



Unlocking the Doors at Juvenile Hall

“Marita” is 13 years old. She has been on anti-psychotic medications since she was 7, and has been in psychiatric hospitals three times because of suicidal behavior. She has also been sent to a number of nonpublic schools that provide special education services. But because of her mental disorders, she often acts inappropriately and fights with other children. The schools couldn’t handle her and kicked her out.

Earlier this year, Marita was arrested for ransacking a school. She was then detained in Juvenile Hall while facing criminal charges. The judge ordered that she be placed in a group home, but the placement failed because the home could not control Marita’s behavior. After a second failed placement, the court decided that the only option left was a large locked facility that usually houses older teenagers with lengthy criminal histories. It does not specialize in providing services to youth with Marita’s level of mental health needs.

For the last four years, MHAS attorneys have been working two days each week at two Juvenile Halls, in a program designed both to protect the rights of detained youth and to ensure that they receive the mental health and special education services they need. One day this summer, MHAS attorney Maggie Brandow was at Juvenile Hall visiting a unit set up specifically for kids with

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Fixing the Mental Health System

Eighteen months ago, MHAS Executive Director Jim Preis was asked to participate in a planning workgroup that was tasked to advise the Los Angeles County Department of Mental Health on how to make *cuts* in the Department’s budget. Happily, things have now changed. In November 2004, California’s voters passed Proposition 63, the Mental Health Services Act. This new legislation made the contemplated cuts unnecessary and, in addition, will provide approximately \$780,000,000 annually in new funds for mental health services in California. Each county is responsible for planning how the funds will be spent, and MHAS is one of over 40 stakeholder groups developing the plan for Los Angeles County.

The authors of Proposition 63 intended not only to provide additional funds for mental health services, but also, in effect, to remake the system. As set forth in a “Vision Statement” issued by the California Department of Mental Health, the goal is to “look beyond business as usual” and to build a mental health system, “where access will be easier, services are more effective, out-of-home and institutional care are reduced and stigma toward those with severe mental illness or serious emotional disturbance no longer exists.” The new system will “promote recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disturbances and their families.”

Many of the stakeholders that are preparing the plan for Los Angeles

County agreed that the current system is too fragmented, and too many people fall through the cracks. This is a problem that the MHAS staff sees every day in serving its clients. All too often, the system tries to force people into existing services rather than developing individualized service plans around each person’s unique needs. What is needed is a system that is client-centered, family-focused and based on the concept of recovery.

Designing such a system is a demanding task. Richard Van Horn is the principal consultant to the California Mental Health Services Oversight and Accountability Commission, which is responsible for overseeing the implementation of Mental Health Services Act. There are “Solomonic decisions” to be made, he says, and what is most important is having decision makers who understand the mental health system and know what needs to be fixed. This is why MHAS is important to the process. As Van Horn puts it, Jim Preis is the “quintessential advocate,” and MHAS’ involvement the process is helping to ensure that the goals of the Act are achieved.

The planning process has been extremely demanding, and MHAS will continue to devote substantial resources to it in 2006. While Jim Preis is optimistic that the work will bring good results, he admits that the system will not be transformed overnight. “MHAS’ advocacy,” says Preis, “will still be needed on a case-by-case basis, and we will continue to make the system work for our clients.”

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serious mental health needs when she noticed Marita, who was locked in her room kicking, screaming and spitting. When the staff couldn't control Marita, they used pepper spray and put her in restraints. MHAS attorneys quickly became involved in the case.

From talks with Marita and an interview with her grandmother, MHAS attorneys learned that Marita wanted desperately to go home (she lived with her grandmother) and that the grandmother wanted her home. What was needed was an intensive care plan and help from trained professionals in the home setting. And in fact, such services are available through Medi-Cal as a result of the *Emily Q. v. Bonta* litigation that began in federal court in 1998. As a result of the lawsuit that was filed by children's advocates, including MHAS, the federal court ordered Medi-Cal to provide a new mental health service called "therapeutic behavior services" (TBS), which involves having a trained behavior aide available on a one-on-one basis to work as needed with a child who has mental health problems -- whether at home, at school, or in a community-based setting.

None of the Probation staff at Juvenile Hall were aware of the existence of TBS. Neither was the court-appointed attorney who was responsible for representing

Marita in court. Mental health workers assigned to Juvenile Hall to care for children like Marita were also unaware of the outcome of the TBS litigation and of the services that are now available. This was clearly one of the many instances where people with mental health problems "fall through the cracks" of a fragmented and overly complicated service delivery system. Many children have been languishing in Juvenile Halls

while an important mental health service has gone untapped by this population.

