

JUDICIAL BENCH CARD SERIES



**SUPPORTING THE MENTAL HEALTH & WELL-BEING OF
COURT-INVOLVED YOUTH**



JUDICIAL COUNCIL
OF CALIFORNIA

BENCH CARD TOPICS

1. **OVERARCHING PRINCIPLES TO SUPPORT MENTAL HEALTH & WELL-BEING**
2. **COURTROOM PRACTICE TIPS**
3. **LANGUAGE TO SUPPORT GOOD MENTAL HEALTH**
4. **ACCESSING COMMUNITY-BASED MENTAL HEALTH SERVICES**
5. **REFERRAL OPPORTUNITIES & RESOURCES**
6. **NAVIGATING TRANSITIONS**
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8. **CONSIDERATIONS AT DIFFERENT AGES & STAGES**
9. **CONSIDERATIONS FOR YOUTH TESTIMONY & INTERVIEWS**
10. **THE ROLE OF THE PROBATE COURT (IN GUARDIANSHIP PROCEEDINGS)**
11. **THE ROLE OF THE FAMILY COURT**
12. **THE ROLE OF THE JUVENILE COURT**

WHERE TO LEARN MORE

Each bench card includes references to relevant sections of bench guides specific to Probate Court (guardianship proceedings), Family Court, and Juvenile Court settings, and in some cases other outside resources. We encourage readers to refer to those guides for more in-depth information.



ACKNOWLEDGEMENTS

This resource was jointly developed by the [Judicial Council of California](#) and the [National Center for Youth Law](#). Authors and contributors include Judicial Council of California staff (Dr. Amy Bacharach, Kerry Doyle, Tareq Nazamy, and Carrie Zoller) and National Center for Youth Law staff (Rebecca Gudeman, Dana Paycao, and Rachel Velcoff Hulst). It is part of a series of resources intended to help promote positive mental health for youth and families experiencing court involvement. The series also includes a Family Court Mental Health [Bench Guide](#) and a Probate Court Mental Health [Bench Guide](#). Additionally, some content is adapted from the Judicial Council's [Keeping Kids in School and Out of Court Mental Health Bench Guide](#) and [Bench Cards](#).

Throughout the bench card series, we use an understanding of mental health based on the [Centers for Disease Control and Prevention's](#) definition, which states, in part:

“WE SEE MENTAL HEALTH AS A CRITICAL ASPECT OF HEALTH THAT AFFECTS OUR EMOTIONAL, PSYCHOLOGICAL, SOCIAL, AND OVERALL WELL-BEING AND WELLNESS. IT CAN AFFECT HOW WE THINK, FEEL, AND ACT. IT CAN DETERMINE HOW WE HANDLE STRESS, RELATE TO OTHERS, AND MAKE CHOICES. MENTAL HEALTH IS IMPORTANT AT EVERY STAGE OF LIFE, FROM CHILDHOOD AND ADOLESCENCE THROUGH ADULTHOOD.”

We discuss not only how to support youth experiencing a mental illness, but also how to promote mental health and wellness.

This resource provides legal information, not legal advice. Readers are encouraged to consult counsel for advice regarding the topics addressed.



Questions about this resource?

Please contact health@youthlaw.org.

Judicial Branch of California

www.courts.ca.gov

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1. OVERARCHING PRINCIPLES TO SUPPORT POSITIVE MENTAL HEALTH AND WELL-BEING

ENGAGE AND CENTER YOUTH.

Treatment plans should include opportunities for developmentally appropriate learning, growth, recreation, and relaxation. The team supporting the youth should take the time to learn about the youth's interests and provide opportunities in those areas.

Treatment plans will be most effective with youth and family buy-in. Again, adults supporting the youth should ask about their wants, needs, concerns, and goals.

BE STRENGTH-BASED, NOT DEFICIT-BASED.

Focus on the youth's strengths and areas for growth – not on their perceived deficits.

Help the youth set realistic goals that they can take practical steps to achieve. Always acknowledge progress and successes.

Understand that progress is not always linear - a youth may experience two steps forward, one step back. Setbacks may be part of growth and healing. This may occur during times of transition.

Be patient. Growth and healing take time, and progress may not come right away.

SAFEGUARD PRIVACY.

There is still a lot of stigma surrounding mental health. Perspectives on mental health may also vary by cultural identity.¹ Discussing a youth's mental health experiences in open court can cause or amplify feelings of shame. Approach these discussions with empathy, and without disclosing any unnecessary information.

AVOID MAKING ASSUMPTIONS ABOUT A YOUTH'S BEHAVIOR.

Behaviors such as defiance, irritability, or avoidance may reflect:

- › **A trauma response.** Every youth with court-involvement has experienced some level of trauma, due to underlying events and/or the experience of the system involvement itself. Sometimes it manifests in ways that adults may interpret as "bad" behavior or attitude.
- › **Experiences of exploitation or victimization.**
- › **Survival strategies** that the youth has adopted.

Consider the potential causes of the behavior to avoid misdiagnosis of needs and ineffective or even harmful interventions.

KNOW YOUR EXPERTS — INCLUDING YOUTH AND FAMILY MEMBERS.

Recognize that youth are experts on themselves, and (generally) parents should be considered experts on their children.

Familiarize yourself with the professional mental health experts and care providers in your community, especially those with experience serving youth.





1. OVERARCHING PRINCIPLES TO SUPPORT POSITIVE MENTAL HEALTH AND WELL-BEING

ENSURE STANDARDS OF CARE ARE MET.

Care should be provided in home and **community-based settings**, in the **least restrictive environment**, with services tailored to meet **individual needs**.

Home-like settings are more likely to promote healing and therapeutic engagement, whereas removals from home can cause trauma, exacerbating existing mental health needs.² Wherever possible, youth should be “wrapped” with services that follow them and are provided in home-like settings. Always consider if there are supports that could be put in place to stabilize the youth without removing them from their home environment.

Youth should be supported by a **multidisciplinary group of trusted adults** who collaborate with one another.

Identify the key adult supports in the youth’s life - including therapeutic, educational, social, and family support people - and promote their collaboration with one another. Because all of these areas of a youth’s life can impact their mental health and well-being, it is critical that adult support people work together. For youth involved in juvenile court with a foster care placement, the Child and Family Team (CFT) has a key role in identifying needs and recommending services and supports.

USE TRAUMA-INFORMED AND CULTURALLY RESPONSIVE PRACTICES.

Make use of appropriate assessment tools and seek guidance from the youth, their family, and their support team about their needs. Do not underestimate the youth’s ability to understand their own needs.

Shift from a **punitive approach** to a **therapeutic approach**. Take the time to understand the youth’s underlying experiences and needs, rather than focusing on blame and shame.

Punitive thinking	<i>What’s wrong with you?</i>
Therapeutic thinking	<i>What have you been through that is causing pain, distress, or harmful behaviors?</i>
	<i>What is this bringing up for you?</i>
	<i>What is worrying you?</i>
	<i>What is happening and how are you feeling?</i>

Part of being trauma-informed is being **culturally responsive**.³ A youth’s family history, cultural background, previous exposure to mental health treatment, LGBTQIA+ status, and other factors may impact what supports they need and want. In addition to evidence-based treatment, be aware of community-defined practices to support mental health and well-being.



WHERE TO LEARN MORE

[Family Court Bench Guide](#), p. 4-6

[Probate Court Bench Guide](#), p. 4-6

[Juvenile Court Bench Guide](#), Bench card 1-2; p. 1-5



2. COURTROOM PRACTICE TIPS

WELCOMING AND ACCESSIBLE APPROACH

ENVIRONMENT

- > Take a moment to think about the courtroom from the youth's perspective.
- > Consider whether there are any aspects of the physical environment that may trigger an emotional reaction, and remove or mitigate them where possible. *Examples: spaces with dark lighting or areas lacking signage.*



VERBAL COMMUNICATION

- > Orient the youth to what will happen at an age-and developmentally-appropriate level.
- > Use accessible and understandable vocabulary. Define or explain legal terms or other complex words.
- > Speak in a calm tone, at a reasonable pace. Do not raise your voice or speak in an aggressive way.
- > Use trauma-informed communication strategies, such as person-first, non-stigmatizing language about mental health. [See Bench Card 3 on this topic.](#)

NON-VERBAL COMMUNICATION

- > Listen actively.
- > Make eye contact.

