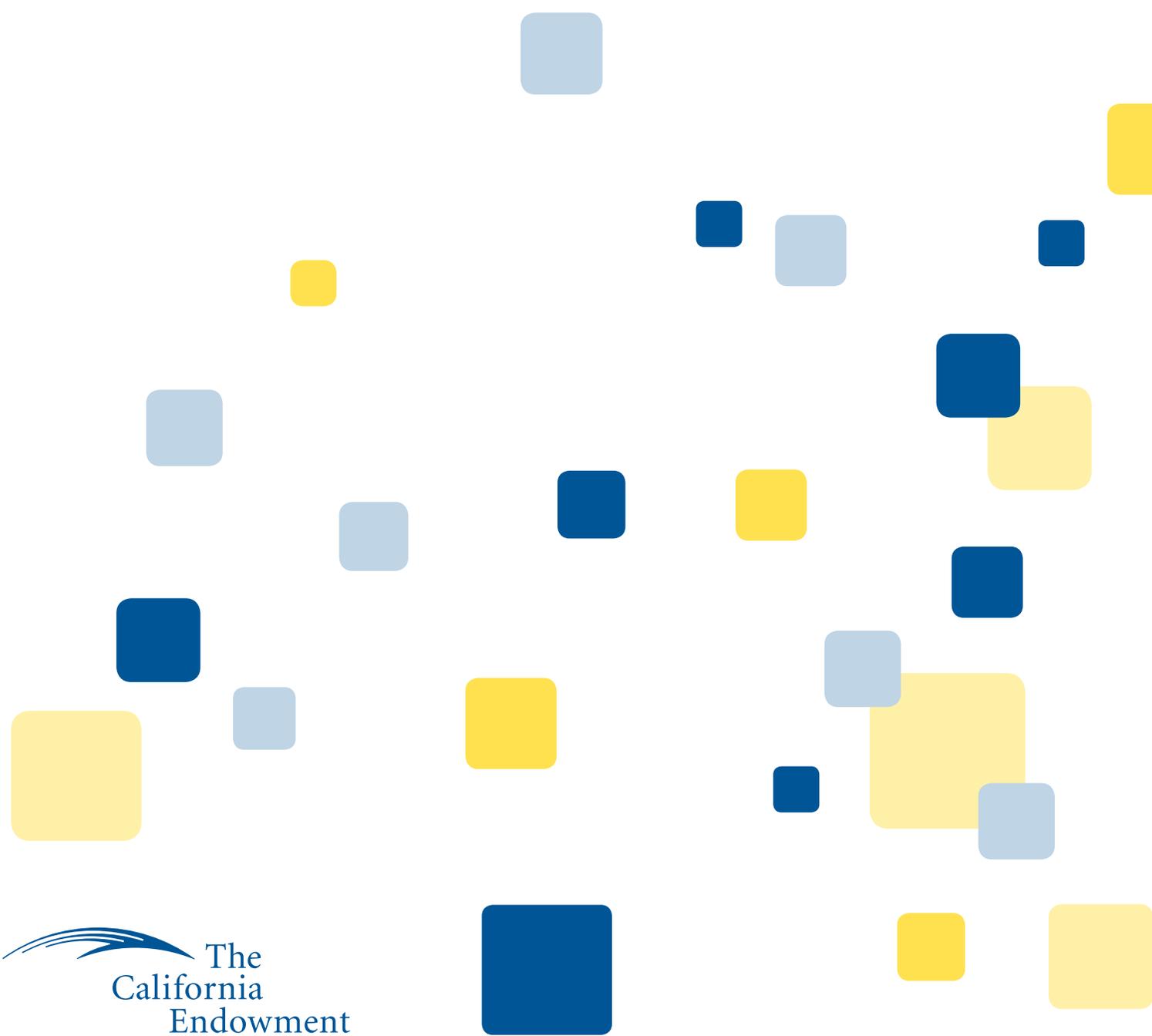




MAY 2010

**CONNECTING YOUTH AND FAMILIES TO  
BENEFITS AND RESOURCES**





“If I need clothes, they provide them. If I need to go somewhere important, they take me. They give me the things I need and are really helpful.”

– Youth, Santa Cruz County

Most youth in the juvenile justice system have multiple, complex needs that may contribute to their delinquency and opportunities for rehabilitation. Probation youth frequently have mental health, substance abuse, and physical health issues that require treatment and medication. Access to health insurance is particularly important for youth with health needs that require ongoing, consistent treatment and medication. In addition, these youth and their families are often in need of benefits and resources such as housing assistance, income support, food stamps, transportation, and even clothing.

