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**At D.C. Superior Court program, a focus on helping minors with mental health problems**



Mark Gail/THE WASHINGTON POST - Judge Joan Goldfrank runs the juvenile mental health diversion court in Washington.

**By Justin Moyer, Published: March 15**

JM-4 in D.C. Superior Court isn't your typical courtroom.

No one is on trial. Defendants, called “respondents,” are surrounded by social workers, psychologists and, often, family members. There’s no mention of the criminal charges against them.

But don’t be deceived. A lot is at stake in JM-4, home of a 14-month-old juvenile court intended to help minors with mental health problems avoid the harsh consequences and limited rehabilitation opportunities in the juvenile system.

Known formally as the juvenile mental health diversion court, it is the latest stop for Magistrate Judge Joan Goldfrank, who has spent much of her career on the bench navigating the intersection of mental health and criminal justice.

In JM-4, where art by young people who have passed through the courtroom hangs on the walls, Goldfrank dispenses encouragement, wisdom — and snacks.

“The message I want to give them is that they are supported,” Goldfrank said. “The whole point of juvenile justice is rehabilitation. How could we not do it on the kids’ side?”

In recent years, the District’s courts and social services agencies have increased mental health resources for young people, although advocates say the efforts still fall short of the need. Recently, the D.C. Council gave [preliminary approval to legislation](#) that would expand mental health services in the city’s public schools.

On a couple of days last month, The Washington Post was permitted to observe proceedings in juvenile mental health court on the condition that none of the participants or their families be identified.

For the mother of a 17-year-old girl, the court was the latest stop in a frustrating effort to obtain help. After her daughter “got in trouble” — the mother wouldn’t go into details — the family had difficulty working with probation officers, coordinating curfews and developing an education plan.

“They were sending me all around the world when it first came out for me trying to seek help for my daughter,” the mother said. “They were telling me to sign my parental rights away.” For her, Goldfrank’s court was different. “I felt that she still listened to me,” the mother said.

Goldfrank does listen, but she and the people who work with her also deliver news that families don’t want to hear. The young people must not only be held accountable for their behavior but also must come to terms with their mental health diagnoses, which are often rooted in trauma that the juveniles have witnessed or experienced.

Accepting that can be hard. Asked by a reporter about her daughter’s problems, the 17-year-old’s mother said she wasn’t aware that her daughter had received a diagnosis for any mental health issue.

Indeed, overcoming family apprehension is one of the challenges the court faces. “Nobody wants to be known as the kid who’s suffering from depression or suffering from PTSD,” said Superior Court Judge Zoe Bush, who, as head of the Family Court division, helped design the program. “It’s not a weakness if you’ve lost someone close to you, to get treatment for depression or dealing with that loss.”

D.C.’s juvenile mental health diversion court, one of about a dozen similar courts around the country, is part of a broader movement toward “problem-solving” courts that try to tackle social problems such as drug use and prostitution without incarcerating offenders.

D.C. Superior Court’s diversion programs have included an adult mental health court and adult drug court. There was a prostitution court, but it was discontinued.

When mental health courts work — and some experts say the results are mixed — they reduce the number of offenders behind bars while linking people to services that can help them avoid being arrested again.

In the District, a minor charged with an eligible offense — mostly misdemeanors and nonviolent offenses such as attempting to flee a law enforcement officer or driving while intoxicated — can apply to have a case diverted to Goldfrank’s court if the youth has a mental health diagnosis, such as generalized anxiety disorder or social phobia.

Instead of facing incarceration, which can increase the odds that the juvenile will re-offend, juveniles in diversion must deal with their problem behavior. If they’re cutting school, they have to go back, or consider getting a GED or a job. If they’re doing drugs, they have to get tested and get treatment. If they need therapy, they have to see a psychologist.

If they succeed, they graduate from the program and have their cases dismissed. If they fail, they may find their cases back on the regular juvenile calendar.

“You can’t overstate how important it is to have real interventions that are targeted to the real needs of the youth,” Bush said.

Bush used to run D.C.’s juvenile drug court, and she said she saw kids there who, “80 to 90 percent of the time,” were smoking marijuana to self-medicate for undiagnosed mental health problems.

“If you just get the kids to stop smoking, that anxiety and depression and trauma is still untreated,” she said. “You really want to get to the underlying problem that they are self-treating and self-medicating. If you do that, you’re getting them to adjust better at home, at school and in the community.”

Whether the new mental health diversion court is meeting those objectives will be the subject of two internal reviews by D.C. Superior Court.

Early statistics are encouraging. A report from the D.C. Department of Mental Health showed that 56 juveniles were enrolled in diversion in 2011. Eight, or 14 percent, were re-arrested, compared with 40 percent in regular court. Nationally, the re-arrest rate is 60 percent, according to the report.

“I’m saying we’re cautiously excited,” said Marie Morilus-Black, the mental health agency’s director of children and youth services. “The recidivism rate — we’re just blown away by it. It’s actually showing that it’s working.”

Juveniles are generally prosecuted by the D.C. attorney general’s office, and Assistant Attorney General Rachele Reid is the prosecutor assigned to the juvenile mental health court. In an interview, Reid said that diversion efforts fit into the city’s objectives.

“Families and communities are looking for alternatives to detention, but we are there to ensure public safety,” said Reid, who sees up to 30 families a week in JM-4. “Believe it or not, the mind-set of our section . . . is to be looking to diversion programs.” After all, treatment can prevent crimes. As Reid puts it: “We don’t want them back here.”

James L. Nolan, a sociology professor at Williams College who has written two books on problem-solving courts, said enthusiasm should be tempered. Although the first mental health court was established in 1997, in Florida, it’s not clear how well such programs stop bad behavior.

“It is not uncommon for local court programs to exaggerate success rates,” Nolan said. “This clearly happened in the early years of the drug court movement. Many of the locally generated evaluations had serious design flaws. This did not dissuade most problem-solving advocates, nor did it seem to dampen the general enthusiasm for these programs.”

But teenagers such as a 17-year old who was referred to diversion in October offer the staff hope that juvenile mental health court will succeed.

The teenager was already attending drug treatment programming at [Federal City Recovery Services](#) in Southeast Washington twice a week, and the diversion program offered her the prospect of avoiding traditional prosecution.

After almost six months in the diversion program, she graduated last month with a framed certificate of completion, a letter from the office of the attorney general, a gift-wrapped copy of “[Anne Frank: The Diary of a Young Girl](#)” and a handshake from Goldfrank.

“This isn’t something I want you to hang in your bathroom,” Goldfrank said, stepping from behind the bench — a rare sight in other courtrooms — to hand the young woman her certificate. “When problems come up, don’t feel like you have to sort them out yourself.”