Healthy Returns Initiative

# PROMISING PRACTICES FROM THE HEALTHY RETURNS INITIATIVE:

## Building Connections to Health, Mental Health, and Family Support Services in Juvenile Justice

MAY 2010

The California Endowment

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# ABOUT THE HEALTHY RETURNS INITIATIVE

"The Healthy Returns Initiative strategies are much more cost effective than locking kids up or putting kids in placements where results are not nearly as good."

*Karen Staples, Retired Chief Probation Officer, Ventura County Probation Department*

The Healthy Returns Initiative was developed and funded by The California Endowment to strengthen the capacity of county juvenile justice systems to improve health and mental health services, and ensure continuity of care as youth transition back to the community. Launched in 2005, the foundation provided four-year planning and implementation grants to probation departments in Humboldt, Los Angeles, Santa Clara, Santa Cruz, and Ventura counties.

**The counties participating in the Healthy Returns Initiative worked to strengthen their juvenile justice programs by:**

- Screening youth for mental health and substance abuse issues, to better identify those in need of assessment and treatment;
- Enhancing access to mental health treatment, heath care services, and evidenced-based programs for youth in detention facilities and in the community;
- Stabilizing youth and their families by connecting them to needed resources, such as health coverage, income assistance, and housing;
- Ensuring continuity of care for youth and their families during their transition back to the community;
- Strengthening partnerships and developing linkages between staff, county agencies, and community-based providers to share information and better coordinate services; and
- Educating and training staff on best practices for addressing and working with youth with mental health needs.

## About The California Endowment

The California Endowment is a private, statewide health foundation that was created in 1996 as a result of Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. The California Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

The California Endowment will continue to promote the promising practices identified by the Healthy Returns Initiative and incorporate the lessons learned into the foundation's new 10-year strategic focus, Building Healthy Communities. The goal of Building Healthy Communities is to support the development of communities where kids and youth are healthy, safe, and ready to learn.

## WHY IS THIS IMPORTANT?

Across the nation and in California, youth with unaddressed mental health and physical health issues are entering the juvenile justice system at alarming rates. A recent survey of 18 California county probation departments found that 50% of all detained youth had a suspected or diagnosed mental illness.[1] Another survey of youth in California's juvenile justice system conducted in 2003 by the National Council on Crime and Delinquency (NCCD) reported that on average, 42% of youth in detention, 59% of youth in placement, and a third of youth under field supervision have a mental health issue that requires treatment or services.[2] Nationwide, the estimated percentage of youth in the system with a diagnosable mental health disorder is even higher, at 65% to 70%.[3]

Many of these youth suffer from co-occurring disorders, with half of all youth in the juvenile justice system struggling with substance abuse disorders.[4] In California, the percentage of youth with substance abuses issues may be even higher. The NCCD survey found that substance abuse affects the vast majority of youth in California's juvenile justice system, with three in four youth in detention and placements and two-thirds of youth under field supervision reported as having substance abuse issues.[5]

In addition, California county probation administrators have noticed an increase in the acuity of mental health issues, citing more cases of youth suffering from depressive, bi-polar, and schizophrenia disorders. Such observations are corroborated by studies showing an increase of youth with severe mental illness. More than one quarter (27%) of youth in the juvenile justice system nationwide were found to be in significant need of mental health treatment in 2006[6], as opposed to 20% reported in an earlier study.[7] In California, as reported by the Corrections Standards Authority, the daily average number of probation youth under local supervision receiving psychotropic medication increased from 1,116 youth (8%) in 1999 to 1,350 (10%) in 2005.[8] The National Council on Crime and Delinquency survey found higher percentages of youth prescribed psychotropic medication, with 23% of youth in detention, 32% of youth in placement, and 18% of youth under field supervision prescribed psychotropic medication.[9] In addition, 24% of youth in detention, 28% of youth in placement and 16% of youth under field supervision had some other indication of severe mental illness.[10]

Furthermore, youth in the juvenile justice system frequently have physical health issues that require attention. Common health issues for youth in the juvenile justice system include sexually transmitted diseases, asthma, and oral health needs.[11] In addition, these youth are in need of public health resources, such as parenting classes and nutrition information. Generally, these youth have limited access to a regular source of medical care and other public health resources.[12]

> "The level of acuity of the kids we see coming in our front door is alarming, in terms of the trauma that they have been exposed to. A study we recently conducted showed that 80% of the youth in our system had been exposed to some type of trauma in their life. That's striking."
>
> *– Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department*

[1] Edward Cohen and Jane Pfeifer, "The Costs of Incarcerating Youth with Mental Illness: Policy Implications and Recommendations (Policy Brief #2)," Chief Probation Officers of California and the California Mental Health Directors Association, 2008, http://67.199.72.34/php/Information/Papers/policybrief2.pdf.