Unfortunately, navigating the multiple government systems to access these resources is both time-consuming and confusing, which prevents many eligible families and youth from receiving benefits. Connecting youth in the juvenile justice system and their families to government benefits and community resources, or what is commonly referred to as benefits advocacy, is a critical strategy to ensure the stability of the entire family unit and the long-term success of youth when they return to the community. Professional benefits advocates and Certified Application Assistors (CAAs) enroll youth and families in health care services and connect them with other needed resources.

In addition, benefits advocates help establish trust and rapport between probation and youth and their families. Oftentimes, youth and their families have been let down by systems of care and are distrustful of case managers and probation officers. By connecting services and support for youth and their families, probation departments are able to more holistically serve youth with complex needs and improve youth and family engagement.

**Benefits advocacy can help juvenile justice programs:**

- Connect uninsured youth to health care coverage to ensure continuity of care and adherence to medication and treatment after youth leave custody
- Link youth and families to low- and no-cost benefits and resources in their communities
- Better engage youth and families by assisting them with their immediate and pressing needs
- Establish better relationships with community-based providers and partner agencies by sharing information



## LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

One of the primary goals of the Healthy Returns Initiative was to link youth with health insurance coverage. Currently, federal law prohibits Medicaid coverage (or Medi-Cal coverage in California) for incarcerated individuals and requires that their benefits be suspended. An issue brief by the Youth Law Center commissioned by The California Endowment revealed that California regulations led many counties to terminate Medi-Cal coverage rather than suspending it until the juvenile was released, meaning that many youth waited months in need of medications and continuing medical care before their coverage was reinstated.

During the Healthy Returns Initiative, the Youth Law Center successfully steered Senate Bill 1147 (Calderon) through the state legislature, clarifying that California may suspend but not terminate Medi-Cal eligibility for youth who go into secure confinement.<sup>1</sup> With the passage of SB 1147, ensuring that eligible youth are enrolled in Medi-Cal before they are released from confinement is critical, so they can have immediate access to services upon release. Through the Healthy Returns Initiative, counties created innovative processes to start assessment for Medi-Cal benefits early in detention.

The focus on helping youth access health insurance when they first enter the system then expanded to helping youth and their families access multiple public and nonprofit resources as well. The Healthy Returns Initiative counties developed several strategies to ensure that probation youth and their families were connected to available resources, both when entering and exiting the system. Counties collaborated with county human services agencies to access data on the benefits that youth have received. In addition, multidisciplinary team members developed assessment surveys for youth and families to more effectively identify needed resources. They also developed comprehensive resource directories identifying low- and no-cost community-based services and established relationships with community-based organizations to facilitate better access to these resources. They contracted with benefits advocates, CAAs, and county agency resource specialists to assist eligible youth and their families in applying for benefits. While the complexity of their skills was initially underestimated, the Healthy Returns Initiative counties quickly recognized the critical role these specialists played in engaging and helping families.

**“Social security, food stamps, housing, assistance with the Medi-Cal system — those are some of the complicated bureaucracies that are really difficult for any family to navigate. We contracted with a community-based center and had them inside our juvenile hall to collect information from the youth, contact their families, and make those linkages to benefits out in the community.”**

*– Laura Garnette, Adult Probation Director, Santa Cruz County Probation Department*

<sup>1</sup>For further discussion on SB 1147, see page 6.

## BENEFITS AND RESOURCES AVAILABLE TO YOUTH AND FAMILIES

- Medi-Cal
  - Healthy Families
  - Sliding scale medical and mental health treatment services
  - Dental care
  - Prescription assistance programs
  - Title IV-E benefits
  - Social Security Income
  - CalWORKs
  - Housing assistance
  - Supplemental Nutrition Assistance Program (SNAP)
  - Food banks
  - Domestic violence shelters
  - Immigration/Documentation assistance
  - Transportation assistance
  - Clothing
  - Child care
  - Job application assistance
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## PROMISING PRACTICES

### Working with Human Services

In Ventura County, all youth in the juvenile facility are referred for Medi-Cal coverage prior to their release from detention through the work of their Certified Application Specialist (CAS). When a youth comes out of custody, the CAS goes into the Human Services Administration (HSA) data system and changes the youth's probation status to enable their Medi-Cal coverage to be reinstated. The CAS is notified of youth who do not qualify or meet eligibility criteria for Medi-Cal services so that other coverage arrangements can be initiated.

In Humboldt County, for those families or youth needing insurance or other public supports, referrals are made to a benefits resource specialist at the Department of Health and Human Services (DHHS). To help create this linkage, probation budgeted funds to support a DHHS-based benefits specialist with the capacity to provide bicultural, bilingual benefits advocacy services to families throughout the County.

### Community Certified Application Assistor Programs

The Healthy Returns Initiative program in Los Angeles County provided benefits advocacy through referrals to community-based, non-profit CAA programs, such as Crystal Stairs. These agencies provide services in the community and conduct comprehensive benefits assessments. Benefits counseling services are paid for when applications are submitted to the state and benefits are awarded.

