



Issue Brief: Juvenile Justice in California

Over the last two decades, California's juvenile justice system has undergone transformative changes at the state and county level. As illustrated by the *Los Angeles Times*, "In 1996, state and county lockups held 20,440 youths. By the end of 2022, the number had fallen to 2,582." On June 30, 2023, the state's Division of Juvenile Justice (DJJ), which had an average daily population of roughly 600 to 700 youth over the preceding decade, ceased operations and realigned the care of these youth to counties. The youth previously adjudicated to DJJ were those with the most serious criminal backgrounds and intensive treatment needs, as evidenced by the state's roughly \$250,000 to \$350,000 per capita cost for housing youth. Notably, in the last year of operation, DJJ per capita costs exceeded \$650,000 per youth. Proposed by Governor Newsom and codified by the Legislature, DJJ's closure dramatically altered the juvenile justice landscape in California, presenting local governments with new responsibilities and acute challenges for delivering services to this population.

History

Understanding how the state ultimately realigned juvenile justice to the counties requires a brief review of California's juvenile justice system over the last several decades. As noted by the Congressional Research Service, "During the 1980s and 1990s, most states revised their juvenile justice systems to include more punitive measures and to allow juveniles to be tried as adults in more instances." California was no exception, and during this period, juvenile facilities began to mirror adult institutions, with the state's DJJ population peaking at an all-time high of 10,166 youth on July 17, 1996.

By the early 2000s, several factors began to coalesce, dramatically reshaping juvenile justice policy. One critical aspect was the 2003 Farrell v. Allen lawsuit, which alleged that the state failed to provide adequate care and effective treatment for youth housed in DJJ. The following year, the state entered into a consent decree to provide adequate and effective treatment and rehabilitative services for youth housed in its facilities. The lawsuit, which spanned over 12 years, helped shift the focus from a punitive approach to a rehabilitative model of care and treatment. Additionally, there were changes to the provision of behavioral health services and programs that take into consideration the science and research around adolescent brain development.

In 2007, the Legislature enacted the Juvenile Justice Realignment Bill [SB 81 (Chapter 175, Statutes of

2007)], which limited commitments to DJJ to only the most serious crimes and realigned responsibility for all other justice-involved youth to county probation departments. In the subsequent years, there was a significant decline in the number of youth housed at DJJ. Following the state's fiscal crisis of the late 2000s and early 2010s, the Legislature adopted Governor Brown's 2011 Realignment plan, which dramatically shifted the responsibility and funding for a series of major programs to counties from the state, including key public safety, behavioral health, and social service programs. County probation departments were responsible for over 90% of the youth incarcerated population, and increasingly focused on diversion, community supervision, and other alternatives to detention, while incorporating developmentally appropriate services.

Spotlight: Farrell v. Allen Conclusion

On February 22, 2016, the Alameda County Superior Court terminated the *Farrell* lawsuit, ending over a decade of litigation and court oversight of DJJ operations. The court dismissed the case in recognition of significant achievements by DJJ to resolve the issues underlying the original suit and the concerns raised by the court-appointed experts and the *Farrell* Special Master. *Farrell* remedial plans addressed deficiencies in (1) education, (2) youth with disabilities, (3) sex behavior treatment, (4) health care, (5) safety and welfare, (6) dental care, and (7) mental health.

DJJ Realignment

In his first budget (2019-20), Governor Newsom proposed transferring DJJ to a newly created, independent department within the California Health and Human Services Agency. This proposal was delayed due to the COVID-19 pandemic and was unexpectedly changed at the end of the 2020 legislative session. The plan shifted to shuttering DJJ and realigning the responsibility of all youth to county probation departments under SB 823 (Chapter 337, Statutes of 2020). SB 823 proposed to close intake at DJJ on July 1, 2021, provided counties statewide with \$225,000 per youth on an annual basis, and included a statutory formula for distribution of those funds, which will be revisited in January 2024. SB 823 also established the age of jurisdiction at 23 for youth adjudicated of specified offenses and age 25 for youth adjudicated of offenses that would result in an aggregate sentence of 7 or more years in adult court.

Spotlight: Per Capita Spending

Under a statewide formula, counties receive \$225,000 annually for each youth who was eligible for commitment to DJJ prior to closure, and youth adjudicated to be a ward of juvenile court for DJJ-eligible offenses. At the time of DJJ's closure, annual per capita spending was estimated at about \$655,000, a cost driven in significant part by the standards of care established under *Farrell*. While the statutory formula for distribution of funds will be revisited in 2024, it is notable to highlight counties will likely experience increasing cost pressures in excess of \$225,000 currently provided per youth.

A subsequent bill, SB 92 (Chapter 18, Statutes of 2021), authorized counties to establish Secure Youth Treatment Facilities (SYTFs) for certain youth; provided guidance on how counties adjudicate, house, and facilitate services for these youth; required the court to set a maximum term of confinement for the youth in a SYTF; mandated regular progress review hearings and allowed probation or the youth to make a motion to the court for transfer to a less restrictive program; and required the Judicial Council to develop and adopt a matrix of offense-based classifications.

Lastly, SB 92 set a DJJ closure date of June 30, 2023, but notably did not specify a process for the discharge or transfer of youth who remained at DJJ in the interim or at the time of closure.

State to County Transition

Ultimately, the state determined that youth remaining at DJJ at the time of closure would also need to transfer to county care and custody. Counties worked diligently to create plans so individuals transitioning from state to local juvenile justice facilities would not experience substantial treatment and programming disruptions. Assuming responsibility for youth with the most serious offenses and intensive treatment needs required county probation departments to reassess their existing services, including their capacity to treat youth with serious behavioral health issues, female youth, individuals with adult convictions, and those participating in sexual behavior treatment programs. These specialized treatment programs took years to establish within DJJ, with court oversight through the Farrell lawsuit, and thus represent a challenge for county probation departments, particularly under the accelerated realignment timelines. To add to these challenges, counties are also creating programming not only for returning DJJ commitments, but youth who otherwise would have been adjudicated to DJJ in the past, as well as those entering the system with unknown needs. Counties are continuing to be flexible and creative to improve the juvenile justice continuum, while endeavoring to address the complex needs of this dynamic and ever-changing population.

Since DJJ's June 30, 2023 closure, counties are required to provide wrap-around services, programming, specialized treatment, and maintain and increase staffing where necessary, while making significant upgrades to improve design and create additional space within existing facilities. Nevertheless, the focus of county probation departments remain the same – to provide care for youth and young adults close to their loved ones and ensure access to effective, individualized treatment with the goal of ensuring that all youth are safe, healthy, and supported to become contributing members of their community.