[2] Christopher Hartney et al., "A Survey of Mental Health Care Delivery to Youth in the California Juvenile Justice System: Summary of Findings," National Council on Crime and Delinquency, September 2003, http://nccd-crc.issuelab.org/research/listing/survey_of_mental_health_care_delivery_to_youth_in_the_california_juvenile_justice_system_a.

[3] Kathleen R. Skowyra and Joseph J. Cocozza, "Mental Health Screening with Juvenile Justice: The Next Frontier," Models for Change, National Center for Mental Health and Juvenile Justice, http://www.ncmhjj.com/pdfs/MH_Screening.pdf

[4] Linda A. Teplin et al., "Psychiatric Disorders in Youth in Juvenile Detention," *Arch Gen Psychiatry* 59 (2002): 1133–43, http://www.nctsnet.org/nctsn_assets/Articles/104.pdf.

[5] Hartney.

[6] Jennie L. Shufelt and Joseph J. Cocozza, "Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study," National Center for Mental Health and Juvenile Justice, June 2006, http://www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf.

[7] Skowyra and Cocozza.

[8] Corrections Standards Authority, "2005 Annual Juvenile Detention Survey Report" and "1999 Annual Report," California Department of Corrections and Rehabilitation, http://www.cdcr.ca.gov/Divisions_Boards/CSA/FSO/Surveys/Juvenile_Profile/Juvenile_Detention_Survey.html.

[9] Hartney.

[10] Ibid.

[11] Sonya Schwartz and Melanie Glascock, "Improving Access to Health Coverage for Transitional Youth," National Academy for State Health Policy, July 2008, http://www.modelsforchange.net/publications/159.

[12] Ibid.

# THE ROLE AND CAPACITY OF THE JUVENILE JUSTICE SYSTEM

A primary goal of the California juvenile justice system is the rehabilitation of juvenile offenders. Youth who commit crimes may be incarcerated to ensure public safety, but during and after their confinement they are supposed to receive services and treatment suited to their needs.

**Currently, there are several state juvenile justice funding streams specifically tied to this goal:**

- Counties receive funds from the *Youthful Offender Block Grant (YOBG) Fund* specifically to enhance the capacity of probation, mental health, drug and alcohol, and other county departments to provide appropriate rehabilitative services and supervision to youthful offenders.[13]
- The *Juvenile Justice Crime Prevention Act (JJCPA)* provides counties funding for local juvenile justice programs aimed at curbing crime and delinquency among at-risk youth, which can include collaborative efforts with mental health, human services, and public health departments, as well as schools.[14]
- State funds are appropriated through the *Juvenile Probation and Camps Funding (JPCF) Program* to support a broad spectrum of county probation services, including mental health assessment and counseling, targeting at-risk youth, juvenile offenders on probation, those detained in local juvenile facilities, and the families of these youth.[15]

While these state funds are an important resource supporting local juvenile justice operations and programs, there is no requirement that they be spent on mental health services, and counties face numerous challenges in effectively providing services and treatment. State and local budget cuts have impacted probation departments' and community-based organizations' ability to provide innovative, rehabilitative, and mental health services for probation youth. Notably, in 2009, the California State Legislature eliminated funding for the Juvenile Mentally Ill Offender Crime Reduction (MIOCR) program. Across California, MIOCR provided $22 million to 20 counties for a variety of mental health interventions for juvenile offenders, including proven intensive family therapies such as Functional Family Therapy and Multi-systemic Therapy. In addition, there have been significant reductions to JJCPA and JPCF funds in recent years and funding for programs that support youth and families, including CalWORKs, SSI/SSP, foster care, and Medi-Cal substance-abuse treatment services, has also been severely reduced. Although the Mental Health Services Act has generated significant community mental health funds for counties and is an important resource for youth in the juvenile justice system, it has not closed the gap created by funding reductions and the elimination of MIOCR.

Across California, counties are hindered by a lack of appropriate placement options for youth with severe mental illness and they have limited access to community-based services for youth with less severe mental health and substance abuse disorders. Both of these inadequacies contribute to longer stays in detention facilities and the ineffective use of probation resources.[16] Across the nation, two out of every three juvenile detention facilities detain youth awaiting community mental health treatment services.[17] In fact, these longer stays and increased utilization of resources for youth with mental health disorders in California's county juvenile justice programs make the cost of their probation services significantly higher, at least $18,000 more than services for other youth.[18]

This trend not only impacts county budgets, but also contributes to the deterioration of the mental health and emotional well-being of youth who are unnecessarily confined due to a lack of appropriate community-based options. Juvenile detention facilities generally only provide crisis services, meaning that youth with mental health issues exhibiting self-destructive and harmful behaviors are often placed in isolation, which can exacerbate these behaviors. Without appropriate mental health services, staff struggle to stabilize these youth, which only contributes to their prolonged confinement.[19]

Culturally sensitive mental health, physical health, substance abuse, and family support services, both during and after detention, are critical for the long-term success of these youth. Without connection to these services, youth with complex needs end up staying in the juvenile justice system for unnecessarily long periods of time, or are at high risk of re-offending when they return to their communities.