In Santa Cruz County, probation hired a CAA through La Manzanita Community Resource Center to provide benefits advocacy to all probation youth and families. The CAA systematically reviewed the insurance status of all youth in detention and assisted families with access to needed insurance and benefits through referrals, linkage, and direct application assistance. The CAA's flexible role involved working with families in the community or in the home, during the youths' time in detention and after release, with the goal of maximizing participation in services and reducing stigma around benefits assistance.



## Resource Directories

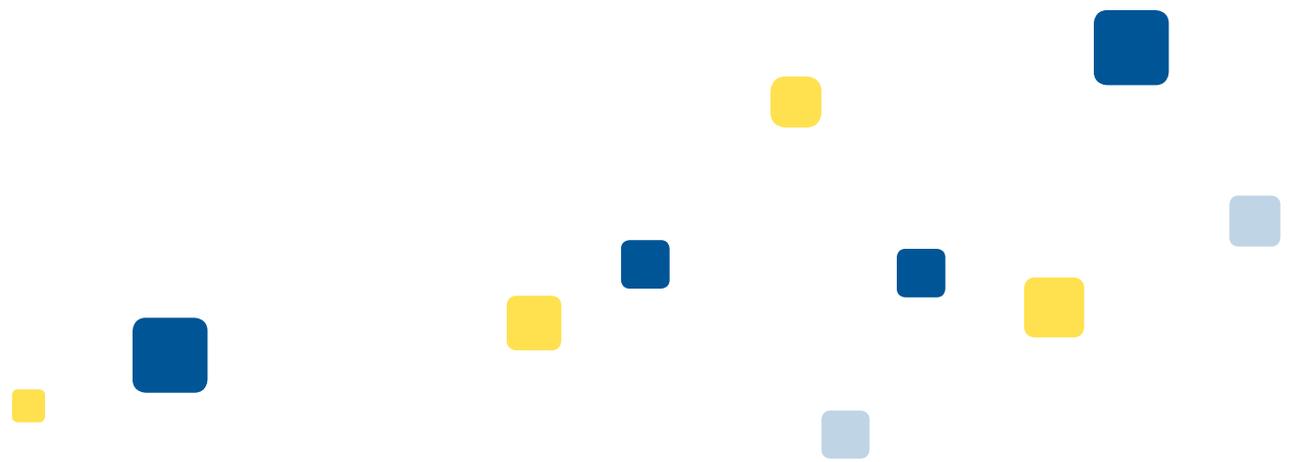
In Los Angeles County, the Healthy Returns Initiative team developed eight regional and geographically based Resource Directories covering the entire county to use in making appropriate, no-cost or low-cost service connections in the community. The Resource Directories filled a significant need and have become an invaluable tool in helping staff and partner organizations connect clients to appropriate, affordable services. Examples of important and commonly accessed resources provided in the directory include low-cost health insurance coverage options, sliding scale medical and mental health treatment services, prescription assistance programs, child care, food banks, transportation, housing and recreation, legal advocacy, and much more. An important strategy in building trust and partnership with community providers was to provide the Resource Directories to all partners at no-cost. The sharing of this valuable resource has created goodwill across the provider network, and opened lines of communication with community partners.

## Youth and Family Needs Assessment Surveys

In Santa Cruz County, the Youth Reentry Team developed a short, two-page needs assessment that was administered to youth and their parents. Depending on the answers provided on the needs assessment, youth were then referred to the appropriate agencies for services. This process increased referrals to agencies, and probation officers reported improved access to health insurance, assistance with physical health referrals, and expanded health education services.

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## IMPROVING OUTCOMES

- Families are anchored to services in the community and are more stable, which lessens their reliance on probation services. Connecting youth and family to community services moves probation departments towards a more rehabilitative approach.
  - Providing a comprehensive directory of services available for families that can be shared across providers and agencies contributes to a system-wide effort to help build relationships that can make it easier to connect youth and families to care and services.
  - Contracting with bilingual benefits advocates to successfully connect youth and families to needed benefits and provide services, such as transportation, establishes trust and rapport, contributing to youth and family engagement and success in meeting probation goals.
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## CHALLENGES TO CONNECTING YOUTH AND FAMILIES TO BENEFITS AND RESOURCES

