Massachusetts Juvenile Court Clinics

What is the Juvenile Court Clinic System?

The Juvenile Court Clinic system is jointly administered by the Juvenile Court Department of the Trial Court and the Massachusetts Department of Mental Health. The Juvenile Court Department oversees the policies and practices of the system through its Director of Juvenile Court Clinic Services. The Department of Mental Health oversees contract procurement and management of the system through its Juvenile Forensic Manager.

Since 1996, the system has been operating under an Interagency Service Agreement (ISA) between the Juvenile Court Department and the Department of Mental Health (DMH). At the time of the ISA, DMH agreed to maintain in place DMH staff at the Boston Juvenile Court Clinic, $260, 000 worth of contract funds for two vendors in Suffolk County, and part-time assignment of a DMH Psychologist in Berkshire County to act as Director of the Juvenile Court Clinic. The remainder of the annual budget had been provided by the Trial Court (1.3 million). This has changed as of the FY 2006. The DMH contribution has grown with the award of $1.18 million from the Legislature in the last two years. At the present time, the total budget for the Juvenile System stands at $2.48 million.

Other than the DMH staff in Suffolk and Berkshire Counties, the Juvenile Court Clinics are operated by contracted vendors. The contracts for Juvenile Court Clinic Services are procured for each county. Each county is under the judicial administration of a First Justice. The specific services provided by the Juvenile Court Clinics are shaped by the Director of the Juvenile Court Clinic for each county in collaboration with the First Justice in order to take into account local needs and local availability of services through state and private service providers.

Experience has indicated that ordinary clinical training does not adequately prepare mental health clinicians to conduct forensic evaluations that must be both clinically sophisticated and forensically defensible in court cases. Therefore, all clinicians serving within Juvenile Court Clinics must complete a specialized program of supervised training jointly administered through DMH and the University of Massachusetts Medical School. This specialized training process focuses both upon the forensic adequacy of evaluations conducted through the courts, and how to craft pragmatic recommendations that will serve to stabilize court-involved youth and families while also attending to public safety, child protection, or other interests that may be at stake.

What do the Juvenile Court Clinics do?

Juvenile Court Clinics provide the following services: (1) court-ordered forensic evaluations, including recommendations for management and intervention with court-involved youth and families to minimize the likelihood that they will continue to be court involved or will require scarce and expensive deep-end juvenile justice, mental health, and/or social services; (2) referring families to services provided through state agencies; (3) referring families to services available through local educational, social service, mental health, and health providers; and (4) specialized intervention services that are not readily available in communities (e.g. juvenile sexual offender groups, juvenile firesetter groups, juvenile anger management groups, adolescent life-skills groups, drug and alcohol psychoeducational groups).

Juvenile Court Clinics provide comprehensive court-ordered evaluations in Delinquency, Youthful Offender, Child in Need of Services (CHINS), Care and Protection cases and other cases within the jurisdiction of the Juvenile Court. These cases include emergency evaluations of persons who may require urgent admission to psychiatric hospitals, and "second opinions" for youth in state custody who are administered antipsychotic medications. Evaluations conducted through Juvenile Court Clinics include:

Delinquency

Pre-adjudication evaluations and for aid in disposition at court clinics;
Pre-adjudication evaluations and for aid in disposition for youth detained in DYS settings
Screening of youth identified by Probation as at-risk for self-harm prior to DYS detention
Specialized evaluations for aid in disposition (e.g. juvenile sexual offender)
Evaluations at the time of filing of Violation of Probation
Youthful Offender evaluations for aid in disposition
Competence to Stand Trial evaluations/ Criminal Responsibility evaluations

CHINS

Evaluations at diversion, prior to adjudication of Petition, post-Petition evaluations
Evaluations of child's need for services in light of failure of current services to stabilize the child

Petitions of Care and Protection

Evaluations of current parental fitness, service needs, and likelihood of reunification
Evaluations of special needs or vulnerabilities of children in light of parent's capacities
Evaluations in cases of termination of parental rights

Other Common Evaluation

Assessment for need for acute psychiatric inpatient admission
"Second opinion" review of proposed psychiatric medication for youth in state custody

In practice, the scope of referral questions is extraordinarily broad. Referral issues range from the adequacy of a child's current educational placement, to likelihood of amenability to rehabilitation as a juvenile, to assessment of family dynamics involving

allegations of domestic violence or child sexual abuse, to the prognosis for a mentally ill parent, to identification of the most appropriate services and interventions for a child or family, to assessment of extreme and unusual forms of child abuse. Juvenile Court Clinicians must conduct these evaluations with children and families of diverse socio-economic circumstances, cultural and ethnic backgrounds, and linguistic needs.

Last fiscal year, the Juvenile Court Clinics completed approximately 3,600 formal court-ordered evaluations. This number does not include the other common activities of juvenile court clinicians such as: informal consultations to probation officers, judges , attorneys, court appointed special advocates, and guardians ad litem; short-term intensive case management of cases in crisis as appropriate services are accessed; consultations to caseworkers for state agencies (most commonly, DMH, DYS, DSS/DCF) and local educational authorities regarding court-involved youth and families; short-term intervention services to “bridge” youth in crisis when services cannot be readily accessed; attending case conferences at schools, state agencies, residential facilities, and inpatient units; participating in interagency teams to coordinate responses to particularly difficult cases.