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[13] See Welfare & Institutions Code Sections 1950–1962.

[14] Corrections Standards Authority, "Juvenile Justice Crime Prevention Act, Annual Report," California Department of Corrections and Rehabilitation, March 2009, http://www.cdcr.ca.gov/Divisions_Boards/CSA/CPP/Grants/JJCPA/Docs/JJCPA_2009_leg_report.pdf.

[15] Corrections Standards Authority, "Juvenile Probation and Camps Funding (JPCF) Program," California Department of Corrections and Rehabilitation, http://www.cdcr.ca.gov/Divisions_Boards/CSA/CPP/Grants/JPCF/Index.html.

[16] Sue Burrell and Alice Bussiere, "'Difficult to Place': Youth with Mental Health Needs in California Juvenile Justice," Youth Law Center, August 2005, http://www.ylc.org/pdfs/difficulttoplaceAug2005.pdf.

[17] Committee on Government Reform – Minority Staff Special Investigations Division, United States House of Representatives, "Incarceration of Youth Who Are Waiting for Community Mental Health Services in the United States," Prepared for Rep. Henry A. Waxman and Sen. Susan Collins, July 2004, http://hsgac.senate.gov/public/index.cfm?FuseAction=Files.View&FileStore_id=bdb90292-b3d5-47d4-9ffc-52dcd6e480da.

[18] Edward Cohen and Jane Pfeifer, "The Costs of Incarcerating Youth with Mental Illness: Study Objectives, Methods, and Findings (Policy Brief #1)," Chief Probation Officers of California and the California Mental Health Directors Association, 2008, http://67.199.72.34/php/Information/Papers/policybrief1.pdf.

[19] Ibid.

# PROMISING PRACTICES

"The Healthy Returns Initiative program in Los Angeles County is about getting youth with mental health issues and their families whatever it is that they need. It doesn't necessarily have to be mental health treatment for the child—it can be whatever it takes to get the family to a point of stability."

*– Andrea Gordon, Probation Director, Los Angeles County Probation Department*

While California's county probation departments currently provide some level of health, mental health, and other needed services to rehabilitate juvenile offenders in probation, there is recognition that these services alone are not enough to improve outcomes for high-need youth. With increasing numbers of youth entering the juvenile justice system with complex issues and diminishing resources at both the state and local levels for probation, mental health, health, and human services agencies, more cost-efficient and effective strategies are needed to improve outcomes for youth. Probation staff need additional training to better address youth with mental health issues. Youth and their families require access to a variety of low- and no-cost community resources and benefits to ensure their stability and success. Local agencies and community-based organizations must coordinate to share information and implement evidence-based tools and practices.

To better connect youth to appropriate treatment, benefits, and resources, the five county probation departments implemented a variety of strategies that went beyond standard practice. These promising practices are highlighted in the following briefs:

- **Validated Mental Health Screening**
- **Multidisciplinary Teams**
- **Connecting Youth and Families to Benefits and Resources**
- **Collaboration and Integration**
- **Funding and Resources**

The highlighted promising practices provide agency administrators, probation officers, juvenile facility staff, clinicians, policy makers, advocates, and other stakeholders with cost-effective and caring solutions to help transform the way in which probation departments, health and human service agencies, and community-based organizations serve youth with complex needs. While these strategies were initiated and implemented by county probation departments, they are critical components for any systems reform effort to better serve this population.

**By implementing these promising strategies, the Healthy Returns Initiative accomplished a range of youth and systems level outcomes, including:**

- Earlier and systematic identification of the health and mental health needs of youth
- Better management of health and mental health conditions of youth in detention and in the community
- Improved linkage and follow-up to services in the community upon release from juvenile hall
- Successful engagement and involvement of families in planning and treatment
- Reductions in incident reports and self-harm behaviors inside juvenile hall
- Greater stability and safety for juvenile hall youth and staff
- Fewer days in custody
- Cultural shift across probation departments to prevention and rehabilitation
- Better coordination and communication across county departments (e.g., public health, mental health, human services) for information sharing and treatment planning
- Stronger relationships between probation and community-based partners that ensure effective case plan implementation and transition back to the community
- Cost savings to probation departments from reduced days in custody

## SOURCE MATERIAL

These lessons learned and promising strategies are based on findings from evaluations of the Healthy Returns Initiative conducted by **Desert Vista Consulting** and the **National Council on Crime and Delinquency,** as well as grantee reports and interviews, materials developed by members of the Healthy Returns Initiative Juvenile Justice-Mental Health Policy Group, and additional research.