### Impact of Budget Cuts

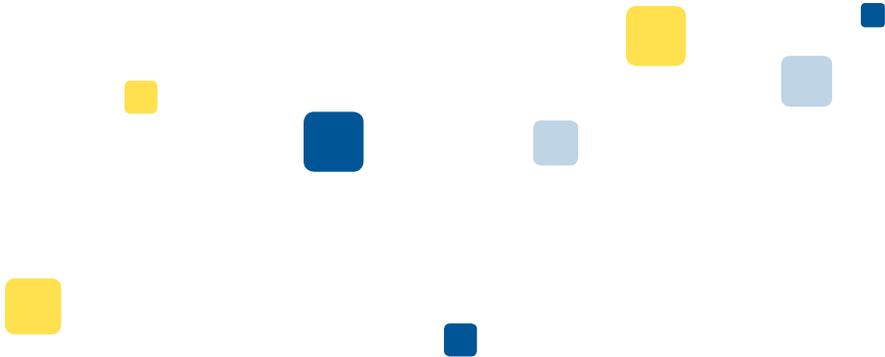
Budget cuts at the state and county levels affect eligibility requirements for benefits, leaving many youth and families ineligible for health coverage and other assistance. Cuts also trickle down to local community-based partners, impacting service capacity in the community. Furthermore, limited county probation resources can prevent probation departments from contracting with benefits advocates and CAAs. Strategies for probation departments with limited resources to provide benefits advocacy include cross-training staff to connect youth and family to services, connecting youth to no- or low-cost community-based benefits advocacy programs, and developing resource directories of low- and no-cost community services and resources.

### Family Resistance

Families' lack of understanding of the process for securing health coverage and their inability to navigate complex social service systems can create resistance to securing health insurance for their children. Counties also may encounter a lack of follow-through from parents. For some parents, even small costs associated with health coverage are a barrier. To alleviate these issues, there must be increased communication, education, and support directed towards parents, underscoring the importance of health insurance for their children.

### Service Capacity Gaps in the Community

Most of the Healthy Returns Initiative counties faced challenges in connecting youth and families to needed services. Service capacity gaps include access to residential and outpatient alcohol and drug treatment programs, psychiatrist services, job training and placement services, dental services, and recreation centers or afterschool programs that promote pro-social activities. Even with connection to health coverage, it can be difficult to find service providers in the community that serve Medi-Cal clients.



### Sustaining Medi-Cal Coverage for Youth in the Juvenile Justice System

Under federal law, states can not receive federal matching funds for Medicaid services provided to youth in detention facilities. While this law does not require a youth's eligibility to be terminated, until recently, administrative practices in California's juvenile justice system and Medi-Cal procedures led many youth to lose their Medi-Cal coverage while incarcerated. Upon leaving custody, youth would have to reapply for coverage and wait until their eligibility was redetermined in order to reinstate coverage, which could take up to 45 days. For youth with mental health issues requiring medication and youth needing access to mental health and substance abuse treatment in order to meet court mandates, a lapse in health coverage could easily result in a return to custody.

In 2008, Senate Bill 1469 (Cedillo), which mandated that probation and county human services collaborate and connect youth with Medi-Cal or other types of health insurance options, became California law. Following the enactment of this bill, all parents of youth detained by the court for 30 days or more were advised about Medi-Cal coverage options through the probation department and referred to social workers from the county human services for benefits advocacy.<sup>2</sup>

That same year, Youth Law Center sponsored legislation to ensure that incarcerated juveniles with Medi-Cal are no longer terminated from the program because of their probation status. Senate Bill 1147 (Calderon), which became law in 2009, addressed youth being forced to reapply for Medi-Cal after release from custody. The California State Department of Health Care Services is now required to reinstate such benefits within 72 hours of a minor's release from a youth correctional facility. Senate Bill 1147 ensures that eligible young people leaving detention facilities do not have to reapply for Medi-Cal, a time-consuming, onerous process that leaves many without needed prescriptions, mental health services, and medical treatment. Now, Medi-Cal coverage for youth is suspended while they are in custody, but their eligibility is no longer terminated.<sup>3</sup>

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## ADDITIONAL RESOURCES

*Healthy Returns Initiative Case Studies – Final Report*, Desert Vista Consulting

*Healthy Returns Initiative Case Studies – Grantee Supplemental Resource Compendium*, Desert Vista Consulting

*Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System*, National Council on Crime and Delinquency

*Improving Access to Medi-Cal for Youth in the Juvenile Justice System*, Youth Law Center

*Santa Cruz County Healthy Returns Initiative: Final Evaluation Report*, Ceres Policy Research

*The “Inmate Exception” and its Impact on Health Care Services for Children in Out-of-Home Care in California*, Youth Law Center

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<sup>2</sup> For more information on Senate Bill 1469, visit the California Legislative Information website, [http://www.leginfo.ca.gov/cgi-bin/postquery?bill\\_number=sb\\_1469&sess=0506&house=B&author=cedillo](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_1469&sess=0506&house=B&author=cedillo).

<sup>3</sup> For more information on Senate Bill 1147, visit the California Legislative Information website, [http://www.leginfo.ca.gov/cgi-bin/postquery?bill\\_number=sb\\_1147&sess=PREV&house=B&author=calderon](http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_1147&sess=PREV&house=B&author=calderon).



[www.healthyreturnsinitiative.org](http://www.healthyreturnsinitiative.org)