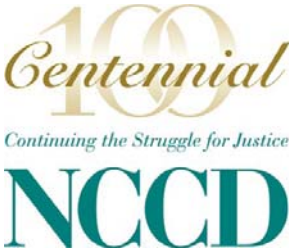

National Council on Crime and Delinquency

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System

A Project of

The California Endowment

A Final Evaluation Report by the

National Council on Crime and Delinquency

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From NCCD, Barry Krisberg acted as project director. Carolina Guzmán led the day-to-day evaluation activities with the participation of fellow staff members, Antoinette Davis and Linh Vuong. Isami Arifuku provided leadership in the early stages of the Initiative.

Thanks to the youth who participated in HRI programs and to whom this initiative for better health is dedicated.

"The California Endowment has set out to change the paradigm, making the system—traditionally focused on punishment—consider mental health issues front and center."

—Barry Krisberg, NCCD

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Introduction and Background

Youth in the juvenile justice system suffer from a variety of mental illnesses, and, if not treated, these issues can become worse. The published literature shows that most of the youth in the system suffer from a debilitating mental illness. Lack of health care coverage also represents a major issue, as there are few services available to youth who do not have coverage.

A review of the published literature shows that:

- There is a link between offending and mental health problems during youth and violence, abusive upbringing, and adult criminality. Often mental health problems go undetected in juvenile offenders. Thus they only get help when in crisis.
- There are some estimates that mental illness in children and adolescents in the juvenile justice system is 80%, with 40% having conduct disorders, and roughly 50% having substance abuse issues.
- Girls have more incidents of mental illness than boys, while boys have more externalizing disorders. Girls have more psychopathologies (psychological and behavioral dysfunction, mental disorders, or social functioning), which may account for the higher population of males in the system.

The results of a survey of 51 Chief Probation Officers and 35 Mental Health Directors (or their representatives) in California counties conducted by the National Council on Crime and Delinquency (NCCD) for The California Wellness Foundation (Hartney et al., 2003) indicated that:

- Approximately 42% of youth in detention, 59% of youth in placement, and 33% of youth on home supervision have a mental health issue serious enough to require treatment or services.
- The percentage of youth that have substance abuse problems is approximately 77% of those in detention, 76% of youth in placement, and 66% of youth on home supervision.
- About 23% of youth in detention, 32% of youth in placement, and 18% of youth on home supervision are prescribed psychotropic medication.
- On average, 29% of youth in detention, 44% of youth in placement, and 18% of youth on home supervision have an existing diagnosis of a major mental health issue.

California counties report that, in a typical month, an average of 86% of incoming youth are given a brief or preliminary screening for mental health issues. This may be five questions on an intake or risk assessment tool or a formal screening instrument. Approximately 14% of youth are provided in-depth psychological assessments, typically administered while youth are in Juvenile Hall. The assessments are performed by mental health professionals (psychiatrists, psychologists, or social workers) in a majority of, but not all, counties.

Other findings from the survey include:

- Almost 67% of probation departments report insufficient staff to handle the number and severity of mental health issues in their systems.
- Thirty of 45 counties report the lack of an appropriate selection of services in terms of type, quality, or capacity available for mental health issues, due to lack of funding.
- Nearly all county mental health agencies provide case plans on both a short-term and ongoing basis.
- Ninety percent of probation departments report that a psychiatrist is available for detained youth, but only eight counties report that a psychiatrist is on site daily.
- The most commonly reported strengths of county systems were good collaboration and care and dedication on the part of leadership and staff to the well being of youth.

The research suggests that treatment for mental illness is vital to reduce crime rates among youth offenders. Secondly, formal supervision may help promote successful community reintegration, and contact with community-based providers may reduce the odds of formal system involvement.

The California Endowment created the Healthy Returns Initiative (HRI) to proactively address these issues by strengthening the capacity of probation departments to improve access to mental health and health services for adolescents in detention facilities and following their release. The Healthy Returns Initiative was a major component of The Endowment's Mental Health Special Initiative, which aimed to improve mental health and well being for populations at high risk of acute or chronic mental illness, with a focus on ethnic minority or linguistically isolated populations and adolescents in the child welfare and probation systems.

The HRI funded five county probation departments throughout California to improve access to physical and mental health services for adolescents in detention facilities and to ensure continuity of care upon their release. Launched in 2005, the $6.5 million project provided four-year planning and implementation grants designed to strengthen the capacity of probation departments in Santa Clara, Santa Cruz, Ventura, Humboldt, and Los Angeles Counties. The counties reflect the diversity of California's rural and urban communities and the racial, ethnic, and cultural populations that are frequently disproportionately involved in the juvenile justice system.

When the HRI Project began, there was relatively little literature about promising practices for developing programs to help probation departments treat juveniles with mental health conditions. In the four years since the inception of HRI, the five demonstration sites have developed many innovative practices to address mental health screening, case planning, and service allocation. NCCD conducted a cross-site evaluation and a systematic review of all site practices to identify system-level strategies and practices that hold promise. This report and the attached appendices describe the indicators of success and innovation of the HRI sites.

Healthy Returns Initiative: Core Program Elements and Site Project Descriptions

Healthy Returns Initiative: Core Program Elements

The main goals of the Healthy Returns Initiative are to ensure the routine use of evidence-based screening tools to inform case planning, implementation, and follow up. This was accomplished by the establishment of regular intake screening by use of the MAYSI-2. The screening tool allowed for the quick evaluation of mental illness and substance abuse issues. Another goal of the HRI program was to improve collaboration among probation departments, mental health, physical health, and other applied public and nonprofit organizations. This has been done to varying degrees in each county by convening a Multi-Disciplinary Team (MDT). These teams primarily consist of probation staff, mental health practitioners, wraparound services, and in some cases the court. The third major goal of the HRI program is to increase evidence-based services and help implement better data collection and information management in the organization. This was accomplished by updating computer systems and by creating better database access.

Mental Health Screening using MAYSI-2

The MAYSI-2 is a paper-and-pencil self-report inventory of 52 questions designed to assist juvenile justice facilities in identifying youths 12 to 17 years old who may have special mental health needs. Youths circle YES or NO in answer to whether each item has been true for them "within the past few months." Youths read the items themselves (5th grade reading level) and circle the answers. Administration takes about 10 to 15 minutes and scoring requires approximately 3 minutes. The MAYSI- 2 is available in both English and Spanish as well as in software form. (See attached MAYSI-2 information in the Appendix.)

Convening of Multi-Disciplinary Teams (MDT)

The development and implementation of Multidisciplinary Teams (MDTs) as well as continual staff trainings were two key program elements to promote inter- and intra-agency collaboration. Collaboration helps staff from multiple county departments work together as integrated teams that share information regularly about the youth served through HRI. In the past, MDTs were used in some counties, but they were meeting infrequently or not at all when the HRI was launched. Each county created an MDT that met regularly, typically bringing probation, mental health, public health, education, parents, and sometimes youth and other agencies together to address a particular youth's health and mental health issues. These teams were integrated into the assessment and

case planning process as a critical tool to understand as much as possible about the youth, how to address identified needs, and to communicate the agreed upon activities to all relevant agencies. For the MDT's to work effectively, the counties revisited and reorganized their guidelines and working procedures.

Training Linkage to health care coverage

When the HRI started, California counties dropped adult and juvenile detainees from Medi-Cal in a very restrictive interpretation of Federal law. Upon release from detention, juveniles often are unable to immediately access necessary health or mental health services without insurance coverage. Health insurance is a critical component in securing mental health for all youth but particularly for those who need continued medication and therapy to succeed in the community once released from Juvenile Halls. The HRI sites learned that accessing public insurance (Medi-Cal or Healthy Families in California) or private insurance is a time-consuming process, both for families and staff. In compliance with the requirements of the initiative, HRI sites developed strategies to close the gap of the uninsured, requiring intensive training to become effective in negotiating the system. In addition to intensive training for HRI staff, sites contracted with outside specialists (e.g., certification application assistants) or made arrangements for public social services to screen detainees to bridge the insurance gap for youth leaving the hall.

Healthy Returns Initiative (HRI) Site-Project Descriptions

The HRI models varied from county to county. Each county used the same types of tools, such as the MAYSI-2, but implemented them differently. Each program used evidence-based treatment plans in conjunction with community service providers. The services were overseen by an MDT, but the teams included different types of organizations for each county, based on the resources and availability of community partnerships and the court systems. The MDT in each site usually met weekly, although some only met monthly. Training also varied from site to site; most countries focused on developing better staff understanding of mental illness and insurance availability.

Humboldt Model

Humboldt County HRI services were available to every youth that entered the Juvenile Hall. The staff included the program manager, the probation officer, a clinician with the Mental Health Department, and a nurse employed by the California Forensic Medical Group (CFMG). The probation officer administered the MAYSI-2, developed the needs assessment, and interacted with all HRI youth, both while they were in the Hall and upon their release. The MDT met twice a week, and the primary functions of the team were to review new cases with respect to MAYSI-2 results, criminal history, treatment history, and possible referrals. The team also reviewed the youth remaining in the hall to ensure that services were in place, and if not, why that was the case. The forensic staff and nurse met more often to discuss medical issues regarding the juveniles and ways to meet their needs. The primary topics covered in training were: suicide prevention, inhalers and asthma, blood-borne pathogens, infections, and bleeding. All staff participated in training. The MDT used a team decision-making process involving service providers, staff, and families.