**The following Healthy Returns Initiative related reports and materials are available at www.healthyreturnsinitiative.org:**

- *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
- *Santa Cruz County Healthy Returns Initiative: Final Evaluation Report,* Ceres Policy Research
- *Costs of Incarcerating Youth with Mental Illness,* Chief Probation Officers of California and California Mental Health Directors Association
- *The "Inmate Exception" and its Impact on Health Care Services for Children in Out-of-home Care in California,* Youth Law Center
- *Using Mental Health Services Act/Proposition 63 Funding for Juvenile Justice Youth,* Fight Crime: Invest in Kids, California
- *Mental Health Issues in California's Juvenile Justice System,* Berkeley Center for Criminal Justice

For more information about the Healthy Returns Initiative and other innovative efforts in juvenile justice reform, visit www.healthyreturnsinitiative.org.

Healthy Returns Initiative

MAY 2010

# VALIDATED MENTAL HEALTH SCREENING

The California Endowment

# WHAT IS VALIDATED MENTAL HEALTH SCREENING?

As the numbers of youth with mental health needs in the juvenile justice system increase and mental health and probation resources decrease, limited mental health resources for probation youth must be allocated more effectively. The first step towards ensuring that youth in the juvenile justice system with mental health needs are accurately identified, assessed, and appropriately treated is routine mental health screening at the earliest point of contact with the system.

**Validated mental health screening can help juvenile justice staff and administrators:**

- Systematically identify youth that may be in need of mental health and substance abuse assessment and treatment
- Prevent further delinquency and mental deterioration
- Be aware of "red flags," including risk of suicide or self-harm
- Increase the safety of youth and staff by identifying youth with harmful behaviors
- Improve staff understanding and interactions with youth
- Develop more appropriate case plans and inform service linkage
- Reduce unnecessary confinement and recidivism by better responding to mental health and substance abuse needs of youth
- Identify which disorders are most prevalent to assist in program planning and resource allocation
- Provide state and local agencies with accurate information and data on this population

Standardized validated mental health screening is a brief procedure in which trained staff use a screening tool (questionnaire) with youth in the system or assist the youth in administering the tool themselves. The screen can be administered by either clinical or non-clinical staff, but must be administered in a uniform, routine fashion to receive accurate results. There are several research-based tools designed specifically for the juvenile justice system that are proven to reliably identify youth with mental health and substance abuse issues. These tools are generally voluntary for the youth and can vary in format, some presenting questions concerning youths' thoughts, feelings, or behaviors, and others requiring staff to make ratings based on past behavior.

Validated mental health screening is distinctly different from mental health assessment, evaluation, or diagnosis. Screening provides staff with important information on a youth's current emotional or mental state that may indicate the need for further attention. Staff are able to more accurately identify youth in need of a follow-up clinical assessment or mental health evaluation, which must be performed by a mental health clinician. The information can also be used to develop more appropriate case plans and improve how staff interact with the youth.

To ensure that any risk factors or red flags are immediately identified, validated mental health screening generally occurs when youth first enter detention, after the intake process and before they appear in court, or upon entrance to a juvenile placement such as a juvenile facility or out-of-home care.

While there are several validated mental health screening tools currently being used across the U.S., including the Problem-Oriented Screening Instrument for Teenagers (POSIT) and the Global Appraisal of Individual Needs (GAIN), the MAYSI-2 was used by all of the Healthy Returns Initiative counties and is the most widely used screen in juvenile justice facilities nationwide.[1] However, many juvenile justice stakeholders have noted that the MAYSI-2 does have limitations. It is not available in multiple languages and can not be used as a mental health assessment tool, as opposed to other mental health screening tools available.

While more and more counties are moving towards using validated mental health screening tools, stakeholders in California's juvenile justice system have noted that a number of counties conduct mental health screens that are not validated and consist of questions developed by staff or clinicians. In response to this trend, the Healthy Returns Initiative required participating counties to use a standardized screening tool.

In the Healthy Returns Initiative counties, the MAYSI-2 is administered to all youth entering juvenile facilities. The MAYSI-2 was already in use by three of the five of the counties (Los Angeles, Santa Clara, and Ventura counties) and was newly implemented by Humboldt and Santa Cruz counties.

### About the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2)

The MAYSI-2 was developed during the 1990s by Thomas Grisso, PhD and Richard Barnum, MD at the University of Massachusetts Medical School and was made available in 2000 after its reliability and validity had been sufficiently established. The MAYSI-2 was created for youth ages 12–17 and is composed of 52 yes-or-no questions that take about 10 minutes for the youth to complete and three minutes to score. Youth taking the MAYSI-2 self-report, reading and answering the questions themselves with a paper and pencil or at an electronic kiosk. The questions relate to seven scored scales—Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences—with each scale having a "Warning" and "Caution" cut-off score. For more information on the MAYSI-2, visit maysiware.com/MAYSI2.htm.

## PROMISING PRACTICES

### Establishing Procedures for Routine Use of the MAYSI-2

All of the counties participating in the Healthy Returns Initiative have developed procedures and protocols to ensure that the MAYSI-2 is administered upon entry into a juvenile youth facility and that information from the screen can be shared in ways that meet confidentiality standards. Staff are assigned and trained to administer the screen to youth, score the results, enter results into the appropriate databases or files, and share results with staff working with the youth, including multidisciplinary teams (MDTs) and case managers.