ENGAGING YOUTH

YOUTH VOICE

- > When age-and developmentally-appropriate, ask the youth for their perspective and needs. [See Bench Card 9 for considerations for youth testimony and interviews.](#)
- > Provide youth with opportunities to ask questions and seek clarification.
- > Ask about the youth's interests and goals.
- > Celebrate the youth's progress and successes, even the small ones.



YOUTH SUPPORT

- > Acknowledge that you understand the courtroom setting may be triggering. Let the youth know they may take a break if they are feeling emotionally or physically dysregulated.
- > Allow the youth to hold a "grounding object" or "transitional object" (a small item of their choice that brings them comfort) in court or during court-connected processes, if desired.
- > Be ready to recognize signs of trauma or distress. *Examples: hypervigilance, inappropriate smiling or laughter, anger, and unresponsiveness when engaged.*



2. COURTROOM PRACTICE TIPS

PRIVACY

- > Do not discuss sensitive behavioral health information or diagnoses in open court. Instead, ask open questions and provide the youth opportunities to convey information to the court through other means. Consider sidebars for sensitive conversations.
- > Be ready to order redactions if privileged or unauthorized information is in a court report. This is an important signal to a youth that you take their privacy seriously.
- > Allow the youth time to speak privately with or ask questions of their attorney.



TRUSTED ADULTS

- > If age and developmentally appropriate, ask the youth if they have a trusted adult in whom they can confide.
- > Remind the youth that their attorney (if applicable) is there for support and questions.
- > For youth involved in juvenile court, consider appointing a CASA if the youth does not have a positive support system in place.



CLEAR, CONCRETE PROCESSES AND EXPECTATIONS

- > When goal setting, focus on 1 to 3 specific, reasonably achievable goals.
- > Ensure the youth, family, and team (as applicable) have a plan for supporting the youth in the event of relapse or crisis.
- > Ensure transitions are carefully planned and executed, including anticipating that the youth may experience heightened stress during this time and need additional support.



SETTING TREATMENT-RELATED CONDITIONS AND GOALS (AS APPLICABLE)

- > Ensure any treatment-related conditions and goals are:
 - > Informed by appropriate assessments of individual needs.
 - > Appropriate to the youth's age, development, and intellectual capacity.
 - > Relevant, reasonable, and practically achievable in a short time period.
 - > *Example: A youth has experimented with alcohol twice but shows no signs of an ongoing issue. Requiring attendance at daily AA meetings is not an appropriate condition.*
- > Anticipate barriers that the youth may encounter and help them get support. If a youth has no practical way to meet a condition, it sets the youth up to fail.
 - > Is the type of treatment ordered available?
 - > Does the youth have the resources or insurance coverage needed to access it?
 - > Does the youth understand what is expected of them?
- > Consider harm reduction rather than absolutism.
 - > *Example: A youth is self-medicating with marijuana. Support a plan for gradual reduction rather than expecting immediate, complete elimination.*



WHERE TO LEARN MORE

Family Court Bench
Guide, p. 19-27

Probate Court Bench
Guide, p. 19-25

Juvenile Court Bench
Guide, Bench Card 2-3



3. LANGUAGE TO SUPPORT POSITIVE MENTAL HEALTH

WORDS MATTER.

The language you use in court can stigmatize mental health, increase shame, and perpetuate the idea that a youth struggling with an unmet mental health need is a “bad kid” or “weak,” harming their self-worth. Alternatively, your language can signal empathy and understanding, break down stigma, and promote overall well-being.⁴

USE PERSON-FIRST LANGUAGE.

Put the person first - before the condition or diagnosis. Avoid language that suggests a mental health need defines a youth or is their primary descriptor.

INSTEAD OF THIS....	TRY THIS...
“Crazy,” “unhinged,” “troubled,” “Addict,” “head case,” “disturbed”	Person experiencing a mental illness Person experiencing mental health needs
Schizophrenic	A person who lives with schizophrenia
Manic depressive	A person who lives with bipolar disorder

Note: There are instances where someone may prefer an “identity-first” descriptor. If you are unsure of the youth’s preference, you can ask how they would prefer to be referred to.

NEVER USE DISCRIMINATORY, STIGMATIZING, OR DE-HUMANIZING LANGUAGE.

INSTEAD OF THIS....	TRY THIS...
Mentally ill person	Person with unmet mental health needs Person in need of mental health support Person experiencing distress or trauma Person experiencing mental health needs



3. LANGUAGE TO SUPPORT POSITIVE MENTAL HEALTH

USE STRENGTHS-BASED LANGUAGE.

INSTEAD OF THIS....	TRY THIS...
Trauma victim	Survivor of trauma
Exploitation victim	Survivor of exploitation
Domestic violence victim	Survivor of domestic violence
Let's discuss your mental illness / mental health disorder.	Let's discuss your mental wellness and any unmet needs you have.

IF IT IS NECESSARY TO REFER TO A SUICIDE OR SUICIDE ATTEMPT, USE APPROPRIATE LANGUAGE.

INSTEAD OF THIS....	TRY THIS...
Successful suicide	Died by suicide Passed away due to suicide
Unsuccessful suicide	Attempted suicide Incomplete suicide Survived a suicide attempt

EXPLAIN ALL TERMINOLOGY, EVEN IF YOU THINK THE MEANING IS OBVIOUS.

The way youth and families think and talk about mental health may be specific to their culture, background, generation, and/or family history. Do not place the burden on youth and families to “code switch” between different cultural understandings and language.⁶



3. LANGUAGE TO SUPPORT POSITIVE MENTAL HEALTH

**COMMUNICATE TO YOUTH AND FAMILIES
THAT SEEKING SUPPORT WHEN NEEDED
SHOWS STRENGTH AND RESPONSIBILITY.**

It is not an indication of weakness,
failure, or bad parenting.

FOR EXAMPLE, SAY...

Noticing when your child needs support and helping them find it shows good parenting instincts.

We all experience challenges during our lives and everyone needs help sometimes. You are brave for speaking up for yourself and asking for support.

USE GENDER-AFFIRMING LANGUAGE.

Youth whose gender identity differs from their gender expression or the gender they were assigned at birth may face discrimination, harassment, bullying, and/or family rejection, and are at heightened risk for depression and suicidality.⁵ Use a youth's preferred pronouns (such as she/hers, he/him, or they/their) when speaking with them or referring to them. Doing so signals understanding, acceptance, and respect. You may also wish to introduce yourself using your own pronouns to show youth it is safe for them to identify their own pronouns.

Acknowledgement: Content in this bench card is adapted in part from resources developed by the Hogg Foundation for Mental Health at the University of Texas, available at this [link](#).