Los Angeles Model

Due to Los Angeles County's geographic size, and the size of its juvenile detention population, The Endowment recommended that the HRI be implemented in communities surrounding one of the county's three Juvenile Halls. In addition, the planning phase for the HRI was one year rather than six months in the other counties. The participants in the Los Angeles HRI program were screened by the Department of Mental Health (DMH) and had one of the following determinants: a positive MAYSI-2 issue that DMH assessed as needing treatment; a negative MAYSI-2 but a history of treatment that DMH assessed as needing further treatment; a referral by staff or others, including schools; and youth for whom the DMH judged that treatment was needed. Additionally, the youth were adjudicated, on home probation or in a relative's custody, and within the targeted zip codes. A positive MAYSI-2 was not necessarily the only trigger for an HRI case. Youth could have a positive MAYSI-2 and an open DMH case at the Juvenile Hall, staff could refer a youth that

had a negative MAYSI-2, but also had a history with DMH that they are aware of, and/or with an open DMH case at the Juvenile Hall. Additionally, judges, probation staff, and DMH Juvenile Hall staff have referred qualified youth. Some youth were admitted who did not match all qualifications, such as adjudication, caseloads, HRI-22, and HRI-1. Approximately 30% of eligible cases were not accepted because of limits in the number of participants per program period. The participants in the Juvenile Hall MDT were the Department of Health, Los Angeles County Office of Education, the Department of Probation staff that worked in the hall, the DMH Clinician, and the DMH contracted clinicians. The participants in the community were Probation Wraparound, Department of Family and Children Services Family Preservation, Mental Health Systems of Care, and Mental Health Community Services and Supports. The HRI team met weekly, when they strategized over issues unrelated to mental health. Additionally, there was a weekly meeting with providers. The main functions of the MDT were to ensure that the youth and family were participating in services they were linked to, assess whether the services were meeting the youth and family needs; monitor youth and family progress, teach youth and family to improve their advocacy skills, and identify new needs. The information was shared among MDT team members and could not be shared with the court, the District Attorney, the Public Defender (PD), the Alternate Public Defender (APD) or the Deputy Probation Officer of Record (DPO), according to the PD, APD's request, and the court order.

During HRI training, the primary topics covered were: adolescent development, stages of childhood development, benefit assessments, review of and updates on health programs available to the uninsured, how to assist families to utilize and retain their health coverage, MAYSIware Training, Los Angeles Risk and Resiliency Checklist (LARRC), Elements of Wraparound, Child Development (effects of drugs, medications and psychiatric disorders on an individual's development), and Psychological Disorders I (an overview of commonly seen psychological disorders in children and adolescents, specifically mood disorders and psychotic disorders). All HRI DPO and Juvenile Hall Unit Staff participated in training, which was provided by a variety of community-based organizations.

In this treatment model, the DPOs worked closely with the youth, the youth's family, the onsite DMH staff, the Los Angeles County Office of Education staff, Juvenile Court Health Services staff, and community-based providers. This model tried to facilitate a holistic approach to treating the youth's mental health needs. The program attempted to ensure that youth placed under the Probation Department's care were thoroughly assessed, properly placed, received the necessary intervention, and were provided with the evidenced-based treatment needed to successfully transition out of the juvenile justice system.

Santa Clara Model

The youth participants in the Santa Clara HRI were selected based on a specific case definition: they had multiple psychiatric hospitalizations within the last 6 months, were minors on highest-risk level in Juvenile Hall, were on psychiatric medication, or were referred by the team. A positive MAYSI-2 did not necessarily trigger an HRI case. The MDT consisted of key staff responsible for working with a minor and could have included a mental health coordinator, a primary clinician, an outside clinician, a probation officer, or family members. The MDT met on an as-needed basis and primarily addressed the mental health needs of high-risk minors in Juvenile Hall. The training covered suicide and crisis management, morality and moral development, common psychiatric illnesses, and diagnoses (which included behavioral vs. psychological developmental stages, what happens with a mental illness, and the best way to work with mental illness). The training was mandatory for all staff; the training component for custodial staff included 13 identified key areas. The curriculum focused on helping staff work more effectively with minors who display mental health issues. The training was provided by the Public Health Clinical Coordinator.

Santa Cruz Model

The participants in the Santa Cruz HRI included any youth booked into Juvenile Hall that stayed over four hours. Most youth were administered the MAYSI-2 by Probation staff. The staff participants included Children's Mental Health (clinicians and child psychiatrist), the Health Services Agency (nurses and health educator), Juvenile Hall staff, and staff from a key set of community-based organizations. The HRI in Santa Cruz County supported the development of a collaborative comprised of five youth-serving providers: La Manzana, Barrios Unidos, Community Action Board, Youth Services, and Pajaro Valley Prevention and Student Assistance. These groups provided a continuum of services for HRI youth in the community. The HRI teams and the Juvenile Hall Mental Health team met weekly. The full HRI team and the Youth Reentry team (YRT) met monthly. The screening committee met twice a week. The main functions of the MDT were to communicate the needs of the youth receiving HRI services.

Each division of the teams had separate issues. The HRI team meeting and the mental health meetings were about specific health, insurance, and mental health needs of the youth who were detained or recently released. The HRI team meeting was also used to discuss programmatic topics. The full team meetings were a broader discussion about programmatic topics and projects for the coming months, while the YRT meetings were about referral outcomes, including access and usage of community-based organizations and barriers to those services.

Topics covered in HRI training were: communication and coordination regarding youth needs and concerns among all MDT staff, specifically the use of the MAYSI, the YRT survey, first aid and CPR, the Child Psychiatry Overview, family conferencing and family meetings, crisis interventions, girls in the justice system, and the effect of sexual abuse on girls in the justice system. All members of the team participated in training and took turns leading. Partnering agencies and community-based organizations also participated and presented. The training helped create more awareness of the impact of health and mental health issues on youth in the justice system. Members of the screening committee learned to routinely ask about physical health issues, insurance status, and doctor and dentist visits. They also learned to pay closer attention to mental health histories, medication, and diagnosis. The MDT's awareness of these issues allowed them to be considered in youth sentencing. The MDT paid attention to existing health and mental issues, which in turn, helped determine the most suitable placement for a youth.

Ventura Model

The youth participants in the Ventura HRI model were selected by the HRI teams and were found to have a mental or physical health issue that could benefit from treatment. MAYSI-2 screenings were administered by Mental Health staff. Probation then looked at the kind of probation the youth was on, what services were already in place, what violence risk issues there were, and whether there was a serious drug abuse issue without any indication that the minor was motivated to address that issue. (The team had run into poor participation when a minor remained invested in ongoing drug use.) They also screened out cases where the minor would not be residing in the county upon release. The HRI team did not generally get involved until the youth had already been identified as having mental health concerns. For them, the use of the MAYSI-2 was more an indirect benefit. Cases were more directly triggered by Probation and mental health staff identification, by use of the MAYSI-2, by history of a direct intervention of a mental health issue. Then a referral to HRI was made as a part of aftercare planning. The team estimated that, of all the referrals they received, a little more than 50% were accepted into the program, with the rest not meeting the criteria. Of those accepted, about 20-25% who needed all three components (Probation/MH/PH services) did not get full services from all three at once (i.e., receiving full MH and Public Health services in addition to the probation intervention that all clients have). This was directly related to staff workload.

The MDT met weekly and included Behavioral Health, Probation, California Forensic Medical Group (the facility's contracted health services provider), and the on-site school that worked at the Juvenile Facilities. Many of the MDT cases, but not all, eventually became HRI referrals. So as with the MAYSI-2, the impact for the HRI program was largely indirect in that it triggered responses at an earlier stage of intervention with youth that eventually became HRI clients. The JF MDT focused

on identifying behavioral and clinical issues that impact higher-profile youth at the facility and designing multi-disciplinary integrated interventions across the agencies involved. At the JF MDT, information discussed included current and recent behavior, current clinical presentation (diagnosis, medications, etc.), probation history, current legal proceedings (pending court dates, disposition options, etc.), school performance, and medical issues. The information was used to increase all parties' understanding of the youth and what interventions had been used to date, then to develop recommendations for creating, continuing, or revising coordinated interventions.

The training included Medi-Cal conferences on alcohol abuse, adolescent brain functioning, training on adolescent substance abuse, adolescent medical issues, psychotropic meds, and child and adult abuse. Training included clinical trainings such as cross-cultural issues in therapy, Dialectical Behavior Therapy, Positive Parenting with Aggressive Teens, self-injurious behaviors, Obsessive-Compulsive Disorder, aggression from lifespan perspective and four-hour session training on Integrated Dual Diagnosis Treatment (IDDT). The complete HRI team attended trainings one to two times a year. These included Public Health, the Probation Department, the Behavioral Health Department, and local CBOs. The Mentally Ill Offender Crime Reduction (MIOCR) funds were used to support and expand the Juvenile Mental Health Court (the Adelante program), which supported current Probation and Behavioral Health staff. The funds also supported a Behavioral Health therapist to allow an increased number of youth to be served. In addition, some of the funds were used to expand the county's intensive outpatient services for youth with sexual offending charges and to allow a contract with a CBO with extensive adolescent sexual offending treatment expertise. It also supported the Probation Department's ability to consolidate adolescent sexual offenders onto specialized caseloads.