The Healthy Returns Initiative counties have developed several strategies to ensure that the screen is administered consistently. Santa Clara County ensures that the MAYSI-2 is always administered two to four hours after a youth enters juvenile hall by having a trained correctional officer administer the screen in the evenings and on weekends when mental health clinicians are not available. In Ventura County, experienced juvenile facilities administration officers train new staff on how to administer the MAYSI-2 to ensure consistency and continuity in the administration of the screen.

[1] Valerie Williams and Thomas Grisso, "Lessons Learned: Facilitating Mental Health Screening in Juvenile Justice Programs," Center for Mental Health Services Research, University of Massachusetts Medical School, Vol 3, Issue 6 (October 2006), http://www.modelsforchange.net/publications/219.

### Self-Administration and Staff Screening

One benefit of the MAYSI-2 is that it can be administered by both clinical and non-clinical staff and is available electronically or in a paper and pencil version. In Los Angeles and Santa Clara counties, county mental health clinicians administer and score the MAYSI-2 and also provide mental health assessments, review case histories, make service referrals, and develop behavioral health case plans. Los Angeles County probation has found that this is the best combination of information relative to a youth's mental health status, especially since mental health records include treatment information and community provider contact information. In Ventura County, juvenile facility staff administer the MAYSI-2, then behavioral health staff review results and make referrals. In Humboldt and Santa Cruz counties, juvenile facility staff help youth take the MAYSI-2 at electronic kiosks located inside juvenile hall, then share results with mental health staff.

### Improving Capacity for Implementation and Cross-Agency Sharing of MAYSI-2 Results

In Santa Clara County there is an improved capacity to implement and share results from the MAYSI-2 screen, which is administered by Department of Mental Health staff. Probation expanded their capacity to administer the screen by increasing the number of stations for administration and by offering the screen in Spanish. As a result of this strong collaboration, probation officers and ranch counselors have access to MAYSI-2 results for case planning purposes via a shared database. Santa Cruz County also worked to establish a system of extracting and disseminating MAYSI-2 results to their MDTs. Their mental health clinicians enter selected measures from the MAYSI-2 into a shared database so that results can be discussed in weekly MDT meetings.

### Setting Warning Thresholds for Prevention

With the MAYSI-2, counties are able to set different thresholds to identify red flags. In Humboldt County, the Healthy Returns Initiative Clinical Services Coordinator deliberately set a low warning threshold to heighten the sensitivity of the MAYSI-2 screen in order to ensure that their MDT adopts a prevention focus, as well as responding to youth with high needs.

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## IMPROVING OUTCOMES

- Counties are able to systematically identify mental health issues, alcohol and drug problems, and self-harm behaviors. There is improved staff recognition of co-occurring disorders.
- Staff do a better job of making referrals for extensive mental health assessment and evaluation. They are able to be more selective about whom they refer to mental health clinicians.
- Juvenile staff and case managers, as well as MDT members serving youth, are provided with critical information that is used to inform case plans both in and out of custody.

## CHALLENGES OF IMPLEMENTING THE MAYSI-2

### Preparation

Implementing systematic mental health screening takes significant preparation and planning. First, the need for screening should be clearly identified by probation management and staff with buy-in at all levels. Then policies must be developed to address the provision of resources related to screening and identify staff roles and responsibilities. In addition, there should be clear procedures and protocols for administration and scoring, information sharing, and database management duties.