WHERE TO LEARN MORE

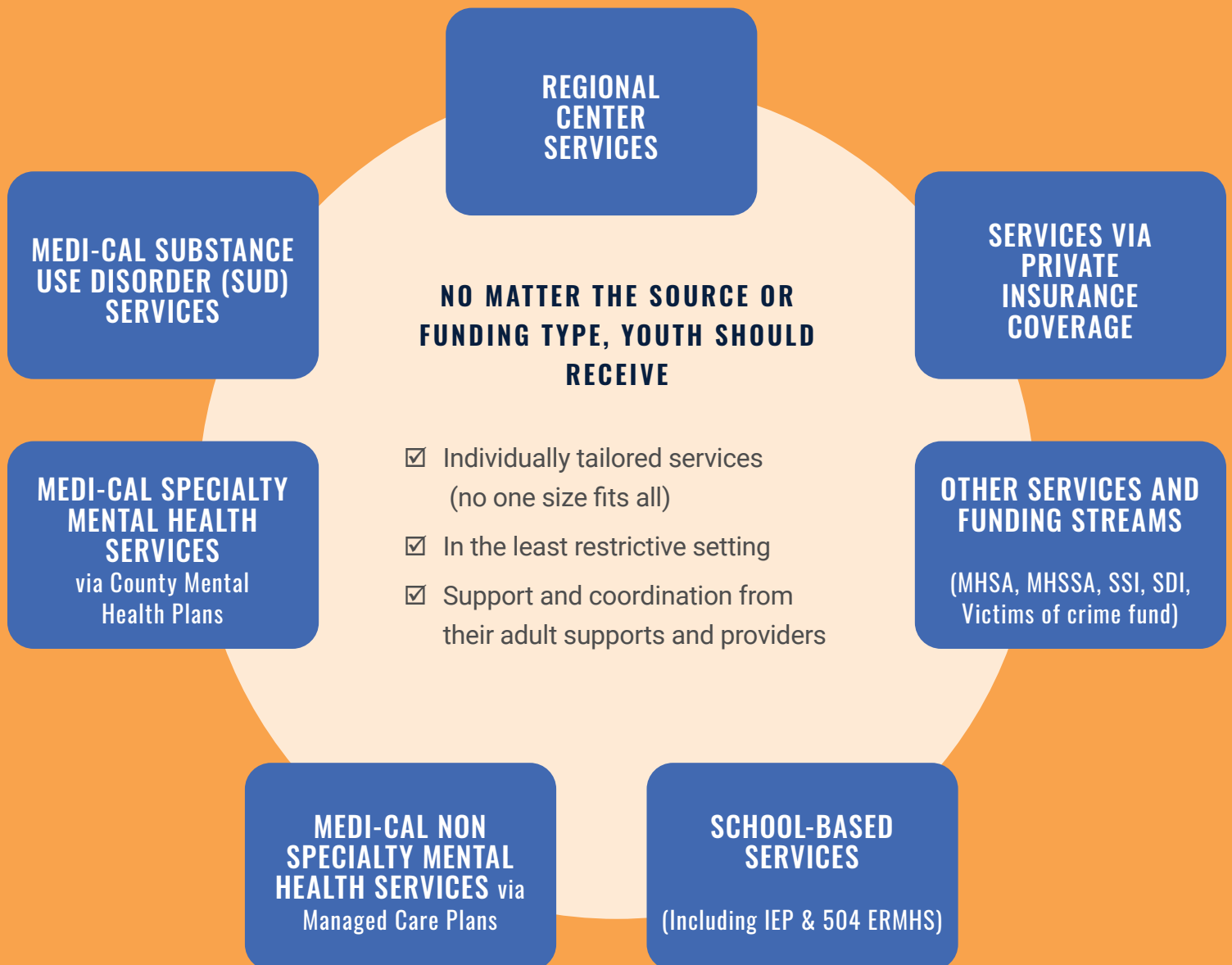
Family Court Bench Guide, p. 26
Probate Court Bench Guide, p. 23



4. ACCESSING COMMUNITY-BASED MENTAL HEALTH SERVICES

There are a variety of types of mental health services for youth, depending on their specific needs and circumstances. Youth may receive multiple types of services, in multiple settings, to meet their needs.

KEY SERVICE AND FUNDING CATEGORIES



Please see [endnotes](#) for full terms of the acronyms used here.⁷



4. ACCESSING COMMUNITY-BASED MENTAL HEALTH SERVICES

SPOTLIGHT: HELPING YOUTH NAVIGATE MEDI-CAL MENTAL HEALTH SERVICES

WHAT ARE YOUTH ENTITLED TO?

Under Medicaid's Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit, youth have a right to screenings for illnesses or conditions, including mental health illnesses or conditions, and treatment services needed to address them. Medi-Cal covers all medically necessary health services including medical and dental care, prescription medication, and reproductive and sexual health services.

WHO PROVIDES WHAT SERVICES?

> County Mental Health Plans Provide Specialty Mental Health Services (SMHS)

- > County Mental Health Plans phone numbers by county:
<https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>
- > SMHS include:
 - > Mental health services – assessments, plan development, therapy, rehabilitation and collateral, medication support;
 - > Day treatment services and rehabilitation;
 - > Crisis intervention and stabilization;
 - > Targeted Case Management (TCM); and
 - > "EPSDT SMHS," including Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Foster Care (TFC), and Therapeutic Behavioral Services (TBS).
- > New SMHS access criteria expand access for youth who have had **child welfare or juvenile justice system involvement, experiences of homelessness**, or who are at **high risk as demonstrated by a trauma screening**.⁸

**MEDI-CAL SPECIALTY
MENTAL HEALTH
SERVICES**
via County Mental
Health Plans

> Medi-Cal Managed Care Plans Provide Non-Specialty Mental Health Services (NSMHS)

- > MCPs are listed by county at <https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>.
- > Examples of MCPs are Anthem Blue Cross, Health Net, and Kaiser Permanente.
- > Includes:
 - > Individual and group mental health evaluation and treatment (psychotherapy, [family therapy](#));
 - > Psychological testing when clinically indicated to evaluate a mental health condition;
 - > Outpatient services for monitoring drug therapy;
 - > Outpatient laboratory, medications, supplies, and supplements; and
 - > Psychiatric consultation.

**MEDI-CAL NON
SPECIALTY MENTAL
HEALTH SERVICES** via
Managed Care Plans



4. ACCESSING COMMUNITY-BASED MENTAL HEALTH SERVICES

HOW DO YOUTH ENROLL IN MEDI-CAL AND ACCESS MENTAL HEALTH SERVICES?

For youth-friendly, step-by-step guidance on enrolling in Medi-Cal, consenting to care, finding a provider and getting help, and accessing care when in foster care, juvenile detention, while parenting, and other special circumstances, see *A Young Person's Guide to Accessing Affordable Mental Health Services Under Medi-Cal*.

General Guide for Youth Eligible for Medi-Cal:

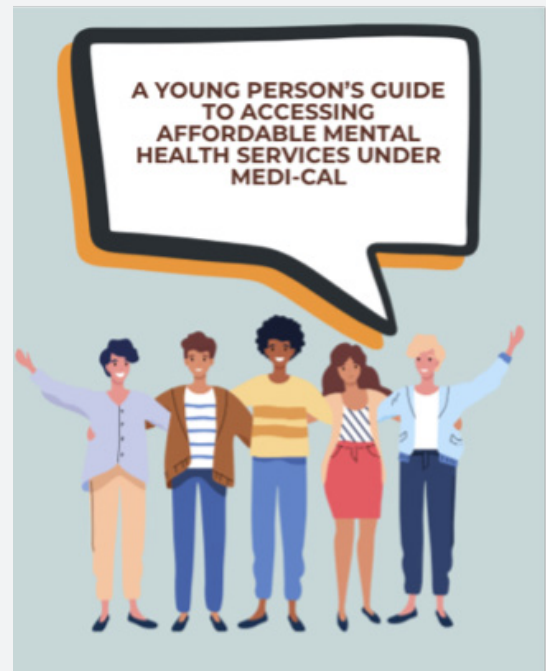
<https://youthlaw.org/resources/young-persons-guide-accessing-affordable-mental-health-services-under-medi-cal>

Guide for Current and Former Foster Youth:

<https://healthlaw.org/resource/resources-for-california-foster-youth-sexual-reproductive-and-mental-health-medi-cal-services/?author=All>

Spanish version here:

<https://youthlaw.org/resources/young-persons-guide-accessing-affordable-mental-health-services-under-medi-cal>



WHERE TO LEARN MORE

[Family Court Bench Guide](#), pp. 12-18
[Probate Court Bench Guide](#), pp. 12-17
[Juvenile Court Bench Guide](#), pp. 17-29



5. REFERRAL OPPORTUNITIES & RESOURCES

Even if you are not in circumstances in which it is appropriate to order mental health treatment, you can empower youth and families by providing them with information, referrals, and support to help navigate the mental health care system.