Evaluation Theoretical Framework and Methods

Evaluating systems-change initiatives in ways that adequately capture their impact and inform their ongoing development is a significant challenge. Systems-change initiatives involve multiple programs and players and feature outcomes at multiple levels (individual, agency, community, and collaborators). They involve a variety of different public agencies and decision-making structures. They require alignment of goals and coordination of actions across different programs and systems that may have very different service cultures. And either explicitly or implicitly, they usually emphasize equity and the importance of closing gaps in results based on race, income, culture, and language. Finally, they are long-term efforts, evolving over time in response to the political, economic, and social contexts around them.

The theoretical framework used for evaluating the Healthy Returns systems change recognizes that:

- Systems-change initiatives are not homogenous or static. They attempt to change different aspects of systems and focus on systems at different stages of development.
- No single evaluation approach is sufficient or appropriate for all systems initiatives. Multiple evaluation approaches can be appropriate and useful, with different approaches "fitting" certain initiatives better than others.

This report summarizes the promising practices that the five demonstration sites created and were implementing. These practices are organized along the major dimensions of the HRI Project logic model. Those dimensions are:

- Systems change activities, including:
    - Development of policies, procedures, and protocols
    - Service integration
    - Resource development
    - Community awareness
- New/expanded/enhanced programming, including:
    - Mental health screening by probation staff
    - Referral to services
    - Treatment and service delivery

The cross-site HRI Project logic model can be found in the Appendix.

NCCD analyzed reports from each of the five demonstration sites and conducted telephone interviews with each site's project director to identify and collect information about promising practices. The data collection occurred in four inter-related phases:

1. Review of the site reporting documents for The California Endowment (TCE), including the most current versions of each site's Implementation Plan, Strategic Plan, six-month progress report, and other reports.
2. Interviews and surveys with program staff to assess changes in service delivery, collaboration efforts, and case management.
3. Collection of data on the youth served by the HRI sites.
4. Collection of data from a selected sample of youth and parents served by HRI to ascertain program satisfaction and connection to mental and physical health programs.

Evaluation Results: Program Participants' Profile, System Changes and Program Satisfaction

The NCCD's evaluation focused upon several broad research questions that examined the implementation and results of each grantee's proposal.

- How do changes in system procedures result in better screening and access to health and mental health services among youth in Juvenile Hall?
- How does increased collaboration among existing and new partnerships improve mental health screening, assessment, and service allocation?
- How do clients and service providers perceive the grantee's system change in the area of health and mental health?
- What are the unanticipated effects of implementing the HRI in each county?

An important part of the evaluation was to document who the clients of HRI are and the referrals and services received by these clients. These data document the needs for physical and mental health services, the efforts of HRI program staff to make system change in a variety of ways, and the linking of youth to services both at the institution and in the community.

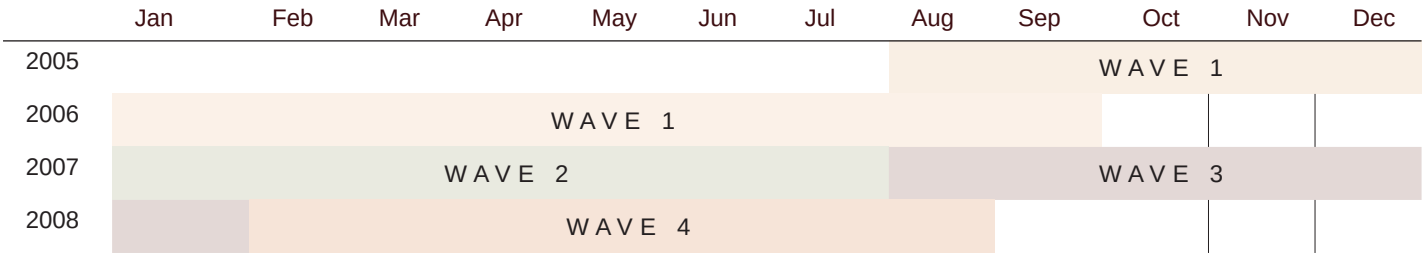
The tables and graphs that follow describe the youth participating in the HRI in the following categories:

- Demographic data – gender, race/ethnicity, and age
- MAYSI-2 critical categories
- Health insurance status and type at program entry and exit
- Probation status at entry and exit, disposition, and returns to Juvenile Hall
- Identified health needs, referrals made, services received

Program Participant Profiles

Data collection on youth participants was intended to describe the population characteristics including race and ethnicity, age, and gender. The data on youth collected by sites also provides a snapshot of the mental health screening practices, criminal history of youth (probation status), and health insurance status. The data collection tool was developed by the National Council on Crime in Delinquency for Wave 1. After the first wave of data collection, the HRI sites called for a meeting to resolve challenges with data collection. In February, 2007, representatives of the five grantees, The California Endowment, and the National Council on Crime and Delinquency met for a full day to agree on the youth-level data to be collected for the cross-site evaluation. The meeting was facilitated by LaPiana Associates (the HRI's technical assistance providers), and a consensus was achieved on 22 variables to be used in the evaluation to characterize the youth participating in HRI. Waves 2-4 use the new set of variables. See the Codebook in the Appendix.

Data Wave Collection Dates



Summary of Findings: Combined Sites, All Four Years Cohort

For all four years a total of 1,376 youth were reported as having received services through the Healthy Returns Initiative (HRI). There was a peak in the total number of youth serviced through HRI in Year Two. There has been no decline in reduction of quality of services or the time providers gave to accomplishing HRI goals. In some cases, in order to better serve clients, caseloads have been lightened and entry into the program capped. In one county, the HRI program was modified to serve youth with high needs but low criminality. A second county opted to serve youth with high-end mental health needs who were also waiting for out-of-home placement. A third works with minors who, as a result of high mental health needs, have long histories with the mental health department and low-level offenses which allow for release into the community.

Table 1. Total Number of Participants for All Four Years

	Wave 1		Wave 2		Wave 3		Wave 4		Aggregate	
	n	%	n	%	n	%	n	%	n	%
Humboldt	125	26.0%	136	28.3%	125	26.0%	95	19.8%	481	100%
Los Angeles	NA	*	33	49.3%	17	25.4%	17	25.4%	67	100%
Santa Clara	54	32.3%	42	25.1%	38	22.8%	33	19.8%	167	100%
Santa Cruz	100	22.5%	252	56.8%	50	11.3%	42	9.5%	444	100%
Ventura	58	26.7%	47	21.7%	73	33.6%	39	18.0%	217	100%
Total	**337**	**24.5%**	**510**	**37.1%**	**303**	**22.0%**	**226**	**16.4%**	**1376**	100%

Table 2. Gender of Participants for All Four Years

		Wave 1		Wave 2		Wave 3		Wave 4		Aggregate	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Humboldt	n	89	18	89	47	96	29	65	30	339	124
	%	83.2%	16.8%	65.4%	34.6%	76.8%	23.2%	68.4%	31.6%	73.2%	26.8%
Los Angeles	n	*	*	22	11	12	5	13	4	47	20
	%	*	*	66.7%	33.3%	70.6%	29.4%	76.5%	23.5%	70.1%	29.9%
Santa Clara	n	45	9	30	12	21	17	31	11	127	49
	%	83.3%	16.7%	71.4%	28.6%	55.3%	44.7%	73.8%	26.2%	72.2%	27.8%
Santa Cruz	n	76	24	191	61	41	9	33	6	341	100
	%	76%	24%	75.8%	24.2%	82%	18%	84.6%	15.4%	77.3%	22.7%
Ventura	n	51	17	24	23	40	33	19	14	124	87
	%	70.7%	29.3%	51.1%	48.9%	54.8%	45.2%	57.6%	42.4%	58.8%	41.2%
Total	n	**251**	**68**	**356**	**154**	**210**	**93**	**161**	**65**	**978**	**380**
	%	**78.7%**	**21.3%**	**69.8%**	**30.2%**	**69.3%**	**30.7%**	**71.2%**	**28.8%**	**72%**	**28%**

L.A. County had an extra year for program planning. Their data collection started in Wave 2.

Gender of HRI Clients: The majority of HRI clients are male, as has been the trend throughout the different data cohorts. Over the period of HRI program involvement the number of girls in the HRI program has on average increased to about a fourth of the total population. This is reflective of the population in Juvenile Halls across the country.

Racial and Ethnic Background of Clients: In the aggregate, a slight majority of HRI clients are Latino followed closely by White; however, analysis of individual counties highlights the variation among the actual ethnic and racial groups served through HRI. For example, Humboldt County, a rural community in Northern California, served the highest proportion of White (63.3%). Additionally, Humboldt is the only county that provided HRI services to a significant number of Native American (99.2%) youth. Los Angeles County had the highest percentage of African Americans (37.1%). Latinos represented almost three quarters of HRI clients in Santa Clara (71.4%), and over one-half in both Santa Cruz (59%) and Ventura (57.6%) Counties.