Because many counties had failed to implement TBS, lawyers in the *Emily Q.* case had gone back to court in November 2004 asking the court to issue an order that would require the State to increase TBS utilization and better monitor compliance. But, happily, the situation that MHAS discovered through working with Marita did not require more litigation. Instead, MHAS acted as a liaison to connect the Department of Probation and the Department of Mental Health and assist them in creating a plan to provide TBS to children in Juvenile Halls. With guidance from MHAS attorneys, a plan was developed to assist children like Marita to obtain TBS services that will allow them to stabilize in Juvenile Hall and then, hopefully, return home or to a community placement. MHAS is now working with Probation and Mental Health to identify other children, like Marita, who without TBS would otherwise require costly and damaging out-of-home placement. Providing TBS services to these children is the key to unlocking the doors of Juvenile Hall.

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Mental Health Advocacy Services, Inc. is a private non-profit 501(c)(3) corporation sponsored by the Los Angeles County and Beverly Hills Bar Associations and the Mental Health Association in California. Since its founding in 1977 MHAS has provided free legal services to more than 50,000 people with mental and developmental disabilities in Los Angeles County. MHAS assists both children and adults, with an emphasis on obtaining government benefits and services, protecting rights and fighting discrimination. MHAS also serves as a resource to the community by providing training and technical assistance to attorneys, mental health professionals, consumer and family member groups, and other advocates. In addition, MHAS participates in impact litigation in an effort to improve the lives of people with mental and developmental disabilities.

Giving Foster Children a Chance

Children enter the dependency system because of abuse or neglect.

Approximately 100,000 such children are under the jurisdiction of child welfare systems in California. It has been estimated that between 30 and 85 percent of foster youth have significant mental health needs, and children placed in foster homes are four times more likely to experience serious psychiatric problems. Given the burden on the child welfare agencies charged with protecting and meeting the needs of all foster children, those with the most serious problems are often the least likely to receive the special services they need.

Education is one of the most pressing issues for children in foster care, especially children with mental and developmental disabilities who need special education services. Foster youth are far more likely than other children to have academic and behavioral trouble in school, including higher rates of absenteeism, disciplinary action and grade retention, as well as lower performance in the classroom and on standardized tests. Many are identified as requiring special education, but too

often they do not remain in any one school long enough to start receiving these special education services. (In California, children in foster care attend an average of nine different schools by the age of 18.)

MHAS has represented abused and neglected children with mental and developmental disabilities since 1989, advocating for the full range of services these children need, including appropriate special education services. Beginning in 1997, with the support of the Stuart Foundation, MHAS has undertaken several projects focusing on the educational needs of foster youth, including a three-year pilot project in which MHAS provided training and technical assistance to the Los Angeles County Department of Children & Family Services. The success of the local project led the Stuart Foundation to fund subsequent efforts by MHAS to develop strategies for addressing the educational barriers facing foster children throughout California.

The Family to Family Initiative

In December 2004, under a new grant from the Stuart Foundation, MHAS became involved in a foster care reform effort now underway in 22 California

counties. The Family to Family Initiative was designed by the Annie E. Casey Foundation to help child welfare agencies and communities across the United States rethink their approach to foster care. The core strategies of Family to Family include:

- Building partnerships between the agencies that serve foster youth;
- Strengthening the recruitment, training and support of foster families so that more foster children can remain in their own communities;
- Including all of the involved parties in decision-making about foster children; and
- Tracking outcomes to enable child welfare agencies to evaluate and improve their practices.

Recognizing the importance of incorporating education into the Family to Family Initiative, the Stuart Foundation brought MHAS into the project to share its expertise in this area. MHAS attorney Nancy Shea and California State University professors Lois Weinberg (formerly of MHAS) and Andrea Zetlin are conducting statewide training and providing intensive technical assistance to seven counties. Nancy, Lois and Andrea are visiting each county frequently to meet with child welfare and education workgroups (including juvenile court attorneys, probation staff and mental health staff), assess each county's unique needs, and develop strategies to increase the focus on education in conjunction with the Family to Family efforts. MHAS will build upon this work in 2006 by providing ongoing assistance to counties, conducting trainings for social workers and foster parents, developing processes for public agencies to work together on education issues, and facilitating the sharing of effective strategies among counties.



Supervisor Yvonne B. Burke presents one of the L.A. County Commission on Disabilities' 2005 Annual Access Awards to MHAS Executive Director Jim Preis.

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