TELL YOUTH WHERE THEY CAN FIND SUPPORT NOW: HOTLINES & WARMLINES

National Suicide Prevention Hotline: Call 800-273-8255 or text 838225, or dial 9-8-8

SAMHSA National Helpline: Call 800-662-HELP (4357) (information and referrals)

Crisis Text Line: Text HOME to 741741 for crisis support

Directory of County-specific Crisis Services Phone Lines: available [here](#)

CalHOPE Peer-Run Warm Line: Call 833-317-HOPE (4673) (non-emergency)

California Youth Crisis Line: Call or text 800-843-5200 (youth ages 12-24)

Teen Line: Text TEEN to 839863 (6-9 pm) or call 800-852-8336 (6-10 pm) (peer support)

Trevor Project: Call 1-866-488-7386 or text START to 678-678 or chat online at <https://www.thetrevorproject.org/webchat> (LGBTQIA+ youth)

PROVIDE YOUTH AND FAMILIES WITH PRACTICAL RESOURCES FOR ACCESSING MENTAL HEALTH SERVICES, FINDING PROVIDERS, AND NAVIGATING BARRIERS.

Consumer Health Alliance:

Provides free help to Californians applying for healthcare (including Medi-Cal), searching for an appropriate doctor or provider, disputing denials of health services, preventing disruption in care, and addressing and resolving billing problems. 1-888-804-3536, <https://healthconsumer.org/>

Provider Directory / Map from the Catalyst Center:

<https://www.catalyst-center.org/resources>

Medi-Cal Guide for Youth (General): <https://youthlaw.org/resources/young-persons-guide-accessing-affordable-mental-health-services-under-medi-cal>

Medi-Cal Guide for Current and Former Foster Youth: <https://healthlaw.org/wp-content/uploads/2023/01/A-Guide-to-Accessing-Med-Cal-Mental-Health-Services-for-Current-and-Former-Foster-Youth-ACCESSIBLE-for-publication2.pdf>

AVOID ASSUMPTIONS, OFFER SUPPORT

There are many barriers to access treatment - including systemic inequities, insurance coverage, transportation, scheduling, provider shortages/waitlists, and lack of technology for telehealth. If the youth is struggling to access treatment, do not assume they don't care or aren't complying. Ask about what obstacles they are facing, and offer empathy, guidance, and practical help.



WHERE TO LEARN MORE

Family Court Bench Guide, pp.50-51
Probate Court Bench Guide, pp. 46-47

[Resource on School-Based Services](#)



6. NAVIGATING TRANSITIONS

Most youth will experience one or more significant **physical, emotional, legal, or family transitions** during their court involvement. Stressful life events and transitions can be overwhelming and traumatic, are risk factors for mental illness, and may lead to disruptions or delays in access to mental health services at the very time needs may be highest. Thoughtful planning can help avoid or mitigate the negative impact of transitions that youth experience.

PRACTICES FOR SUPPORTING YOUTH ACROSS ALL TRANSITIONS

- > **Acknowledge challenges and prepare for regression.** Transitions are challenging, even when they are the youth's preference. Acknowledge that you understand that the youth is going through a big, stressful change. Expect and prepare for increased mental health symptoms as youth adapt to new settings, routines, and experiences. Ensure there is a plan in place for responding to an escalation of needs or crisis situation (e.g., caregiver knows how to access mobile response services).
- > **Lean into protective factors.** Mental health protective factors include academic achievement, high self-esteem, problem-solving and coping skills, engagement and connections (peers, school, community, and culture), supportive family relationships, mentorship, and physical and psychological safety. Encourage engagement in relationships, sports, and activities that can buffer the impact of transition stress.
- > **Ensure the youth's support people/team is aware of and prepared to navigate the transition.** Transitions are a critical time for teams supporting youth (e.g., Child and Family Teams, multi-disciplinary teams, parents, caregivers, guardians) to coordinate around continuity of services.
- > **Determine whether the transition will impact insurance, provider access, and continuity of mental health care.** Will the youth continue with their existing health coverage? Will they now become eligible for Medi-Cal? Are they returning home to a parent with private insurance? Will they need to switch to a provider in a different geographic area? Who will be accountable for ensuring continuity of care throughout this transition? If the provider(s) will be changing, ensure there is a warm hand-off between providers, that scheduling and transportation for appointments with the new provider is set, that services will be comparable in level and quality, and that any further assessments or services have been planned as needed.
- > **Consider the practical aspects of transitions.** Who will ensure the youth's belongings move with them? Are there essential items the youth needs, and who will help secure them? Are arrangements set for visitation with family, friends, or other support people? Maintaining supportive connections is key.



6. NAVIGATING TRANSITIONS

CONSIDERATIONS FOR SPECIFIC CIRCUMSTANCES

TRANSITION	KEY CONSIDERATIONS
<p>When a youth is moving to a different county...</p>	<ul style="list-style-type: none">> For youth on Medi-Cal, remind the youth/team that they will need to notify the county they are moving to by calling the number for the county human services agency. Youth should tell their local county office within 10 days of moving to a new county. (Youth should <u>not</u> be required to reapply for Medi-Cal simply because they have moved.)⁹> In juvenile court cases, ensure the CFT and agency are in agreement regarding the change. If any party objects, the court must determine whether the youth's needs necessitate out-of-county placement. (See WIC § 361.2(h) & CRC 5.614)> In juvenile court cases, ensure the child welfare agency has taken appropriate steps to ensure continuity of and continued access to mental health services in the new county. Consider making an order if needed.
<p>When a youth is removed from parent custody in dependency...</p>	<ul style="list-style-type: none">> Youth entering foster care should be automatically enrolled in Medi-Cal, without needing to fill out an application, regardless of family income. (If a youth is 18-25 years old and was in foster care (in California or another state) on their 18th birthday, they also qualify for Medi-Cal, regardless of family income, and should be automatically enrolled.)¹⁰> Ensure appropriate consents for health and education services, including any psychotropic medications, are in place.> Ensure appropriate releases for access to confidential mental health information and authority to sign information releases are in place.



6. NAVIGATING TRANSITIONS

<p>When a youth is entering or exiting a juvenile facility...</p>	<ul style="list-style-type: none"> > When a youth <u>enters</u> a juvenile detention facility, their Medi-Cal benefits will be temporarily “suspended” (paused, not terminated), but the youth should receive mental health services provided by the facility. Ensure everyone involved understands this and will support continuity of care. When a youth <u>exits</u> a juvenile justice facility, they can resume receiving services through Medi-Cal. See the Department of Health Care Services ACL No. 21-22 for process details. > If the youth is being considered for foster care placement, ensure a CFT has been formed.
<p>When a youth is entering or leaving a Short-Term Residential Therapeutic Program (STRTP)...</p>	<ul style="list-style-type: none"> > This is a restrictive placement type - ensure the youth has needs that make an STRTP necessary. Consider whether there are additional community-based services, such as EPSDT Specialty Mental Health Services (“Katie A.” services), that could help the youth safely stay in a home-like setting. > Ensure there is a clear plan, including time frame, for transitioning the youth back to a less restrictive setting. > Upon exiting the placement, ensure continuity of care, and that recommendations from the STRTP are incorporated into ongoing services and medication plans.
<p>If the transition involves a potential change in school placement...</p>	<ul style="list-style-type: none"> > If the youth is moving to a new school, ensure the new school has been made aware of and is prepared to provide services the youth is entitled to under their Individualized Education Program (IEP) or 504 plan, including Educationally Related Mental Health Services (ERMHS). (If the youth will continue attending the same school following the transition, check whether any additional transportation arrangements are needed to maintain the placement.)
<p>If the youth takes psychotropic medication(s)...</p>	<ul style="list-style-type: none"> > Ensure the youth/caregiver has an appropriate supply of medication to prevent any gap in taking it, knows how to access their next prescription refill, and is aware of the medication administration schedule.