Table 3. Race for All Four Years by County

		White	African American	Latino	Asian Pacific Islander	Native America	Multi-race	Other	**Total**
Humboldt	n	280	5	34	8	118	2	10	**457**
	%	63.6%	5.6%	7.5%	38.1%	99.2%	33.3%	47.6%	**39.8%**
Los Angeles	n	6	33	22	0	0	0	6	**67**
	%	1.4%	37.1%	4.9%	0.0%	0.0%	0.0%	28.6%	**5.8%**
Santa Clara	n	27	22	113	11	0	0	3	**176**
	%	6.1%	24.7%	25.1%	52.4%	0.0%	0.0%	14.3%	**15.3%**
Santa Cruz	n	76	15	141	1	1	0	2	**236**
	%	17.3%	16.9%	31.3%	4.8%	0.8%	0.0%	9.5%	**20.6%**
Ventura	n	51	14	141	1	0	4	0	**211**
	%	11.6%	15.7%	31.3%	4.8%	0.0%	66.7%	0.0%	**18.4%**
Total	**n**	**440**	**89**	**451**	**21**	**119**	**6**	**21**	**1147**
	%	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Age of Clients: The average age for all HRI clients is 15.8 years. Overall the average age seemed to be solid around 15-16 years across all programs. Only L.A. County in Year 4 had a lower average age of 14. This may reflect the focus on serving younger youth.

Table 4. Mean Age for All Four Years

	Wave 1	Wave 2	Wave 3	Wave 4	Aggregate
Humboldt	15.9	16.0	16.1	16.1	16.0
LA	NA	15.0	18.0	14.0	15.7
Santa Clara	NA	16.0	15.8	15.0	15.6
Santa Cruz	15.9	16.0	15.8	16.0	15.9
Ventura	16.4	16.0	15.8	15.0	15.8
Total	**16.0**	**16.0**	**16.0**	**15.2**	**15.8**

MAYSI-2 Implementation: Sites have continued to use the MAYSI-2 to screen for mental health issues among the youth in Juvenile Hall. On average, the rates of youth receiving MAYSI-2 screenings have increased over the four years. Year 4 had almost all of the youth evaluated (93.8%). The average for all four years was 81.3%. The increase in MAYSI-2 screenings reflects a successful policy change brought about by including the training of staff in evaluation procedures and in some cases computerized screening. One county rewrote and modified the Juvenile Hall procedures manual to include written self-administration of the MAYSI-2 for all intakes and administering of the MAYSI-2 through the use of the Kiosk (electronic MAYSI-2).

Table 5. MAYSI-2 Completed

	Wave 1		Wave 2		Wave 3		Wave 4		Aggregate	
	n	%	n	%	n	%	n	%	n	%
Humboldt	114	91.2%	135	99.3%	99	79.2%	95	100%	443	92.1%
LA	*	*	33	100%	10	58.8%	16	94.1%	59	88.1%
Santa Clara	43	79.6%	42	100%	26	68.4%	42	100%	153	86.9%
Santa Cruz	82	82.0%	165	65.5%	42	84.0%	31	79.5%	320	72.6%
Ventura	57	98.3%	47	100%	37	50.7%	28	84.8%	169	80.1%
Total	**296**	**87.8%**	**422**	**82.7%**	**214**	**70.6%**	**212**	**93.8%**	**1144**	**83.1%**

Table 6. Youth Had Insurance at Entry and Exit for All Four Years

		Wave 1		Wave 2		Wave 3		Wave 4		Aggregate	
		Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit	Entry	Exit
Humboldt	total n	78	*	128	89	*	*	84	85	290	174
	insured n	69	*	115	88	*	*	63	65	247	153
	%	88.5%	*	89.8%	98.9%	*	*	75.0%	76.5%	85.2%	87.9%
Los Angeles	total n	*	*	33	33	14	13	16	16		
	insured n	*	*	26	30	12	13	15	15	53	58
	%	*	*	78.8%	90.9%	85.7%	100.0%	93.8%	93.8%	84.1%	92.1%
Santa Clara	total n	45	*			0	0			45	
	insured n	45	*	0	0	0	0	0	0	45	0
	%	100%	*	0%	0	0.0%	0.0%		0.0%	0	0
Santa Cruz	total n	98		252	252	48	50	34	34	432	336
	insured n	85	*	237	237	37	45	28	28	387	310
	%	86.7%	*	94.0%	94.0%	77.1%	93.8%	82.4%	7.2%	89.6%	92.3%
Ventura	total n	48		47	47	72	72	24	28	191	147
	insured n	41	*	27	33	42	52	13	17	123	102.0
	%	85.4%	*	57.4%	70.2%	58.3%	72.2%	54.2%	60.7%	64.4%	69.4%
Total	**total n**	**269**		**460**	**421**	**134**	**135**	**158**	**163**	**1021**	**719**
	insured n	**155**		**405**	**388**	**91**	**110**	**119**	**125**	**855**	**623**
	%	**57.6%**	*****	**88.0%**	**92.2%**	**67.9%**	**81.5%**	**75.3%**	**76.7%**	**83.7%**	**86.6%**

Health Insurance: HRI sites were successful in helping youth to obtain and retain health insurance coverage. Most of the youth had some type of health insurance at program entry (83.7%), but detained youth lost their Medi-Cal coverage due to the implementation of the Federal "Medicaid Exception" regulations in California. Upon exit from Juvenile Hall, almost all of these youth retained or regained their health insurance. There was an increase of 3.3% in youth who exited the HRI program with health insurance. This was accomplished through many different strategies. Some of these include participating in a local multi-agency coalition working to increase the availability of health insurance for children, increased parent communication (including the alteration of parent intake forms), and family referrals (in Year 4, 47.7%). The surveyed youth also stated that they had better access to mental health care (81.3% of youth surveyed reported receiving a referral for mental health, 75% of youth reported that HRI has helped them get better mental health care, and 64.3% of youth reported they were satisfied with their mental health treatment/that it helped them) and medical health care (70% of youth got a referral for medical care; 75% of youth say they have better access to medical care).

Probationary Status: For most sites there is an increase in Formal Probation at around Year 3 when several counties shifted to serving youth screened for high needs. Since most of the youth in HRI are high needs youth, they usually enter into HRI with Formal Probation (64.7%) and leave with Formal Probation (84.7%).

Table 7. Probation Status at Entry for All Four Years by County

	Probation Type	Wave 1		Wave 2		Wave 3		Wave 4		Aggregate	
		n	%	n	%	n	%	n	%	n	%
Humboldt	Formal	20	26.7%	60	44.1%	78	62.4%	61	64.2%	219	50.8%
	Informal	36	48.0%	10	7.4%	9	7.2%	7	7.4%	62	14.4%
	None	1	1.3%	66	48.5%	38	30.4%	27	28.4%	132	30.6%
	Other	18	24.0%	0	0.0%	0	0.0%	0	0.0%	18	4.2%
	Total	**75**	**100%**	**136**	**100%**	**125**	**100%**	**95**	**100%**	**431**	**100%**
Los Angeles	Formal*	Not asked		16	84.2%	14	100%	16	94.1%	46	92.0%
	Informal**			0	0.0%	0	0	0	0.0%	0	0.0%
	None***			3	15.8%	0	0	0	0.0%	3	6.0%
	Other			0	*	0	0	1	5.9%	1	2.0%
	Total+			**19**	**100%**	**14.0**	**100%**	**17**	**100%**	**50**	**100.0%**
Santa Clara	Formal	Not asked		35	83.3%	26	68.4%	29	69.0%	90	73.8%
	Community			6	14.3%	0	0.0%	2	4.8%	8	6.6%
	None			0	0.0%	10	26.3%	11	26.2%	21	17.2%
	Other			1	2.4%	2	5.3%	0	0.0%	3	2.5%
	Total			**42**	**100%**	**38**	**100%**	**42**	**100%**	**122**	**100%**
Santa Cruz	Formal	9	9.2%	5	35.7%	46	92.0%	39	100%	99	49.3%
	Informal	22	22.4%	1	7.1%	3	6.0%	0	0.0%	26	12.9%
	None	21	21.4%	1	7.1%	1	2.0%	0	0.0%	23	11.4%
	Other	46	46.9%	7	50.0%	0	0.0%	0	0.0%	53	26.4%
	Total	**98**	**100%**	**14**	**100%**	**50**	**100%**	**39**	**0.0%**	**201**	**100%**
Ventura	Formal	54	94.7%	45	95.7%	70	95.9%	33	100%	202	96.2%
	Informal	3	5.3%	0	0.0%	0	0.0%	0	0.0%	3	1.4%
	None	0	0.0%	2	4.3%	2	2.7%	0	0.0%	4	1.9%
	Other	0	0.0%	0	0.0%	1	1.4%	0	0.0%	1	0.5%
	Total	**57**	**100%**	**47**	**100%**	**73**	**100%**	**33**	**100%**	**210**	**100%**

*Formal includes: DEJ, Wardship, 6 mos. without wardship.
**Informal includes: Everything else NOT in 2 other categories.
***None includes: No jurisdiction, charges may be pending, released on Electronic Monitoring
+ Percentages may not add up to 100% due to rounding.

Release from Juvenile Hall: At disposition, slightly over one-half of youth from Santa Clara (55%) and Santa Cruz (54%) were released to the community, compared to 88% in Humboldt, and 94% in both Los Angeles and Ventura.

