

## Potential Solution to the Juvenile Hall Debate

Alyson Bailey

Willits, CA - Regarding at-risk youth in Mendocino County, there has been recent debate over the potential closure of our juvenile hall.

The 2016 financial audit for the County has the Grand Jury and the Board of Supervisors in possible disagreement over what to do about the juvenile facility. The Grand Jury is adamant that the County find a way to keep the doors open and program running.

Still, the Board of Supervisors is not sure that the “general fund” which is the base of the facilities funding, can support the program, and are discussing sending our at-risk youth out-of-county during a meeting on June 6th at 9:30AM at 501 Low Gap Rd. This is open to the public.

One of the potential locations for outside detention is Sonoma County. Their juvenile facility holds 240 beds. Our current facility has 40 beds. The intimidation of walking into a facility of 240 children, all of whom are strangers, would be overwhelming, especially far from home.

Regardless, there would be significant pressure to seem tough. Mendocino County has some gang activity, while Sonoma County’s more populous environment involves serious gang activity. In-county, our children face a minimal risk of exposure to organized criminality, a trend we would like to continue.

There’s also the concern of travel time. Not only would a County vehicle be used to transport the child to and from the facility once, it would be done several times in order to meet court dates in Mendocino County. Regulations state that two officers accompany any offender, and they would both likely earn overtime with a minimum of four hours of travel, processing, etc. This suggestion is a socially and fiscally expensive choice.

Regarding budget, it would be much more difficult to define costs when there’s an unknown number of youth, court calendars, vehicle maintenance, and other unprecedented factors that will only be taken into account after they have occurred.

Aside from the logistical, and fiscal ambiguity regarding detaining a child out-of-county. There is the question of upholding both regulatory policy, and the rights given to the child therein.

All facilities licensed by the State of California are governed by regulations. Juvenile Facilities are regulated by Title 15, which are considered the minimum standard for operating a facility in good standing, and compliance.

Title 15, Section 1374, Visiting, states that, “Youth shall be allowed to receive visits by parents, and guardians at reasonable times, subject only to the limitations necessary to maintain order and security. Opportunity for visitation shall be a minimum of two hours per week.”

In regulations jargon, “shall” means the Administrator needs to make sure the action is done and documented.

If a Mendocino County child is being detained multiple hours away from his/her parent or guardian, it is probable that the parent or guardian will not be able to make the long distance trip each week, and the facility at which the child is detained may be at risk of non-compliance. This creates a liability for the partner county (potentially leading to further costs) and a poorer outcome for the child.

However, there may be a solution that benefits Mendocino County both fiscally and socially within these regulations.

Under Title 15, “Pilot Projects”<sup>1</sup> (Section 1303) states that the juvenile facility governing board may accept an application from a stakeholder City (i.e. Ukiah) or the County requesting “operational innovation, or a new concept” regarding the operation of the juvenile hall.

It goes on to name the acceptable categories under which these concepts can apply: (A) “Programs,” and (C) “Types of Youth Affected.” Both fall under the Behavioral Health umbrella, and could warrant funding through Mendocino County and Measure B, effectively relieving some of the burden on the Mendocino County’s “general funds” pool of money.

Though this scenario is a potential fiscal solution, is it practical? Is there a need in our local Juvenile Hall for Behavioral Health services?

According to psychiatrists Sarah Walker & Asla Bishop in their peer-reviewed article *Length of Stay, Therapeutic Change, and recidivism for Incarcerated Juvenile Offenders*, “studies of juvenile justice populations estimate that more than 65% of justice-involved youth have diagnosable mental health disorders (Abram et al.,(2004), and 50% a substance dependence disorder (Shufelt & Coccozza (2006).” Childtrend.org also has troubling data regarding justice-involved children. They state that, “suicide rates are four times higher for incarcerated youth compared to their peers, especially those in solitary confinement.”

When people use the term “at-risk youth,” this is often what is meant by “risk.” These are our children, and we have multiple NGOs in Mendocino County who have the tools and talent to provide them with counseling, skill building, and healthcare during and long after their detention if they stay in-county.

---

<sup>1</sup> Pilot Project application requires: a statement of goals, necessity, methodology, projected costs or savings, funding, and overall provision of youth and staff safety. Board must return communication within 10 working days

These agencies, in conjunction with Mendocino County departments, have the knowhow to design an “Integrated Treatment Model” (ITM) similar to the format described by Walker & Bishop. “Facilities [that] utilize the integrated treatment model (ITM), which involves in vivo skills reinforcement with regular treatment groups focused on emotional regulation and pro-social problem-solving skills, (Linehan & Dexter-Mazza, (2008) and aggression replacement training (Glick & Goldstein, (1987) are used to review and problem-solve behavioral incidents, and set treatment goals. Youth receive individual coaching from trained staff, individual counseling and medication for more serious emotional disturbances (e.g., suicidal ideation, high anxiety), and daily group counseling sessions with [other at-risk youth].

A 2006 study of the ITM (Drake & Barnoski, 2006), using a retrospective comparison group of pre-ITM youth, found that the treatment model was associated with a 15% reduction in felony recidivism defined as adjudicated offenses.”

Drafting an application for a Pilot Project that offers more for Behavioral Health is a humane, and responsible choice for Mendocino County, especially regarding our children. Please attend the upcoming Board of Supervisors meeting, and support our kids.