WHERE TO LEARN MORE

Juvenile Court Bench Guide, Bench Cards 6-7
[More on mental health protective factors](#)



7. CONSIDERATIONS WHEN THERE IS A HISTORY OF EXPOSURE TO VIOLENCE

Many children and youth with court involvement have experienced or been exposed to violence at some point during their lives. Exposure to, and experiences with, violence impacts a youth's sense of **physical and psychological safety**. Both experiencing abuse and being exposed to violence as a bystander are Adverse Childhood Experiences (ACEs) that heighten a youth's risk of mental health issues. Without intervention, youth exposed to violence are at greater risk of both experiencing and perpetrating harm.¹¹

Courts should understand how exposure to violence impacts youth and proactively adopt responses and practices that prioritize the youth's safety and well-being and avoid re-traumatization.

Exposure to violence can be direct or indirect, and characterized by many factors.

DIRECT EXPERIENCE	INDIRECT EXPERIENCE
<ul style="list-style-type: none">› Abuse (physical, sexual)› Physical punishment› Bullying› Dating/intimate partner violence	<ul style="list-style-type: none">› Seeing violence› Hearing violence› Observing injuries caused by violence

INDIVIDUAL LEVEL FACTORS	MACRO AND COMMUNITY LEVEL FACTORS
<ul style="list-style-type: none">› Existing relationship (e.g., familial, peer) between the youth and the perpetrator, and/or the youth and the direct victim› Timing and duration of exposure; single vs. multiple events› Setting, such as:<ul style="list-style-type: none">› School› Home/family (domestic violence, child abuse)› In the community	<ul style="list-style-type: none">› Youth is a member of a community that has experienced community-based trauma due to historical and current violence› Youth is an immigrant who was exposed to violence in their country of origin and/or while immigrating› Exposure to race-based violence, gender-based violence, or other identity-based violence› Exposure involved police brutality or violence perpetrated by or within another public system› Youth has experienced intergenerational transmission of familial violence



7. CONSIDERATIONS WHEN THERE IS A HISTORY OF EXPOSURE TO VIOLENCE

THE IMPACT OF EXPOSURE TO VIOLENCE MAY MANIFEST IN VISIBLE AND INVISIBLE WAYS

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> > Distraction > Impulsivity > Withdrawal > Changes in eating > Changes in sleeping | <ul style="list-style-type: none"> > Hypervigilance > Depression > Anxiety > Difficulty in school > Drug or alcohol use | <ul style="list-style-type: none"> > Aggressive behavior (may be misdiagnosed as oppositional defiant or conduct disorder, or undiagnosed) |
|---|---|--|

COURTROOM RESPONSES TO SUPPORT YOUTH EXPOSED TO VIOLENCE

- > **Be trauma-informed.** Take time to understand the “why” underlying the youth’s demeanor and behavior and to recognize potential trauma responses. See *Bench Cards 1, 2, and 3* for trauma-informed practices to implement in your courtroom.
- > **Be ready.** Ensure all court staff who interact with youth potentially exposed to violence have received training on the effects of exposure to violence, impact of domestic violence on family dynamics, avoiding re-traumatization,¹² and the manifestations of Post-Traumatic Stress Disorder (PTSD) in youth (including all minimum requirements by role established in the California Rules of Court).
- > **Assess the courtroom environment to avoid triggers and re-traumatization.** Are there any measures that need to be put in place to ensure the safety of the youth while participating in court and court-connected processes? For example, is there anything in the courtroom or waiting areas likely to trigger or re-traumatize the youth (e.g. waiting area with dark lighting, confusing signage, loud voices/noises, or security screenings upon entry), or that may expose the youth to contact with an unsafe person?¹³

REFERRALS AND CONNECTIONS TO PROMOTE HEALING

- > Provide the youth and families with resources and connections to **mental health assessment and therapeutic services** that are age- and developmentally-appropriate and culturally-responsive:
 - > Psychological and developmental evaluations
 - > Trauma-informed, culturally responsive treatment and support for the youth, based on the evaluation findings, such as:
 - > Individual or group therapy
 - > Dyadic treatment with the (non-abusive, non-violent) parent or caregiver
 - > Bereavement/grief counseling
 - > Trauma-informed, evidence-based interventions developed to respond to specific types of exposure to violence (see [NCTSN](#) resources)
 - > Educationally related mental health services (ERMHS) in connection with an IEP or 504 plan



7. CONSIDERATIONS WHEN THERE IS A HISTORY OF EXPOSURE TO VIOLENCE

Note: See Bench Card 4 regarding categories of mental health services and Bench Card 5 regarding referrals and connections to services, and Bench Cards 10-12 specific to Probate Court guardianship proceedings, Family Court, and Juvenile Court contexts.

- > Provide the youth and family with referrals for help **accessing basic resources** (e.g., housing, food, clothing) that are necessary to ensure a safe living situation.

ADDITIONAL CONSIDERATIONS FOR COURTS¹⁴

Supporting Physical and Psychological Safety

- > Is there an ongoing risk of further exposure to violence?
 - > If so, are there appropriate safety measures in place to prevent this?
 - > Has a safety plan been developed?
- > Is the youth currently in a home or other placement setting that is safe?
- > Is the youth currently in the care of an adult (parent, caregiver, guardian) who can protect them from further exposure to violence, provide a caring and supportive environment, and help address the impact on prior exposure to violence?
- > Is a court order, protective order (e.g. juvenile court restraining order, domestic violence restraining order), or other injunction needed to address contact between the youth and the perpetrator?
 - > If so, does the current court have appropriate jurisdiction for such a court order? If the court does not have appropriate jurisdiction, how will this be handled?
- > Has the child welfare agency (if applicable) sufficiently investigated and reported to the court the child's history of exposure to violence, and does the youth's case plan take all necessary and appropriate measures to prevent future violence exposure?
- > If relevant, are there any measures that need to be taken at the youth's school to ensure their safety? How will this be coordinated with the school?
- > Have all visitation and custody decisions (if applicable) sufficiently taken into account past exposure to violence and risk of future exposure to violence?
- > Are there any confidentiality issues to address to ensure the youth's safety (e.g. protecting confidentiality of the youth's location and contact information)?
- > Has Family Court Services conducted a domestic violence screening and a differential domestic violence assessment (if applicable), and offered appropriate services and/or referrals?

POTENTIAL LINKS BETWEEN EXPOSURE TO VIOLENCE AND YOUTH BEHAVIOR

- > *For justice-involved youth in Juvenile Court:*
 - > Is the youth's court involvement due to behaviors or actions potentially caused by the exposure to violence and its impact on their physical or mental health and development?



7. CONSIDERATIONS WHEN THERE IS A HISTORY OF EXPOSURE TO VIOLENCE

- > Has the youth's behavior been misidentified or misconstrued as "bad behavior," when it may be in fact a manifestation of trauma?
- > How will this affect the analysis and disposition of the case?

LAW ENFORCEMENT INVOLVEMENT AND VICTIM SUPPORT NEEDS

- > Was law enforcement involved in the violent incident(s), and is there a related criminal case?
 - > Has the perpetrator been prosecuted?
 - > Does the youth need a victim/witness advocate?
 - > Is the youth eligible for crime victim compensation, which may include support for mental health services?
- > Are various advocates (e.g., minor's attorney, social workers, community-based victim advocates) coordinating their efforts to protect and support the youth?

LONG-TERM, COMMUNITY-BASED SOLUTIONS FOR VIOLENCE PREVENTION

- > Consider the broader context of individual cases.
 - > Are there any long-term strategies or collaborations court stakeholders can participate in to help reduce community-based violence and mitigate the impact of community-based trauma?
 - > How can judicial officers help bring more attention and momentum to community-driven work in this area?