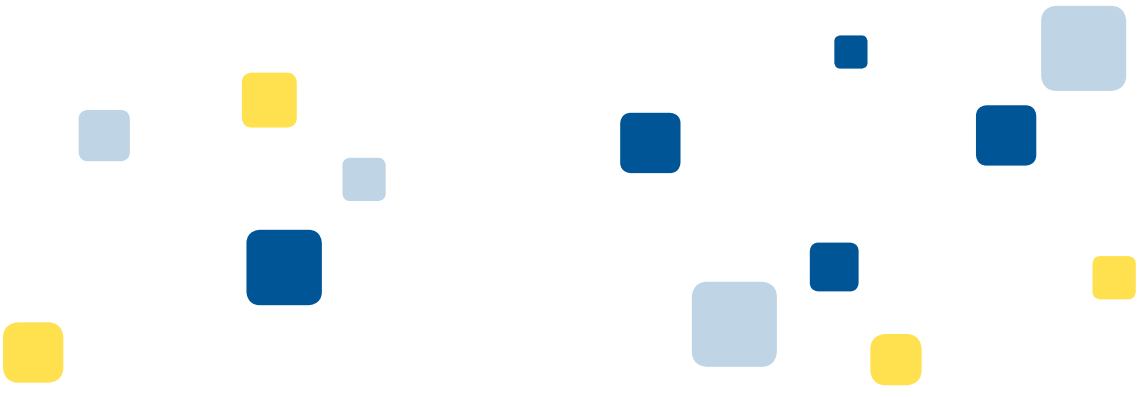
### Staff Resistance

Once implemented, many sites across the nation using the MAYSI-2 have reported probation staff resistance to using what is perceived to be a mental health tool. Santa Cruz County experienced some resistance to using the MAYSI-2 by the mental health staff. Even though they admitted that it increased objectivity, some therapists had to be convinced of the value of using the MAYSI-2 since they believed that their previous system of questioning worked just as well. It is important that all departments interacting with youth, particularly probation and mental health departments, educate staff on the benefits and ease of validated screening and also ensure that there is adequate staffing to conduct the screening.

> "We spend a great deal of time with the youth when they come into custody to try to develop rapport in a trusting way. We explain that the MAYSI-2 isn't information going to their probation officer for court reports, that it is information used to help them better adjust to their time while they are in custody."
>
> *– Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department*

### Youth Resistance

Because probation youth often cycle in and out of the juvenile hall, some youth in Santa Cruz County would refuse to take the screening instrument after multiple administrations. In addition, several sites noted that the consistent use of the MAYSI-2 has resulted in youth learning how to manipulate the system by refusing to take the test or providing false information. In Humboldt County, probation staff found that it was helpful to have someone who was not as closely connected to the individual case administer the tool and explain its purpose so that the youth did not feel like they were offering up information that could be used against them at a later point in time.



**Requiring Validated Mental Health Screening in Juvenile Justice**

Although use of validated mental health screening instruments is not required by state regulation, an increasing number of California county probation departments are implementing mental health screening tools to systematically identify these youth. Outside of California, several states have mandated that all youth entering the juvenile justice system receive a validated mental health screen. For example, in 2001, Texas required all juvenile probation departments in the state to administer the MAYSI-2 to each youth entering probation intake. Minnesota also enacted statewide mental health screening for youth in the child welfare and juvenile justice systems in 2004, providing exemptions for situations in which youth had received a mental health screen within the last 180 days or a parent objected to his or her child undergoing a mental health screen and notified the court in writing. For youth in the juvenile justice system, Minnesota implemented both the MAYSI-2 and the POSIT.[2]

## ADDITIONAL RESOURCES

*Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System,* National Center for Mental Health and Juvenile Justice

California Department of Corrections and Rehabilitation, Corrections Standards Authority

Center for Promotion of Mental Health and Juvenile Justice

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

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

*Lessons Learned: Facilitating Mental Health Screening in Juvenile Justice Programs,* Center for Mental Health Services Research, University of Massachusetts

*Massachusetts Youth Screening Instrument – Version 2,* www.maysiware.com

*Mental Health Issues in California's Juvenile Justice System,* Berkeley Center for Criminal Justice

*Mental Health Screening Within Juvenile Justice: The Next Frontier,* Models for Change, National Center for Mental Health and Juvenile Justice

National Youth Screening Assistance Project – MAYSI-2, UMASS Medical School

[2] Kathleen R. Skowyra and Joseph J. Cocozza, "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of with Mental Health Needs in Contact with the Juvenile Justice System," The National Center for Mental Health and Juvenile Justice and Policy Research Associates, Inc., http://www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf.

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# MULTIDISCIPLINARY TEAMS

The California Endowment

Most youth in the juvenile justice system have some level of mental health, substance abuse, behavioral, and physical health problems and many have been victims of abuse or trauma. They often struggle with learning disabilities and have difficulty staying in school. Some youth are pregnant or are parenting. In addition, these youth and their families are generally in need of benefits and resources such as health insurance, housing, income assistance, and food stamps.

The complex needs of these youth and their families require the provision of services and benefits provided by multiple agencies outside of probation, including mental health, alcohol and drug, human services, public health, education, and child welfare, as well as community-based providers. Multidisciplinary teams (MDTs) are an important mechanism increasingly used by probation departments to ensure that youth with complex needs receive the cross-agency and community services that can support their successful rehabilitation and return to the community.

In addition, MDTs promote collaboration between agencies and identify service gaps and breakdowns in coordination between agencies or individuals. They also enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplines.

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**MDTs can help juvenile justice programs:**

- Share and review mental health screening and assessment results and mental health case histories to develop age-appropriate, culturally responsive treatment plans
- Collectively develop case plans that include placement recommendations and incorporate services provided by multiple agencies and providers
- Coordinate the provision of health, mental health, substance abuse, and other needed services
- Facilitate referrals to health care and mental health services and access to benefits and resources
- Monitor progress and address issues and barriers that arise for youth and their families in accessing services and meeting goals
- Coordinate reentry (aftercare) services with community-based organizations and providers
- Increase accountability for youth, families, and providers

"The challenge of a collaborative effort like the MDT is that we are all used to working in our own little silo. So we have to break out of that silo and work with the courts, alcohol and drug, and the schools. We had our bumps in the road, but in the long term what it did was taught us a new way of doing business that was much more effective. We can see the results."

