustice@jud.ca.gov. **The California Juvenile Mental Health Courts can be found using the locator provided by SAMHSA.gov:** https://www.samhsa.gov/gains-center/mental-health-treatment-court-locator/juveniles?field_gains_mhc_state_value=CA

Mental Health Services for Children and Youth

For more information about children and youth mental health services, please contact your local county mental health department. [Click here for a county directory.](#)

Youth Substance Use Disorder Services

For information about youth treatment programs in your community, please contact your [local county alcohol and drug program office.](#)

Residential Treatment

Short-Term Residential Therapeutic Programs (STRTP) are residential facilities that provide an integrated program of specialized and intensive care and supervision, services and supports, specialty mental health services, mental health treatment; and short-term, 24-hour care and supervision to children. [To learn more, click here.](#)

Community Treatment Facilities (CTF) are residential facilities that provide mental health treatment services to children in a sub-acute, secured, and home-like setting. CTFs serve as an alternative to state hospital stays or out-of-state placement and enable children with mental health needs to receive treatment in a less restrictive setting.

Resources:

[Substance Abuse and Mental Health Services Administration-SAMHSA](#)
[National Directory of Mental Health Treatment Facilities \(Youth & Adult\), SAMHSA 2015](#)
[The California Integrated Core Practice Model for Children, Youth, and Families \(ICPM\), 2018](#)