WHERE TO LEARN MORE

[Family Court Bench Guide](#), p. 4-5
[Probate Court Bench Guide](#), p. 4-5
[Juvenile Court Bench Guide](#), p. 1-5

[OJJDP judicial checklist](#) for youth exposed to violence
Resource on [teen dating violence](#) and [LGBTQIA+ youth](#)
More on impact of childhood exposure to violence



8. CONSIDERATIONS AT DIFFERENT AGES & STAGES

Mental health and wellness are important at every age and stage of a child's growth and development - but their specific needs and treatment options will shift over time. Below are key considerations and potential actions at different ages and stages of a child's life. In many cases, courts do not have a legal obligation to take these actions, but they may provide opportunities for referrals and sharing information with youth and families.

EARLY CHILDHOOD



0-3: Assess for delays in cognitive ability, motor skills, vision, hearing, speech, language, and social-emotional development. Ensure the child is receiving services to address any needs, through Medi-Cal, IDEA Part C early intervention services/IFSP, and/or other sources. Juvenile court report must state whether the child may be eligible for or is already receiving these services.

0-5: Ensure the child has access to a supportive and nurturing early learning environment. (Examples are federally-funded [Head Start and Early Head Start](#) programs serving children in low-income families).

0+: Consider whether there are supportive services the parent, caregiver, or whole family needs to strengthen their relationship with the child and promote well-being. Provide connections to these resources. (Examples of interventions include [Parent Child Interaction Therapy](#), [Infant and Early Childhood Mental Health Consultation](#), [home visiting programs](#), and [dyadic care](#).)

3+: Assess the child for any disabilities or delays that may impact their learning. They may qualify for services through their local school district through IDEA Part B (early childhood special education). Juvenile court report must state whether the child may be eligible for or is already receiving these services.

Continue assessing for any disabilities or delays, and ensuring appropriate services and supports are provided.





8. CONSIDERATIONS AT DIFFERENT AGES & STAGES

SCHOOL- AGE YOUTH



12+: Youth in juvenile court must be given an opportunity to review, sign, and receive a copy of their case plan.

12+: In certain circumstances, youth may legally consent to their own outpatient mental health treatment. See [California Minor Consent Laws - Mental Health Services: Minor Consent Services and Parents Access Rules](#) for more information.

12+: Medical confidentiality rights to authorize or limit release of substance abuse and outpatient mental health treatment information transfer to youth.

12+: Rights to claim or waive psychotherapist-patient privilege are held by dependent youth if competent.

14-15: Juvenile court case plan must be developed in consultation with youth.

14-15: Juvenile court case plan must include a written description of programs and services to help the youth, consistent with their best interests, prepare for the transition from foster care to successful adulthood.

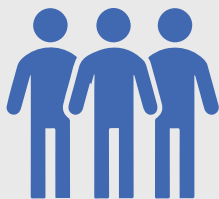
Ensure the youth understands their own mental health conditions, the services they are receiving and why, how to access community-based services, and how to communicate health concerns to a provider.





8. CONSIDERATIONS AT DIFFERENT AGES & STAGES

TRANSITION AGE YOUTH (TAY)



16.5-17: Ensure the county screens youth in foster care (including those placed by the probation department) for SSI eligibility, and submits applications for those likely to be eligible. To the extent possible, this must be timed such that eligibility may be determined before leaving care. Ensure case plan documents pending SSI or SIJS application(s).

Continue assessing for any disabilities or delays, and ensuring appropriate services and supports are provided. Remember that adolescence and early adulthood are times of significant transition, which may trigger new stress and anxiety.

18+: Most young people consent to their own care, control release of health information, and may claim or waive evidentiary privileges. If the juvenile court finds a nonminor dependent (NMD) not competent to direct counsel, it must appoint a Guardian Ad Litem (GAL). Ensure questions regarding capacity to make medical or other legal decisions are addressed in Probate Court.

18+: Ensure the young person continues to have consistent healthcare coverage for both physical and mental health services, and knows where to continue accessing them. If the young person has coverage through their parent or guardian's insurance, ensure they have a plan for obtaining their own coverage at 26.

18+: Ensure the young person knows how to access their medical history and record, insurance information, and identification documents.

PARENTING YOUTH & YOUNG ADULTS



Acknowledge the mental health needs of the child(ren) as well as the young parent. Consider potential services for the parent, the child, or the family as a whole, including support to strengthen parent-child relationships. Provide connections to resources.

Ensure both the parenting youth and their child(ren) have healthcare coverage. If appropriate, direct them to resources on accessing Medi-Cal mental health services.

REMEMBER: The prefrontal cortex of the brain, which is important for executive functions and complex behaviors, does not reach full maturity until age 25. Parenting youth and young adults face the challenge of helping their child learn and grow, while still learning and growing themselves.



WHERE TO LEARN MORE

- [Family Court Bench Guide](#), pp.6-12, 27-28
- [Probate Court Bench Guide](#), pp. 6-12, 25-26
- [Juvenile Court Bench Guide](#), p. 12, 31-35
- [Minor Consent Law Resources](#)



9. CONSIDERATIONS FOR YOUTH TESTIMONY & INTERVIEWS

Direct involvement in court proceedings or court-connected processes can be overwhelming for youth, resurfacing past trauma or creating new stressors. It can also be an empowering opportunity for youth to share their voice, perspective, and goals.

OVERARCHING QUESTIONS TO ASK WHEN CONSIDERING WHETHER A YOUTH SHOULD TESTIFY, BE INTERVIEWED, OR OTHERWISE BE DIRECTLY INVOLVED IN COURT OR COURT-CONNECTED PROCESSES

- > Has the youth expressed a desire to participate?
- > Will the experience be empowering for the youth?
- > Will the experience potentially re-traumatize the youth?
- > Will the experience ease or exacerbate the emotional burden the youth may be experiencing related to the proceeding or family conflict?
- > Is the proposed involvement appropriate to the youth's age, developmental stage, and intellectual capacity?
- > What method of involvement would be most empowering, and least traumatic?

TRAUMA-INFORMED STRATEGIES FOR INCORPORATING YOUTH VOICE

- > Imagine yourself in the youth's shoes and assess the courtroom or interview space for anything that may be triggering or traumatizing for the youth. Make modifications as necessary (e.g. more lighting, adding signage).
- > Confirm that the minor's attorney (if applicable) has provided the youth with clear guidance on what to expect, and that the minor's attorney or another trusted adult will be available to the youth afterwards for support, if desired.
- > Tell the youth that you understand that this may be a challenging experience, and that you respect and value their voice.
- > Allow the youth to hold a "grounding object" or "transitional object" for comfort.
- > Listen actively and attentively to the youth. Ask others to do the same.
- > Encourage the youth to speak up if they are feeling physically or emotionally dysregulated and need a break.



9. CONSIDERATIONS FOR YOUTH TESTIMONY & INTERVIEWS

QUICK REFERENCE CHART: COURT-SPECIFIC RULES WHEN CONSIDERING YOUTH PARTICIPATION

ISSUE / TOPIC	APPLICABLE RULE(S)
Probate Court Guardianship Proceedings	
On allowing but not requiring youth to state a preference	CRC 7.1016(f)
Participation rules if youth is not a party to the proceeding	CRC 7.1016(b)(3), CRC 7.1016(d)(3), CRC 7.1016(e)
Participation rules if youth is a party to the proceeding	CRC 7.1016(h)(4)) Evidence Code § 765(b)
<i>See also Probate Court Bench Guide, pp. 20-22.</i>	
Family Court	
Child custody evaluator responsibility to minimize trauma potential in evaluations	CRC 5.220(d)(2)
Mediator and evaluator interviews of minor children	Family Code § 3180(a) CRC 5.210(e)(3), CRC 5.220(e)(2)(D)
On determining whether a youth may participate	Fam. Code § 3042 CRC 5.250(a)-(d)
Responsibility for notifying the Court about a youth's desire to testify, or change of mind	Fam. Code § 3042
Process and environment for youth testimony Presence of others Alternative ways to provide testimony	Fam. Code § 3042 CRC 5.250(e)(3), (4)
Court responsibility for discussing confidentiality limitations, if no youth attorney	CRC 5.250(e)(4)
Appointment and role of minor's counsel	Fam. Code § 3150-51 CRC 5.250(e)(5), CRC 5.240, CRC 5.242 Order Appointing Counsel for a Child (form FL-323)