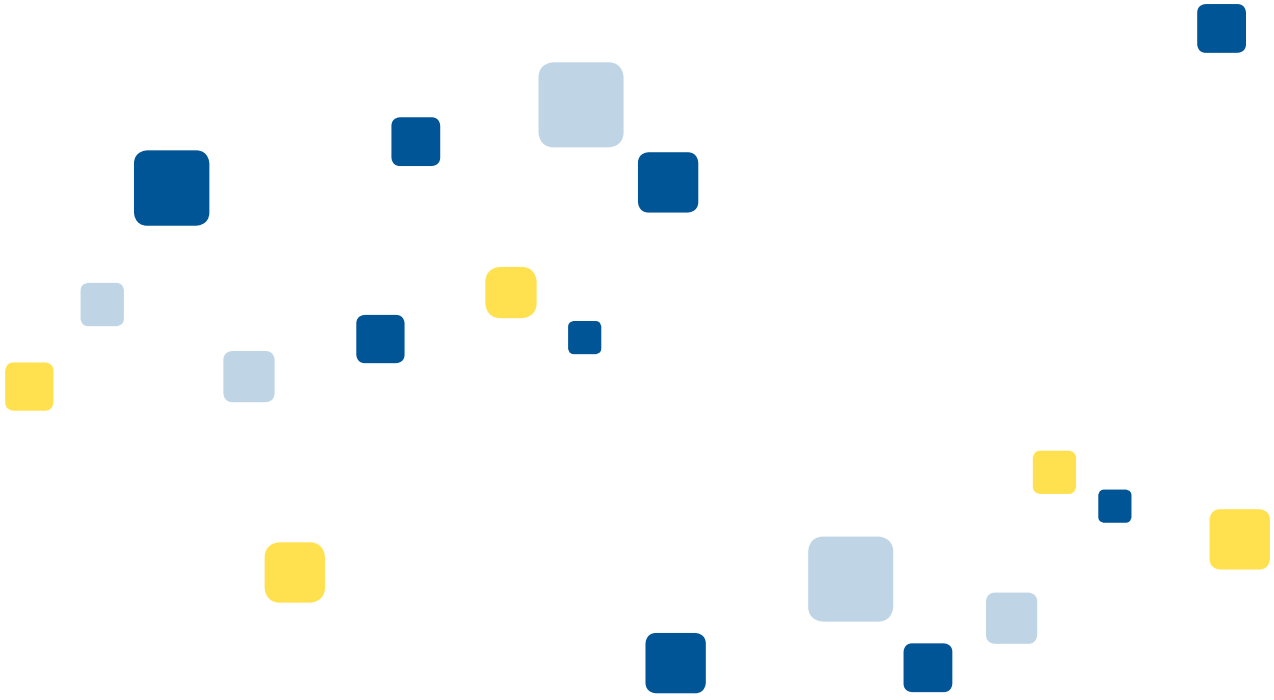
*– Karen Staples, Retired Chief Probation Officer, Ventura County Probation Department*

## WHAT IS A MULTIDISCIPLINARY TEAM?

A multidisciplinary team (MDT) is a group that meets regularly to share information and provide comprehensive assessment and consultation for youth in the juvenile justice system. MDT members generally are professionals from diverse disciplines representing the various agencies in contact with the youth and many times parents and youth participate in the MDT meetings as well. MDTs in the juvenile justice system can fulfill a variety of functions—some work together on youth case plans and are based either in probation or the court, while others may specifically address mental health treatment plans, coordinate reentry services, or delegate primary responsibility and coordinate services for "cross-over" youth that are in both the child welfare and juvenile justice systems (241.1 WIC assessment process). Overall, their primary purpose is to help team members collectively develop recommendations for treatment and services, facilitate and coordinate access, and solve problems that may arise in the plan to effectively meet the multiple needs of the youth under their jurisdiction.

"A multidisciplinary team is a collaborative where everyone working with the youth is at the table to develop the best strategy of how to get that youth and their family what they need to be successful."

*– Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department*



All of the Healthy Returns Initiative counties either established new MDTs or expanded their existing MDTs, with some counties establishing contracts and memorandums of understanding (MOUs) with local agencies and community providers. As a result, most of the counties revisited and reorganized their MDT guidelines and working procedures. In general, the Healthy Returns Initiative MDTs brought together probation, mental health, public health, education, lawyers, parents, and sometimes youth on a regular basis to address youths' health and mental health issues and the needs of their families. These teams helped youth receive appropriate treatment and services, both in detention and in the community, by making referrals, appointments, providing transportation, and connecting youth to evidence-based programs. In order to provide these services, the teams developed numerous tools to identify youth and family needs and establish short- and long-term goals.

