

# Massachusetts Alliance of Juvenile Court Clinics (Line Item 5055-0000)

Every year **thousands of the Commonwealth's most vulnerable children** and families appear before the Massachusetts Juvenile Courts. **Over 60%** face a combination of mental health and behavioral problems, medical issues, substance abuse, histories of abuse and neglect, learning disabilities, and cultural issues.

The Massachusetts Legislature supported the mission of the juvenile court and the juvenile court clinics with the establishment of a statewide juvenile court system in 1993. These Juvenile Court Clinics are seriously underfunded. The \$500,000 increase in FY2007 and an additional \$686,000 increase in FY2008 (the first increases since 1998!) were welcomed, but the juvenile clinics can still see less than 20% of these high-risk children and their families. **Thus the Juvenile Court Clinics are seeking maintenance of the \$1.186 Million, which was appropriated for the FY08 budget, and additional funding of \$814,000 for a total of \$2 Million for the FY09 DMH Budget.**

## The Role of the Juvenile Court Clinics

Psychologists, social workers, mental health and substance abuse professionals provide court ordered evaluations, referral, and limited intervention services. They assist the Court in making rehabilitative decisions to help children and their families avoid further involvement with the Court. The Juvenile Court Clinics assist the Court in balancing the interests among child or family centered interventions, public safety, and protection of children from abuse and neglect, while providing the following kinds of services:

- **Emergency evaluations of youth in crisis**—for example, an evaluation of a 15-year-old boy who threatened to kill himself if detained by the Department of Youth Services.
- **Comprehensive psychosocial evaluations**—such as evaluating an explosive, 12-year-old boy with a mood disorder who was arrested for fighting at school, and working with the school and his family to develop an appropriate educational and treatment plan. These evaluations can help differentiate a child who is mentally ill and needs services from a child who is gang-involved and selling drugs and needs to be managed in a restrictive setting, such as ones provided by the Department of Youth Services.
- **Specialized evaluations** of substance abuse, sexual offending, violence risk, and firesetting behavior that identify appropriate treatment options. Referrals to substance abuse treatment programs come more frequently from the juvenile courts (51%) than from schools (10%) or health care providers (6%).
- **Evaluations to assess Competency to Stand Trial**—for example, an evaluation of whether a ten-year-old boy, charged with assault and battery after he injured a classmate in a fight at school, could assist his lawyer in participating in his defense. The need for competency evaluations is rising as more youth come before the Juvenile Court with mental health issues, cognitive limitations, or immaturity as a result of their age.
- **Consultations to the Court and the community**—such as a school guidance counselor seeking advice for a 15-year-old girl who was hesitant to report violence at home due to her fear of repercussions within her family. Consultations to schools, community providers, and others may prevent further court involvement or the need for more intrusive and extensive interventions.

## Cost Benefits of Juvenile Court Clinics:

- Increased Juvenile Court Clinic capacity will increase identification of **youth who can succeed** in community-based interventions while **protecting public safety** and **avoiding expensive and ineffective interventions such as juvenile detention.**
- **One DYS detention bed for one year costs more than \$70,000.**
- Preventing one high-risk youth from becoming a criminal **saves society more than \$1.5 million.**

## Recent Trends in Youth Behavior:

Juvenile Court Clinics report the following trends statewide that put greater pressure on clinic resources

1. Increased number of youth at **high risk for suicide.**
2. Increasingly, **younger-aged children** (many ages 7 to 10) are appearing before the Court on delinquency matters.
3. **Youth with multiple, complex problems** that make them fall between the cracks of different state agencies.
4. **Increased rates of dangerous drug use**—such as OxyContin and heroin—without adequate treatment available.
5. **Increased arrests of girls**, particularly an increase in girls involved in sexual exploitation and street drug trade by criminal adults.