9. CONSIDERATIONS FOR YOUTH TESTIMONY & INTERVIEWS

Youth who testify permitted, not required, to express custody or visitation preference(s)	CRC 5.250(e)(4)
Alternative ways to obtain youth input, if youth will not be called as witness	Fam. Code § 3042 CRC 5.250(e)(1), CRC 5.250(e)(2)
<i>See also Family Court Bench Guide, pp. 21-23.</i>	
Juvenile Dependency Court	
Youth's right to participate in dependency mediation processes	CRC 5.518(d)(2)
Youth's right to address the Court	WIC § 349(c), (e)
Youth's right to be present for proceedings Right to notice of hearing	WIC § 349(a), (d), (e) WIC § 679 CRC 5.530(b)
Appointment of minor's counsel	WIC sect. 317 CRC 5.534(d)
Youth input/objections to STRTP placement	CRC 5.618(e)
Privilege against self-incrimination, right to cross-examine	CRC 5.674(c)
<i>See also Juvenile Court Bench Guide, pp.34-37</i>	



WHERE TO LEARN MORE

[Family Court Bench Guide, pp. 21-23](#)
[Probate Court Bench Guide, pp. 20-22](#)
[Juvenile Court Bench Guide, pp. 34-37](#)



10. THE ROLE OF THE PROBATE COURT IN GUARDIANSHIP PROCEEDINGS

Probate Courts have a critical role to play in ensuring that the mental health needs of youth involved in guardianship proceedings are identified and addressed, and that guardians are prepared to support the youth's positive mental health and well-being.

IDENTIFYING NEEDS & ENSURING ACCESS TO SERVICES

- Ask what needs, stressors, and challenges **the youth** has voiced.
- Ask what needs, stressors, and challenges **the guardian** has observed.
- Review the court investigator's report, ensuring it includes the youth's social history, including assessment of any developmental, emotional, psychological, or educational needs, and the guardian's ability to meet those needs.
- If the youth or family needs ongoing therapy or other support, provide **information, resources, and referrals** to help them access these services. See Bench Cards [4](#) and [5](#).
- In rare circumstances, it may be appropriate and necessary for a court to authorize mental health treatment through a court order. These circumstances are described in [Cal. Probate Code § 2357](#).

EDUCATING & EMPOWERING THE GUARDIAN

- Let the guardian know that it is common for youth experiencing major changes in their lives to need emotional support; when they help the child access support, this is part of fulfilling their legal responsibilities and setting the child up for a healthy and successful future.
- Explain to the guardian that they generally hold the right to consent to medical treatment as would a parent, but that:
 - They may not involuntarily place the youth in a mental health institution; and
 - At ages 12+ the youth may legally consent to their own outpatient mental health treatment and counseling and certain substance use treatment services, under certain circumstances, without parent/guardian consent.



10. THE ROLE OF THE PROBATE COURT IN GUARDIANSHIP PROCEEDINGS

SUPPORT DURING COURT INVOLVEMENT

- If a youth's direct participation in court and/or court-connected process is deemed appropriate, ensure that all involved court staff take steps to minimize the potential for trauma or distress.
- Consider alternatives to direct testimony, informing the youth of their options.
- Provide clear, accessible information to participating youth about what to expect from the courtroom and court process, and options for ways to provide their perspective.
- Consider appointing minor's counsel to support the youth and ensure their voice is heard.
 - Note: If counsel is appointed for the youth, it is important for the youth to understand that counsel's specific role is to advocate for what they believe is in the child's best interest, which may in some cases differ from the youth's stated wishes.*
- Be attuned to signs of trauma and emotional dysregulation.
- Offer the youth an opportunity to take a break as needed.

[See also Bench Card 2: Courtroom Practice Tips;](#)
[Bench Card 9: Considerations for Youth Testimony & Interviews](#)

IDENTIFYING & ADDRESSING BARRIERS TO CARE

- If the youth or guardian has not accessed needed treatment, ask about what obstacles they are facing (e.g., cost/insurance, transportation, scheduling, provider waitlists).
- Ensure the youth and guardian have the support they need to overcome these issues. If your court has a "services navigator" or similar role, offer this resource.

PROMOTE MENTAL HEALTH DURING ONGOING MONITORING

- Review responses to Item 4 (Child's Physical and Emotional Health) on *Confidential Guardianship Status Report* (form GC-251), to learn whether the child is experiencing any challenges, traumatic events, or disruptions; seeing a therapist; and what the child's activities and goals are.
- Provide support to the youth and guardian to address ongoing needs.



WHERE TO LEARN MORE

[Probate Court Bench Guide, pp. 19-25](#)



11. THE ROLE OF THE FAMILY COURT

Family Courts encounter youth and families in times of transition, and have an important role to play in ensuring that youth mental health needs are identified and addressed.

IDENTIFYING NEEDS & ENSURING ACCESS TO SERVICES

- Ask what needs, stressors, and challenges **the youth** has voiced.
- Ask what needs, stressors, and challenges **the parents/caregivers** have observed in the youth.

- Review **parenting plans** to ensure they:
 - Describe decision-making and caregiving with respect to the child's health, including mental health
 - Reflect age and developmental level, psychological development, and trauma history
 - Consider impacts of schooling, extracurricular activities, friendships, and other relationships on mental health
 - Address access to ongoing mental health services the child is receiving
 - Minimize parent conflict and tension that may impact the child's mental health

- Order participation in outpatient counseling** with a licensed mental health professional or through other community programs and services that provide appropriate counseling on mental health issues under [Cal. Family Code § 3190\(a\)](#), if doing so is in the best interest of the child.
 - Note: This is for the limited purpose of facilitating communication between parties, reducing conflict around custody and visitation issues, and improving parenting skills, per [Cal. Family Code. § 3191](#).

- If the youth or family needs ongoing therapy or other support, provide **information, resources, and referrals** to help them access these services. See *Bench Cards* [4](#) and [5](#).



11. THE ROLE OF THE FAMILY COURT

SUPPORT DURING COURT INVOLVEMENT

- If a youth's direct participation in court and/or court-connected process is deemed appropriate, ensure that child custody evaluators, mediators, judicial officers, and other court staff take steps to minimize the potential for trauma or distress.
- Provide clear, accessible information to participating youth about what to expect from the courtroom and court process, and options for ways to provide their perspective.
- Consider appointing minor's counsel to support the youth and ensure their voice is heard.
- Be attuned to signs of trauma and emotional dysregulation.
- Offer the youth an opportunity to take a break.
- Let youth and families know that there is a set of resources available, [Families Change: Guide to Separation and Divorce](#), that provides guidance to help parents, teens, and children ages 6-12 navigate their experience.

[See also Bench Card 2: Courtroom Practice Tips](#) ;
[Bench Card 9: Considerations for Youth Testimony & Interviews](#)

IDENTIFYING & ADDRESSING BARRIERS TO CARE

- If the youth or family has not accessed needed treatment, ask about what obstacles they are facing (e.g., cost/insurance, transportation, scheduling, provider waitlists).
- Ensure someone on the youth's team is responsible for helping overcome these issues. If your court has a "services navigator" or similar role, offer this resource.

PROVIDING COMMUNITY LEADERSHIP

- Take on a leadership role in identifying and developing resources for children and families involved in the family court system, including community-based prevention, intervention, and treatment services; substance abuse and treatment services; services for families with domestic violence issues; counseling; and parent education, consistent with CRC Standard of Judicial Administration 5.30(f) (1),(2),(3),(7).



