FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: Family Behavioral Health Court (FBHC) **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: Mental health clinicians and a case manager serve on a multi-agency treatment team to serve incarcerated youth at the Juvenile Justice Campus. In order to be eligible, a minor may not have a previous sexual or seriously violent offense against another person, be actively involved in a gang, or sold or had in their possession to sell illegal drugs, and must be diagnosed with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED). It is a voluntary program and parental involvement is expected. The court meets every other week with the entire collaborative team that also includes the judge, two probation officers, attorneys, treatment providers and the BHC Coordinator. It currently has 32 active cases, which is its maximum capacity. Since its inception in late 2006 to 2012, 361 total cases have been referred to the court, with 161 minors accepted for entry and receiving services. It began its current 3 phase structure midway through 2008. The program is designed to take 12 months to complete, although as with most juvenile courts, it actually takes longer. The average graduation completion time in 2012 was one year and ten weeks.

Note: there are more outcome goals and data included in this report than those identified by the Department's Outcomes Committee to provide more information on the performance of this program.

AGES SERVED:

☒ **Children** ☒ **TAY**
☐ **Adult** ☐ **Older Adult**

DATES OF OPERATION: Fall 2006 - present **DATES OF DATA REPORTING PERIOD:** Jan-Dec 2012

OUTCOME GOAL	**OUTCOME DATA**
• 80% of youth advancing to stage 2 of the Behavioral Health Court will successfully graduate from the program.[1] Minors must comply with the following for one to three months or longer to progress to stage 2 of the FBHC: 1) Compliance with the direction of parent/guardian in the home; 2) positive school attendance; 3) participate in assessments; 4) active involvement in the treatment plan; 5) attend all court dates as scheduled; 6) compliance with terms and conditions of the	• 8 minors successfully graduated out of15 clients (53%) who separated from the program in 2012 after advancing to stage 2 of the Behavioral Health Court program. 10 of 16 clients (62.5%) who separated in 2011 successfully

[1] This 80% is an arbitrary goal originally developed without reference to other juvenile mental health court models or experience.

court. Stages 2 and 3 continue the areas above and add the additional components of 7) attendance or involvement of guardians for the treatment appointments; 8) developing a plan with the therapist to handle symptoms if they return; 9) accessing services outside the FBHC are established; and 10) the psychiatric condition has stabilized for six months.	graduated after advancing to Stage 2.[2] 15 of 21 clients (71%) successfully graduated in 2010 after advancing to Stage 2 8 of 10 clients (80%) successfully graduated the program in 2009 after advancing to Stage 2. A four year cumulative successful graduation rate for those advancing to Stage 2 is 66% or 41 graduates of 62 exiting FBHC from 2009 through 2012.
• Reduce recidivism of program participants who have in the past been repeat juvenile offenders due to oversight of Behavioral Health Issues.	• There has been insufficient time to assess recidivism for 2012 graduates, as two-thirds (67%) have not been out of the program for 12 months. For the ten 2011 graduates, one person had a new charge in the adult court in 2012, with no jail time, and who then entered adult BHC for additional support. For fifteen 2010 graduates, three people in 2012 had new charges (one as a juvenile with 90 days commitment to JJC and two as adults with 10 days jail time between them.) No 2009

[2] Note this is different than reported in last year's and the 2010 report. The 2011 and 2010 report did not break out individual years and reported cumulative data for an unidentified period. A change in staffing occurred and there were no records explaining the calculations. The definition of "graduation" was also not consistently applied in the data reporting.

	graduates re-offended in 2012. One 2008 graduate of the nine re-offended as an adult. One juvenile 2007 graduate had a violation of probation in 2012. The total four year recidivism rate for juveniles from 2007-2011 is 20% with a total of 10 out of 50 graduates re-offending in either the juvenile or adult system. If looking only at re-offending in the adult system, 6 out of 50 juvenile graduates progressed into the adult system or 12%. None of those re-offending as juveniles also re-offended as adults.
• Improvement in coping skills, education, discipline and behavior.	• In order to graduate, improvement is necessary in school attendance and grade; participants must regularly attend therapy, learn new coping tools, and show consistent improvement in behavior skills. 100% of the graduates showed such improvement.

Success Stories:

"C1" came to court with a charge of knife possession at school. During booking at JJC he described seeing red leprechauns. His history included 2-3 school suspensions in the past year, anger issues, suicidal thoughts, reports of fire starting and animal abuse, marijuana use, and past sexual abuse. At screening his diagnoses included conduct disorder, psychotic disorder, anxiety disorder, and dysthemic disorder. Reluctant to attend counseling or consent to medications initially, he was quite distrustful of and angry with those trying to help him, to the point the therapist made special accommodations as he could often be physically threatening. However, he continued to meet and actively engage in therapy, took the prescribed medications, and switched to a community school where he began attending regularly. After a year, dramatic changes could be observed. His ability to regulate his moods significantly improved. When he

graduated from the program 15-1/2 months after entry, his grades had improved from mostly “Ds” to four “Bs”, an “A”, and a “C”. He had become a young man with insight, goals, in control of his actions, and willing to accept help.

“C2” was charged with battery on her father due to an out-of-control tantrum where she struck him with a metal bottle and destroyed many items in the home. Diagnosed as bipolar and in treatment for eight years elsewhere in the community, she reported daily sadness, depression, and had been physically abused by her boyfriend. She also presented with auditory hallucinations, used marijuana, and had made numerous suicide attempts over the past several years. Her parents felt her behaviors had gotten increasingly worse and were worried about “what will happen next.” The severity of C2’s mental disorder resulted in many challenges for her and the team, but her mother and C2 worked closely with her therapist, began a new medication regimen, and mid-way through the process, added Therapeutic Behavioral Services to provide further structure and support in the home. It often felt as if C2 was on a roller coaster because she would make strides in one area, but then regress and become destructive or violent. C2 always wanted to move forward and she had great support from her mother and therapeutic team. Her school and home behavior – over time – improved dramatically. Her 14 months in the program and strong improvement rivaled eight years of relatively insignificant progress previously. The entire family was grateful to the FBHC team. After graduation, C2 successfully transitioned to the TAY program for continued support.

DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends continuing MHSA funding for this program for FY 2013-14.