Return to Juvenile Hall: Most youth did not return to Juvenile Hall while participating in HRI. (Over all four years, and average of 45.6% of youth return to the Hall). At sixty-eight percent (68.6%), Ventura County had the greatest proportion of youth who returned to Juvenile Hall while participating in HRI. They were followed by Santa Clara (54.9%) and by Humboldt (48.1%). L.A. and Santa Cruz had rates well under half with 35.5% and 33.6% respectively.

Table 8. Youth Returned to Juvenile Hall during HRI Program Participation by County

		Wave 1		Wave 2		Wave 3		Wave 4		Aggregate	
		n	%	n	%	n	%	n	%	n	%
Humboldt	Yes	40	46.5%	40	48.8%	42	51.2%	30	45.5%	152	48.1%
	No	46	53.5%	42	51.2%	40	48.8%	36	54.5%	164	51.9%
	Total	**86**	**100%**	**82**	**100%**	**82**	**100%**	**66**	**100%**	**316**	**100%**
Los Angeles	Yes	Not asked		12	36.4%	9	69.2%	1	6.3%	22	35.5%
	No			21	63.63%	4	30.8%	15	93.8%	40	64.5%
	Total			**33**	**100%**	**13**	**100%**	**16**	**100%**	**62**	**100.0%**
Santa Clara	Yes	Not asked		*	*	31	81.6%	8	24.2%	39	54.9%
	No			*	*	7	18.4%	25	75.8%	32	45.1%
	Total			*****	*****	**38**	**100%**	**33**	**100%**	**71**	**100%**
Santa Cruz	Yes	Not asked		75	29.8%	30	61.2%	5	19.2%	110	33.6%
	No			177	70.2%	19	38.8%	21	80.8%	217	66.4%
	Total			**252**	**100%**	**49**	**100%**	**26**	**100.0%**	**327**	**100%**
Ventura	Yes	Not asked		29	61.7%	51	69.9%	29	74.4%	109	68.6%
	No			18	38.3%	22	30.1%	10	25.6%	50	31.4%
	Total			**47**	**100%**	**73**	**100%**	**39**	**100%**	**159**	**100%**

Healthy Returns System-Level Evaluation: Evidence of Change

Evaluating the system-level changes of the Healthy Returns Initiative in ways that adequately captured their impact and informed their ongoing development posed a significant challenge to the NCCD evaluation team. The primary system-level change was to connect subsystems or programs in meaningful ways to close the gaps in mental health assessment and service allocation. These connections included, for example, linking programs across or within subsystems that share professional development, staffing, facilities, technology, communication, data collection, or funding. At the administrative level, such connections included aligned eligibility requirements and enrollment processes, streamlined reporting procedures, coordinated case management, and establishment of protocols and memoranda of understanding for referrals. These kinds of connections ensured that, when necessary, program participant needs, identified in one subsystem, can be referred to and managed by another. The HRI involved multiple programs and players, featured outcomes at multiple levels (individual, family, community, and agency), and required alignment of goals and coordination of actions across different programs and systems that often had very different program cultures.

For purposes of the Healthy Returns Initiative, "systems-change" is defined as follows: "Systems change is defined as changes in organizational culture and the policies and procedures within individual organizations or across organizations that enhance the treatment and access to services of youth in the Juvenile Justice System." Desert Vista, August 2009.

Evaluation Questions

The NCCD evaluation of system-level change for the HRI focused on questions in two main areas—program implementation and program impacts. Key questions were:

1. Did the Initiative design and implement the system components as intended?
2. Did the components produce their intended impacts for program participants?

Evaluation Methodologies

NCCD's multi-method approach involved the collection and analysis of both quantitative and qualitative data. The data were collected in interviews, focus groups, and feedback to grantees and other stakeholders. The data collection focused on identifying and documenting the set programmatic factors that conceptually define the mission and distinctive features of each site. The evaluation team examined the combination of techniques, procedures, and criteria used to identify, screen, assess, admit, refer to services, and terminate services to the youth. The team also identified the full range of programs utilized to meet the objectives of the health and mental health system for

youths in custody—that is, the activities engaged in to address the issues identified by the screening and assessment tools. Because linkage to adequate mental health services is a key component of the Initiative, NCCD also documented the relationships and agreements that help factor into services for the youth in the programs. Identified linkages included cooperative and conflicting relationships among the lead implementing agency, its partners, youth service providers, parents, youth, and community leaders. Finally, the criteria for determining the effectiveness of services to youth in detention as defined by the responsible agencies were assessed through an online survey of program staff.

System-Level Program Outcomes: Documentation of Change in Procedures

The documented outcomes relate to increased system coordination, alignment, integration, or linkages. NCCD documented system-level connections as follows:

- Coordinated eligibility assessments
- Referrals from one program to another
- Activities to ease transitions within systems
- Joint planning across system components
- Cross-system competencies or skills standards
- Cross-system training
- Shared data systems for tracking individuals
- Memoranda of agreements among system components

First, the documented system coordination, alignment, integration, or linkages are described below as well as in the Site Logistics Table in the Appendix. Information on this section was acquired through several methodologies including interviews with program staff during site visits and via telephone and review of progress reports and other documents.

Evaluation Findings

All five counties funded through HRI have planned and implemented system changes in the provision of health and mental health services for youth entering Juvenile Hall. Each county's initiative encompasses the HRI goals stated in the Request for Proposal; each designed distinctive approaches to attain the Initiative's goals but with different staff configurations, collaborations, and methods to link youth with community services. This report is organized according to the Near-term Outcomes from the HRI initiative logic model (See attached in the Appendix).

Sites' clear program strategies address mental health needs.

As early as the second year of HRI, all five counties were fully implementing the strategies they had established in their workplans. Additionally, each county added refinements to their already established program and tightened up their strategies as they gained experience with implementing HRI in their locales, as outlined below.

Counties Began to Focus on High-needs Minors

Although three counties focus upon youth that have high health and mental health needs, each is distinctively different from the others. For example,

- Santa Cruz County focuses upon youth with high needs but low criminality, who spend over four hours in Juvenile Hall.
- Santa Clara County serves youth with high-end mental health needs (e.g., one-on-one watches, multiple hospitalizations) who are generally waiting in Juvenile Hall for an out-of-home placement.
- Los Angeles County works with minors whose high mental health needs have resulted in long histories with the mental health department, but low-level offenses facilitate their release back into the community.

County Adjustments to Better Meet Client Needs

As programs develop to address unanticipated needs, the sites made the appropriate adjustments to staffing, eligibility criteria, and available services and activities in the past year. Examples of these modifications to refine their initiatives include:

- Redefined the process for determining HRI eligibility. The numbers of youth admitted to Juvenile Hall, as well as the numbers of staff assigned to the Initiative are now considered as part of their process of determining HRI eligibility (all sites).
- Capping enrollment to ensure the program's ability to adequately provide services (LA County).
- After recognizing the similarity between potential HRI youth and youth returning to the community from out of home placements, one county has expanded its eligibility pool to encompass this pool of youth (Ventura County).
- When determining that a different staffing position would align more closely to HRI goals and tasks, another county revised a HRI staff position from public health nurse to health educator (Santa Cruz County).

- To meet the recommended interval for administration of the MAYSI-2 (i.e., two to four hours after a youth enters Juvenile Hall), one county trained correctional officers to perform this activity when probation officers or mental health workers might not be available, such as in the evenings and on weekends (Ventura County).
- Because the needs of the youth are often complex and require longer periods of time to work through, another grantee has extended the time youth spend in HRI from 90 to 180 days (Los Angeles County).

County department staff work together as integrated teams and share information regularly.

The development and implementation of Multidisciplinary Teams as well as continual staff trainings have been two main elements particularly conducive to ensuring staff from multiple county departments work together as integrated teams that share information regularly about youth served through HRI.

Multidisciplinary Teams

In general, the different MDTs bring probation, mental health, public health, education, parents, and sometimes youth and other agencies together to address a particular youth's health and mental health issues. In the past, MDTs may have been used, but they are currently integrated into the assessment and case planning process as a critical tool to understand as much as possible about the youth, how to address identified needs, and to communicate the agreed upon activities to those who need to know. As a result, the counties have revisited and reorganized their guidelines and working procedures. They also meet on a regular basis, whereas previously, they may have met infrequently. The integrating aspects of MDTs are shown in a number of ways:

- In Santa Clara, the MDT developed a case summary and circulated it among Juvenile Hall staff. This process enabled them to speak with a unified voice, and facilitated a process in which mental health supports the probation staff's goal to provide an appropriate living structure for the youth in the hall. Team members also noted that the MDT process has increased communication, empowered staff, and enabled departments to "speak the same language." The process has reduced the opportunity for minors to manipulate and play departments and individuals against each other, ultimately resulting in a more efficient and effective work environment. Moreover, the numbers of incidents involving minors trying to harm themselves and having to be transferred to the emergency psychiatric ward have decreased since HRI began.
- In Ventura, the MDT meets twice a week to review new youth in custody, MAYSI -2 results, criminal history, treatment history, and possible referrals. In addition, it reviews the other youth in the hall to ensure that services are in place.