12. THE ROLE OF THE JUVENILE COURT

The vast majority of youth with juvenile court involvement will experience one or more mental health needs.¹⁵ Juvenile courts must ensure that their mental health needs are identified and addressed appropriately, and that their system involvement does not further exacerbate their trauma.

ASSESSING NEEDS & ENSURING ACCESS TO SERVICES

- Ask what needs, stressors, and challenges **the youth** has voiced.
- Ask what needs, stressors, and challenges **the parents/caregivers** have observed in the youth.
- If the youth is in foster care or being considered for a foster care placement, confirm that the youth has received a **CANS assessment**.
 - If this information is not included in the report you receive, ask the social worker if the child has received this assessment.
- Review the Health and Education Passport (HEP) attached to the court report, and ensure it includes any relevant mental health information.
- Ask if the youth has experienced any major transitions that may have impacted the assessment results.
- Ensure the case plan addresses the youth's social, emotional, and mental health needs, and reflects meaningful input from the Child and Family Team (CFT).
- Confirm that youth ages 14+ were permitted to choose two or more supportive adults to attend the CFT, and that the CFT had access to the CANS results.
- At **EVERY** hearing, determine whether the youth's mental health needs are being identified and met.
 - Make findings and orders to ensure the youth receives all appropriate assessments, evaluations, and services.
 - If there is not enough information to make these findings, inquire further and make orders for additional information as needed.
- Ensure that all mental health services are provided in the least restrictive environment that meets the youth's needs (e.g., home and community-based settings).
- Ask if the youth has been referred to the county Mental Health Plan for Specialty Mental Health Services (SMHS), if they have been assessed, and what SMHS they will receive.
 - Note: Child welfare and juvenile justice involvement are one route to SMHS eligibility.¹⁶
- Identify any inconsistencies between the case plan, the recommended goals in the court report, and the CFT recommendations, and ask about them.
- Ensure continuity of mental health treatment for youth who are entering a juvenile facility (when Medi-Cal is temporarily suspended and the facility becomes responsible for providing services) and at the time of re-entry back into the community.



12. THE ROLE OF THE JUVENILE COURT

MEDICATION OVERSIGHT

- Carefully review any psychotropic medication requests, as described in [CRC 5.640](#), and ensure the youth receives appropriate oversight and medication management.
- Conduct ongoing progress reviews, as required by [CRC 5.640\(g\)](#).

SUPPORT DURING COURT INVOLVEMENT

- Provide clear, accessible explanations of the court process, appropriate to the youth's age and developmental level.
- Remind the youth in dependency court that "minor's counsel" is their attorney and is available to them for questions, support, and advice.
- Be attuned to signs of trauma and emotional dysregulation.
- Offer the youth opportunities to take breaks.

[See also Bench Card 2: Courtroom Practice Tips;](#)
[Bench Card 9: Considerations for Youth Testimony & Interviews](#)

ENSURING PROBATION CONDITIONS ARE APPROPRIATE

- Ensure that any court-ordered participation in treatment services as a term or condition of probation is:
 - Age-appropriate and developmentally-appropriate
 - Individually tailored to the youth's needs
 - Based on a professional mental health assessment
 - Reasonable, realistic, and achievable in a short period of time. Conditions should not set the youth up for failure.

IDENTIFYING & ADDRESSING BARRIERS

- If the youth or family has not accessed needed treatment, ask about what obstacles they are facing (e.g., cost/insurance, transportation, scheduling, provider waitlists).
- Ensure someone on the youth's team is helping with these issues. If your court has a "services navigator" or similar role, offer this resource.



WHERE TO LEARN MORE

[Juvenile Court Bench Guide](#), pp. 1-12



ENDNOTES

- 1 *Identity and Cultural Dimensions*, NAT'L ALL. ON MENTAL ILLNESS, <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions> (last visited Feb. 7, 2023).
- 2 *Trauma Caused by Separation of Children from Parents*, AM. BAR ASS'N (2020), <https://www.americanbar.org/groups/litigation/committees/childrens-rights/trauma-caused-by-separation-of-children-from-parents/>.
- 3 *Cultural Responsiveness*, CHILD WELFARE INFO. GATEWAY, <https://www.childwelfare.gov/topics/systemwide/cultural/-:~:text=Being culturally responsive requires having,are different from one's own> (last visited Feb. 7, 2023).
- 4 ND Volkow et al., *Choosing Appropriate Language to Reduce the Stigma Around Mental Illness and Substance Use Disorder*, NEUROPSYCHOPHARMACOLOGY (2021), <https://doi.org/10.1038/s41386-021-01069-4>.
- 5 Susan Hutton, *The Burden of Code-switching*, LSA MAG. (2022), <https://lsa.umich.edu/lsa/news-events/lsa-magazine/Summer-2022/the-burden-of-code-switching.html>; Courtney L. McCluney et al., *The Costs of Code-Switching*, HARVARD BUS. REV. (2019), <https://hbr.org/2019/11/the-costs-of-codeswitching>.
- 6 2022 National Survey on LGBTQ Youth Mental Health. The Trevor Project, 5-6 (2022), https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf.
- 7 School-based Services: Individualized Education Program (IEP), Rehabilitation Act Section 504 (504), Educationally Related Mental Health Services (ERMHS); Other services and funding streams: Mental Health Services Act (MHSA), Mental Health Student Services Act (MHSSA), Supplemental Security Income (SSI), State Disability Insurance (SDI).
- 8 CAL. WELF. & INST. CODE § 14184.402 (d)(1) (West 2022).
- 9 *My Medi-Cal: How to Get the Health Care You Need*, Dep't of Health Care Servcs. <https://www.dhcs.ca.gov/Documents/myMediCal.pdf> (last visited Feb. 16, 2023).
- 10 *A Guide to Accessing Medi-Cal Mental Health Services for Current and Former Foster Youth*, Nat'l Health Law Program & Nat'l Center for Youth Law, <https://healthlaw.org/wp-content/uploads/2023/01/A-Guide-to-Accessing-Med-Cal-Mental-Health-Services-for-Current-and-Former-Foster-Youth-ACCESSIBLE-for-publication2.pdf> (last visited Feb. 16, 2023).
- 11 *Facts About Children and Violence*, U.S. Dep't of Justice, <https://www.justice.gov/archives/defendingchildhood/facts-about-children-and-violence> (last visited Feb. 15, 2023).



- 12 *Supporting Survivors of Trauma: How to Avoid Re-traumatization*, ONLINE MSW PROGRAMS, <https://www.onlinemswprograms.com/resources/how-to-be-mindful-re-traumatization/> (last visited Feb. 7, 2023); Hon. David T. Sontag, *Procedural Fairness and Trauma: How do we avoid re-traumatizing our court users?*, THE NAT'L JUD. COLL. (2019), <https://www.judges.org/news-and-info/reflection-from-the-bench-procedural-fairness-and-trauma-how-do-we-avoid-re-traumatizing-our-court-users/>.
- 13 Examples may include dark lighting, aggressive tones, loud noises, overly crowded spaces, and security screening. Ken Jandura, *Trauma-Informed Courthouse Design*, CT. MANAGER (2018), <https://thecourtmanager.org/articles/trauma-informed-courthouse-design-33-1/>.
- 14 Each individual case that involves a youth's exposure to violence will be unique. This list is intended to provide examples of potential considerations, but is not comprehensive, and different case types and scenarios may require differentiated approaches.
- 15 Background section of *Position Statement 51: Children With Emotional Disorders In The Juvenile Justice System*, MENTAL HEALTH AM., <https://www.mhanational.org/issues/position-statement-51-children-emotional-disorders-juvenile-justice-system> (last visited Feb. 8, 2023).
- 16 *Specialty Mental Health Services for Youth Under 21: What to Know*, YOUTH LAW CTR. <https://www.ylc.org/wp-content/uploads/2022/12/SMHS-Info-Sheet-BayLegal-and-LSC.pdf> (last visited Feb. 8, 2023).