HRI Trainings

Training correctional staff and probation officers about health and mental health issues as well as adolescent development has been a key component in the HRI programs. These trainings provided a foundation for the staff to have a common vocabulary when addressing youth behavior, thus allowing increased and productive communication between Juvenile Hall and Probation staff that work with youth. Examples of training and its effects on health and mental health issues include:

- In Santa Clara, the training programs reached 91% of the Probation staff. The training curriculum included suicide and crisis management, morality and moral development, developmental stages, what happens with a mental illness, and the best way to work with mental illness.
- An increase in line staff recommending that a minor may benefit from an MDT is evident. Based upon their new knowledge, line staff are no longer just considering youth delinquency or thinking the youth are just acting out, but realize that something else could be at play.
- Minors report more tolerance by the unit staff.

HRI Facilitating Change in Traditional Roles

- In Ventura, HRI changed the notion of "traditional roles" related to public health, behavioral health, and probation. This team believes they can be interchangeable in their roles when working with families—due to each team member's knowledge of both the history of the case and family needs—to ensure a continuous program process.
- Los Angeles HRI reported that judges who encounter HRI and have endorsed the philosophy are now working with the probation officer to develop transitional services for youth and are also focusing on early detection rather than placement options.

Systems barriers and facilitators to effective collaboration begin to be identified and implemented.

System Barriers Identified

In the early stages of the Initiative, grantees identified specific and general system barriers to effective collaboration in the implementation of HRI. System barriers identified included:

- Entrenched history of working independently and with minimal collaboration
- Inability to share client data because of confidentiality concerns
- Incompatible data systems
- Specific departmental rules that create obstacles to collaboration, such as only department employees being able to use department vehicles

At that time, probation departments were working with their collaborating partners to develop new policies or procedures that address these hurdles and facilitate cross-system information, especially with regard to client data. Transportation, confidentiality, and sharing client data were examples of the areas in which the grantees were creating more effective collaborations. The political willingness by system directors and administrators to address system change, the acceptance of new approaches to working with youth, and technical assistance in cross-system communication helped create progress.

Identification of Current System Barriers & Facilitators

Many HRI staff have reached new levels in examining system barriers and facilitators by examining their own relationship to other departments. As noted by the sites, there is greater understanding concerning the effect that departments can have (individually and collectively) when a problem is detected. Now, team members easily acknowledge that they need each other.

At the same time, some systems barriers to greater collaboration have been identified that are difficult to resolve. For example,

- Schools—even within the Juvenile Halls—have not been fully engaged in the HRI programs. In Los Angeles, for example, the HRI team advocated for youth reintegration into the school system. However, the schools have been an inconsistent partner, particularly in case planning.

- Ventura County noted that the contracts for probation staff limit the amount of time that they are allowed to stay in a unit. Most are required to relocate to other units within Juvenile Hall each year. These shift changes among staff impede the continuity of the HRI approach and sometimes cause the staff to feel as though they are starting all over again. For example, it is quite probable that some of the staff currently working within the HRI program units have not participated in the trainings.
- After encountering much resistance from diverse community agencies when working with youth on probation, the Los Angeles HRI team expressed a belief that an "anti-youth" culture exists in some agencies.

Access to health care coverage upon reentry for youth is accelerated among HRI counties.

Upon a youth's entry to Juvenile Hall (and before their return home), all counties are actively and aggressively pursuing the goal of linking youth and their families to health care coverage, most often Medi-Cal, as well as other health insurance coverage programs. In addition, counties are identifying Medi-Cal providers so clients can be referred to community-based organizations or public agencies that accept this specific form of health insurance.

Health insurance is critical for all youth but particularly for those who are to be released to a mental health facility. Most organizations will not take a minor who doesn't have Medi-Cal, because the facility won't be reimbursed for its costs.

Barrier to Securing Health Coverage

A common frustration among the sites has been the lack of follow through from parents in regards to securing health insurance for their children, even when it is available. Upon further examination, the HRI teams learned that the small cost for this coverage is a barrier for some parents who aren't prepared to pay anything. To alleviate this issue, team members believe that there must be increased communication and education directed towards parents, highlighting the importance of health insurance for their children.

Success Highlight – HRI Site Working with Multi-agency Coalition to Ensure Health Care Coverage

Throughout the Healthy Returns Initiative, Ventura County participated in a local multi-agency coalition working to increase the availability of health insurance for children. It was believed that about 4,500 children in the county were without health insurance, 3,000 of whom were eligible for state-subsidized programs. The HRI provided funding for workers to assist parents in completing the health insurance application. Initially, nearly 200 youth were enrolled for this new insurance option. To date, approximately 700 youth have been signed up for Medi-Cal and Healthy Families.

The use of validated mental health screening tools is consistent.

All counties use the MAYSI-2 as a screening tool (new to three counties, whereas Ventura and Santa Clara Counties had implemented this prior to HRI), Los Angeles and Santa Cruz counties are using the automated MAYSI-2, and Humboldt County initiated the process during the HRI by purchasing the equipment and training its staff.

Barriers to Implementing the MAYSI-2

- Both Los Angeles and Humboldt Counties initially reported some resistance to using the MAYSI-2 by the mental health staff. Even though they admitted that it increased objectivity, these therapists did not see the value of using the MAYSI-2 (because they feel it is only a screening tool and does not provide adequate assessment) and noted that their "old" system of questioning worked just as well.
- Several sites noted that the consistent use of the MAYSI-2 has resulted in some youth learning how to manipulate the system by refusing to take the test or providing false information.

Recognition and ability to address co-occurring disorders increased among probation staff.

In all five sites, HRI staff reported an increased ability to identify and address co-occurring (mental illness and substance abuse) disorders by providing trainings on mental health issues and utilizing staff that has mental health training. In several other counties, MDTs identify co-occurring disorders in youth booked into the hall and develop a treatment plan to address the co-occurring disorders.

Ventura and Santa Cruz Counties surveyed Juvenile Hall and Probation staff to determine areas in which they needed more training and then systematically provided workshops on physical health, chronic illnesses, mental health, psychiatric illnesses, and substance abuse. As a result, the probation staff gained knowledge and information that allows them to recognize co-occurring disorders.

Santa Clara County noted that a combination of factors increased their ability to recognize and address co-occurring disorders. They reported that utilizing the MAYSI-2 increased this ability, as did participation in the MDT process by clinicians from mental health and probation.

Systemic cultural competency barriers are identified and begin to be addressed.

The lack of diversity in regards to staff and service providers, as well as the limited language capacity throughout Juvenile Halls, were identified as cultural competency barriers that some parents and youth face when detained.

Strategies to Address Cultural Barriers

- Several sites addressed these issues by selecting HRI teams that reflect the cultural and linguistic characteristics of the youth served by the Initiative (Los Angeles, Ventura and Santa Clara), while others contracted with community-based organizations as a means to bridge these gaps (Santa Cruz and Humboldt).
- Los Angeles, Ventura, and Santa Cruz have bilingual staff and community providers, and trainings in another county are geared towards sensitizing staff to cultural and linguistic issues of the Juvenile Hall population. Other counties are translating forms into the languages spoken by their populations.
- Santa Cruz County leveraged its relationships and collaboration with four community-based organizations on their Youth Re-entry Team (YRT), formed for the HRI. The community-based organizations (CBO) affiliated with the YRT are diverse in their locations in the county, language skills and capacity, and in the culture and ethnic make-up of employees. They are able to provide services such as counseling, job training, mentoring, etc. This site also has contracted with La Manzana for the services of a bilingual Certification Application Assistant (CAA) who checks the medical coverage eligibility of all minors in the hall and works for a CBO. This site's strategy is to assess all youth who enter the hall, and subsequently to anchor those with high needs and low risk of criminality to services in the community that are provided by partnering CBOs.

Additional Barriers Related to Cultural Competency

- In Ventura County, staff noted that many youth do not take their medication after release from Juvenile Hall. They reported that caretakers of these youth usually do not insist, support, or validate the use of medication. Staff members are unsure whether there are cultural reasons why they do not take their medication.
- Native American youth comprise approximately 25% of the Juvenile Hall population in Humboldt County. Due to funding cutbacks to a provider of health services to Native Americans, the organization was not able to provide staff to deliver services in the hall but continues to do so once youth are released. Other Native American providers in the county have also experienced budgetary difficulties in the last year. The probation staff has participated in cultural competency trainings conducted by local health care providers to inform staff about the issues unique to Native American youth.

Relationships are strengthened or built with community-based partners that ensure effective case plan implementation and transition back to the community. Youth, once released, have better access to nonprofit or public health and behavioral care resources.

All sites have forged collaborations with other county agencies, particularly with the mental health department and community-based organizations to provide health and mental health services for youth while they are in Juvenile Hall and upon release to the community. Once released, youth have greater access to public health and behavioral health care resources than before HRI was implemented, due to grantees' concerted efforts to identify culturally competent providers in the areas where youth live.

Strengthen Relationships with Community-Based Organizations (CBOs)

- Because they recognize their limitation in regards to working in some communities, Los Angeles County resorted to a network of CBOs to effectively build relationships and provide services for youth and their families. This site has also designed a self-administered survey instrument, which allows youth to self identify areas in which they need assistance. After completion, the survey is forwarded to one or more of the grantee's community partners. Ultimately this instrument allows the HRI site to identify and monitor areas in which they need assistance from their community partners.
- Humboldt County has developed working relationships with Planned Parenthood and the Mental Health Outreach Street Worker with the result of increased services for youth. Planned Parenthood provides information about how youth in the hall can access services and distributes a special poster for youth in the hall. The Mental Health Outreach Street Worker focuses on the increasing number of girls involved with prostitution; their approach is to increase awareness of health and mental health issues of prostitution and to discourage the behavior.
- All sites noted the importance of knowing when to pass the child's services to someone else in the community who is not involved with probation and is not seen as an authority figure but rather as a support.

Improved Access to Services for Youth

- HRI staff visit youth in the community (at their schools and homes) rather than requiring them to always travel to the probation department. Team members also drive youth to appointments, if needed, making services more accessible to clients.
- According to several sites, prior to HRI, it was difficult to find service providers that would serve Medi-Cal clients. But concerted efforts have produced directories of dentists, doctors, mental health clinicians, and other providers that will take Medi-Cal. At least two of the HRI teams have developed directories of community-based service providers.
- Ventura county expanded their role to "break away barriers" that impeded timely access to services. They promoted the idea of extending a lifeline for youth leaving the hall through mental health or health services, food services, employment development, and life skills activities. In addition, existing relationships with CBOs in local communities where youth reside have been expanded and nurtured.

Collaborative Barriers

- Although HRI teams have been advocates for youth reintegration into the school system, in most sites the schools have been an inconsistent partner, particularly in case planning.
- A challenge by many sites has been identifying alcohol and substance abuse services for those that live a distance from the primary city in their county.

System-Level Program Outcomes: Program Staff Survey

A second evaluation approach to ascertain the levels of system-change included an online survey with HRI program staff. Program staff were surveyed online about their perceptions of the effect of the HRI on system-level changes. The survey was conducted in the fall of 2007. It was sent to the directors and program staff of each HRI site, who in turn requested a response from their local HRI teams and other collaborators. All responses were anonymous. Reminders were sent to each site to obtain an adequate response rate. A total of 35 people responded to the online survey as follows:

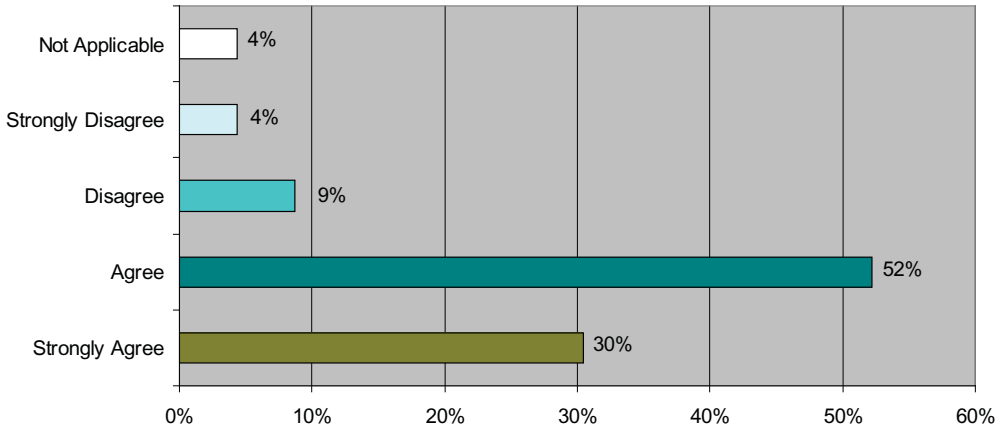
- 5 in Los Angeles
- 7 in Ventura
- 7 in Humboldt
- 8 in Santa Cruz
- 8 in Santa Clara

The online survey tool is in the Appendix.

As illustrated in Figure 1, a large proportion of program staff agreed that there has been an increase of culturally-relevant services as a result of HRI:

Figure 1

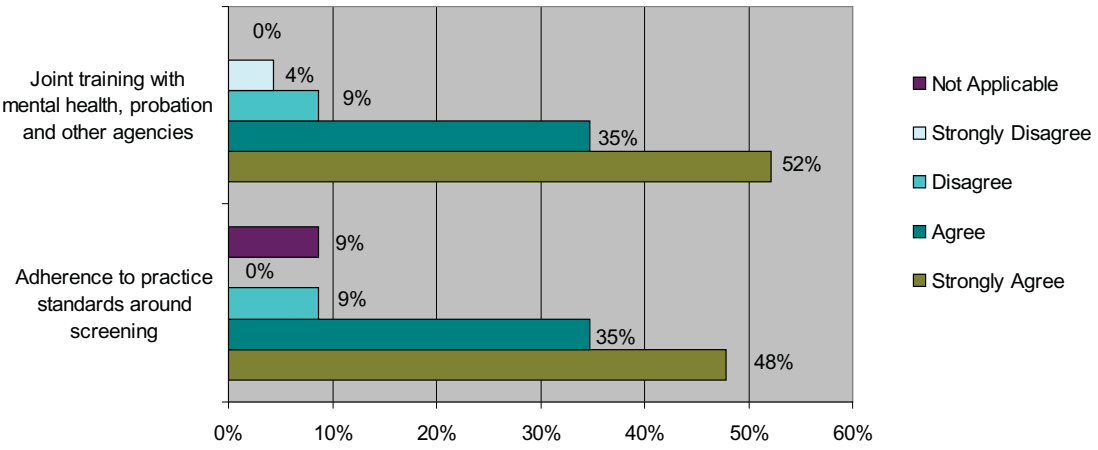
Probation staff who believe that there has been an Increase of culturally-relevant services as a result of HRI practices.



Furthermore, program staff across the HRI sites reported improvements to mental health services for youth in detention. They gave credit for these improvements to increased joint training on mental health screening and assessment between probation and mental health departments and an increase in the adherence to mental health screening practices. (Figure 2)

Figure 2

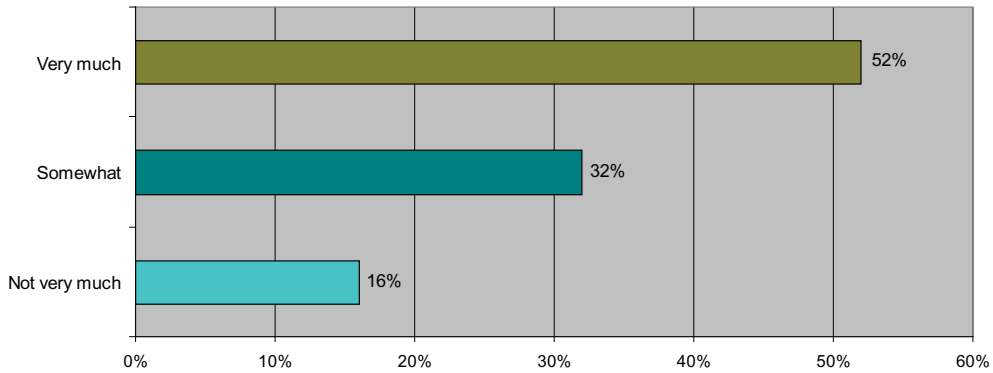
HRI staff in response to improvements in mental health services in detention facilities.



HRI probation staff reported an increased understanding of mental health issues as a result of the joint trainings with the mental health department and as a result of implementing mental health screening tools. (Figure 3)

Figure 3

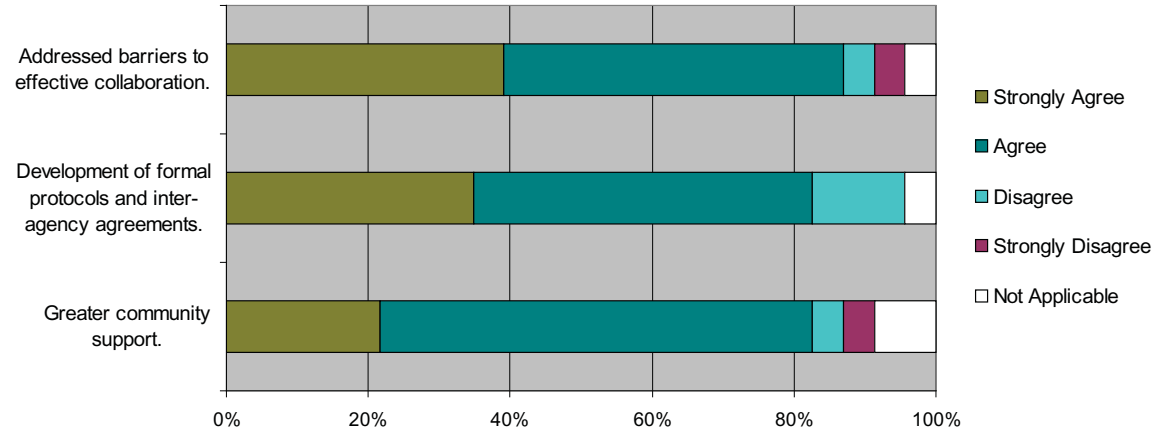
Growth in awareness among Juvenile Hall staff regarding mental health issues in juveniles as a result of HRI practices.



Finally, HRI staff across the different sites reported an increase and enhancement in the bridging of services for youth in the community as a result of HRI practices. (Figure 4)

Figure 4

Enhanced bridging of services for youth in the community as a result of HRI practices.



Program Participant Satisfaction

The Youth Outcome Survey (YOM)

The Youth Outcome Survey measured youth or parent opinion on the quality and satisfaction with HRI services. Los Angeles County was the only county where permission to talk to youth was not allowed and thus parent data were collected. A total of 99 surveys were completed over a period of two months (July-August, 2008).

Methods

This section is an overview of the issues collected in the Youth Outcome Survey. The study was approved by the local Human Protection Board and by the local family courts. The survey was developed by NCCD and the HRI staff of each county. NCCD provided feedback on the content and was responsible for the production of the survey. The survey was translated into Spanish. Additionally, a web-based version was developed by NCCD and hosted on a website called Survey Monkey. Surveys were read aloud by NCCD staff to youth or parents over the phone. The survey was launched in July, 2008, and surveys were collected through the end of August, 2008. The finalized survey was formatted into a spreadsheet and imported into SPSS by NCCD. These programs allow for easier data entry and clean-up processes. A survey sample is provided in the Appendix.

All analysis was completed by NCCD with guidance from the HRI staff. Basic statistical analysis including frequencies, cross tabulations, and recoding of variables were completed. Analysis is presented for the aggregate sample as well as by individual counties. The number of respondents included in a cross-tabulation will often be less than the overall number of respondents who completed the survey, as missing values have been excluded from the data presented to ensure data stability. That is, only those respondents for whom we have information on the variable of interest were included. For example, if a respondent did not provide his/her age; this person was excluded from the age cross-tabulation. Data tables with the original data are available from NCCD upon request.

Study Limitations

As with most community surveys, this study is limited by selection and response bias. Responses across counties varied, with some having a much larger and, therefore, more representative sample than others. For counties with a smaller number of respondents, the data should be reviewed with caution as it may not necessarily be representative of the area's services.

Categories of Survey Questions

- Demographics and custody
- Insurance and accessibility
- Improvement in youth's relationships
- General well being of youth
- Service satisfaction and youth needs
- Staff and youth relationships
- Past and future treatment options

Results

Findings from the survey show that youth had an above average satisfaction level with HRI services. Fifty-eight percent (58.4%) of the total sample felt that the HRI program helped them cope better. Sixty-two percent (62.1%) of youth thought that the services were right for their situation. The youth also reported that they felt that HRI staff would stick with them no matter what (62.1%). Most reported an increase in the relationship quality with family and friends as well as a general increase in overall well being. Youth also reported that HRI made medical care more available and that they received medical care while in Juvenile Hall. Most also reported having insurance (84.9%). For further reference, detailed summaries of the survey items may be found in the Appendix.

Table 9. Demographic Characteristics of YOM Survey Participants

All Sites, October 2008

	Frequency	%
Participant Race/Ethnicity		
Latino	33	34.0%
White	28	28.9%
Native American	4	4.1%
African American	9	9.3%
Asian/Pacific Islander	3	3.1%
Other*	20	20.6%
Total	97	100%
Participant Gender		
Male	74	75.5%
Female	24	24.5%
Total	98	199%

Table 10. Youth Health Insurance Status and Type at Time of YOM Survey, October 2008

	Frequency	%
Youth Has Insurance		
Yes	73	84.9%
Not sure	12	14.0%
Pending	1	1.2%
Total	86	100%
Type of Insurance		
Public	46	66.7%
Private	14	20.3%
Not Sure	9	13.0%
Total	69	100%

The Most Helpful Aspects of HRI: A Paradigm of Services

This section highlights the comments by the responding youth and parents in the Youth Outcome Survey. Comments are organized into four main themes that emerged in the qualitative analysis. These are: mental health services, support from staff, alcohol and drug treatment and availability of resources.

Most Helpful Aspect of HRI Services: Mental Health Services

Humboldt County –- Youth Comments

"They helped me to not get angry as much."

"Counseling helped me and my family to come closer together."

"The surveys they are conducting to see what is wrong with me–to see if I am bipolar."

Los Angeles County –- Parent Comment

"Probation officer came to my house, and picked up (my child) to go to the therapist."

Santa Cruz County –- Youth Comment

"The advice they give me and support, and being able to talk to someone about my problems. Someone who helps me with my anger, my issues, and helps me stay out of trouble."

Santa Clara County –- Youth Comments

"Anytime I need something, I can put a request in to see a mental health (therapist) or a doctor."

"Counseling for mental health. Staff are very helpful and more patient than on other units."

"Having someone to listen and respond to what I say. They give truthful and useful advice. Mental health will also talk to the doctor for you to get medication when you need it."

Most Helpful Aspect of HRI Services: Support from Program Staff

Humboldt County -- Youth Comment

"Being able to talk to someone that would listen. Counselors, HRI staff and probation officers."

Los Angeles County –- Parent Comment

"It helped so much. (Staff) being there for us, making calls to support us. I have two in the hall and since the help from this program the two are doing better. The kids have been more positive and feeling comfortable. They can trust the case manager."

Santa Clara County -- Youth Comment

"Having someone to listen to me and understand what is happening."

Santa Cruz County -- Youth Comment

"They offered me a health program. They are helping with my family problems, (helping) me to find a job and to stay sober."

Ventura County -- Youth Comment

"Staff and resources – I had 3 of them that specialized in different areas and worked as a team."

Humboldt, Santa Clara, Santa Cruz & Ventura Counties –- Youth Comments

"Having someone to talk to, listen to me and/or understand what is happening."

Most Helpful Aspect of HRI Services: Alcohol and Drug Treatment

Humboldt County – Youth Comment

"They made me think harder about my choices and my friends and to not do drugs."

Santa Clara County – Youth Comment

"The diversity of programs that they have like gang programs, drug programs, and narcotics and alcohol anonymous."

Santa Cruz County – Youth Comment

"The program helped me stay away from drugs and alcohol."

Most Helpful Aspect of HRI Services: Availability of Resources

Los Angeles County – Parent Comment

"There are so many different programs -- wraparound services and living (assistance) programs that helped with finances, school, and with graduation pictures."

Santa Cruz County – Youth Comment

"If I need clothes, they provide them. If I need go somewhere important (they take me). They give me the things I need and are really helpful."

Ventura County – Youth Comment

"Staff and resources – I had 3 of them that specialized in different areas and worked as a team."

The Healthy Returns Initiative Legacy and Continued Work

Parent and caregiver engagement efforts are strengthened.

All sites identified the importance of the family in effectively addressing health, mental health, and delinquency and are actively working to engage parents in the development and planning of their child's case plan, both upon entering Juvenile Hall and when they transition back into the community.

In general, sites report that HRI provides a good structure to support families.

- All HRI sites reported that their interdisciplinary team has been able to change many preconceived notions shared by youth and their families. For example, families are able to approach and talk to HRI Probation Officers in different ways; they are now seen as being more accessible and perceived as an ally, and not solely as enforcers.
- Sites also reported that parents feel they can count on the HRI program for support. According to program staff, families have become advocates for the HRI program, and many do not want to end the relationship with the HRI team, despite their son's or daughter's stability, because they have never before experienced support from a public agency.

The HRI sites have spent much time and effort trying to address issues within the family as a whole. In many instances they work in complicated family situations that may have parents, kids, aunts, uncles, grandparents, and even non-relatives living in the household. The sites also noted that the Probation Department provides an abundance of information to the youth in Juvenile Hall, but then sends them back home without providing intervention services to the caregivers of these youth. There were various ways to deal with these circumstances.

- In Ventura County, staff members provide insurance-covered services to parents and grandparents based on the rationale of getting everyone ready for reunification. The intent is to help the adults have realistic expectations of the youth and to develop ownership of the parents' part in a youth's offenses.
- Santa Clara County has developed a youth and parent assessment survey for services. The youths, in addition to family members, are provided resources and information for their immediate needs. Additionally, accommodations to parent schedules are made to foster parent participation in case planning meetings.

- Los Angeles provides services for parents that involved children dependency issues, welfare issues, housing assistance (assistance with evictions, rent, utilities), and other legal issues in order to provide a stable living situation for caregivers and youth.
- Santa Cruz County also refers families to agencies within the community that can help. Their Health Educator gave an example where a minor's father had physical and mental health problems that prevented him from working and left the family destitute and without food in the home. The Probation Department felt it was inappropriate and inconceivable to release the minor to the father without providing some assistance. As a result, their Health Educator worked extensively and secured help for the entire family.

HRI sites have initiated system changes to further improve probation programs.

Value of HRI Annual Convenings by The California Endowment

Relationships among the sites were built and strengthened at four annual grantee convenings. The purposes of the convenings were to provide opportunities for knowledge transfer, peer learning, and strengthening the HRI network of site leaders and staff. These convenings have provided opportunities for sites to learn what other counties are doing in their HRI programs, adapt some of the interventions into their own county's offerings (not necessarily in the HRI programs), and strengthen policy advocacy skills.

HRI Sites Address Unmet Needs

Funds from the Endowment have also afforded grantees the opportunity to reflect on the HRI population, identify unmet needs, and develop the appropriate education and services programs. Humboldt County, for example, began a girls group in detention to focus on issues of physical health, mental health, and gender after noticing that there was an increase of reports of sexually transmitted diseases among this group and that these same girls were repeatedly returning to the hall. Most alarming was that some of the mental health symptoms were related to these girls engagement in prostitution. The group's structure consists of about eight girls who decide upon the topics for the meetings. As a result of the popularity of the girls group, the boys in this county's Juvenile Hall requested and received a similar group focused on health issues

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