## MULTIDISCIPLINARY TEAM MEMBERS

In the counties participating in the Healthy Returns Initiative, each MDT had a different composition and not every county was able to include all of these potential members on its teams.

**Juvenile Justice**

- Probation Officer
- Probation Manager
- Field Probation Officer
- Juvenile Hall Manager
- Custodial Care
- Family Resource Specialist

**Mental Health**

- Department of Mental Health Clinician
- California Forensic Medical Group Clinician
- Juvenile Hall Psychiatrist
- Juvenile Hall Clinician (e.g., LCSW, Psychologist, MFT)
- Mental Health Clinical Services Coordinator

**Public Health and Medical**

- Registered Nurse
- Juvenile Hall Nurse
- Public Health Nurse
- Health Educator

**Education**

- School personnel
- County Office of Education
- Education Advocate

**Legal Community**

- Public Defender
- Alternate Public Defender
- Public Defender Social Worker
- District Attorney

**Community-Based Partners**

- Certified Application Assistor
- Wraparound programs
- Mental Health Services Act Full Service Partnerships (MHSA/FSP)
- Children's System of Care
- Family Preservation
- Private therapists, clinicians, and medical professionals
- Gang violence prevention organizations
- Counseling centers
- Reentry programs
- Tribal organizations

**Parents/Caregivers/Relatives**

## PROMISING PRACTICES

### Routine Sharing of Information

Even if MOUs are established with providers participating in MDTs to share information, confidentiality issues including youths' Health Insurance Portability and Accountability Act (HIPPA) rights, Family Educational Rights and Privacy (FERPA), their right to consent to services, juvenile court confidentiality rights, and parental rights still exist. In Los Angeles County, consent from youth and parents is needed first to open the doors for cross-systems information sharing. Other counties established standing court orders to facilitate the sharing of information.

For some of the issues MDTs address, formal data sharing agreements and informed consent may not be necessary to work effectively with the family and collaboratively with partners. However, while MOUs can facilitate the sharing of non-clinical information, confidentiality release forms are critical for accessing information on behavioral, educational, and mental health issues and to address these issues in all aspects of case planning (e.g., mental health treatment, education needs, and needed family services).

Once confidentiality issues are addressed, information shared by the Healthy Returns Initiative MDTs can include MAYSI-2 results; probation and criminal history; current and recent behavior; mental health diagnoses, treatment, and medication history; physical health and medical issues; insurance status; education information, including an Individualized Education Plan (IEP); and legal issues (e.g., pending court dates, disposition options).

In Santa Clara County, weekly MDT meetings have created a formal process for information sharing across the range of providers involved with the youth. Multiple providers develop a shared understanding of the youths' needs and plans to address them. In addition, information is shared between providers that otherwise would not occur. For example, the MDT process allows for the routine sharing of medical information (e.g., prescribed medications) between the medical and juvenile hall staff. When youth are transitioned to an out-of-home placement, notes from the MDT are shared with the new placement, along with any court orders, psychiatric assessments, individual education plans (IEPs), and notes from the probation officer.

### Co-location of Cross-Systems Providers

In Santa Cruz County, probation works collaboratively with their on-site Children's Mental Health (CMH) clinicians. Following the implementation of the Healthy Returns Initiative, the probation department was able to hire a Certified Health Educator and contracted with a Certified Application Assistor (CAA). These professionals were co-located at juvenile hall, which allowed them to access the county probation data systems along with CMH clinicians and nursing staff. They were fully integrated into the MDT process and participated on various interdisciplinary committees.

### Addressing Mental Health Issues

Santa Clara County developed their MDT process as a strategy to better manage juvenile hall youth with complex mental health needs. The MDT creates a basic care plan for youth in custody, as well as a Mental Health Care Plan (MHCP) that includes short- and long-term care plans and goals for youth while in custody and as they transition to the ranch, placements, or back home. The MHCP includes both clinical and custody goals, and documents family, school, psychiatric, and medication histories; probation status; and behavioral problems. When possible and appropriate, the MDT meets, develops the plan, and then brings in the youth for input. By "seeing" the range of team members at the table and having the opportunity to "be heard," the minor is engaged in implementing the plan and making needed changes. At the completion of each MDT, the MHCPs are updated and distributed to the participants and units within 24 hours. Because it has not been possible to integrate the probation and mental health information systems, mental health staff enter the MHCP into both systems.

### Including Public Health Professionals

In Ventura and Santa Cruz counties, probation included public health professionals on their MDTs. In Ventura County, the Department of Public Health nurse provided gender- and age-specific comprehensive health assessments of youth and their family members. The nurse also helped teen parents access parenting assessments and health education tools and provided education to youth about the physiological impact of substance use on the body, such as the effects of methamphetamine use on dental and oral health and the development of skin lesions and "meth mouth" after chronic use. The Department of Public Health has strong collaborations with community health clinics and community-based organizations such as the Teen Clinic and Planned Parenthood. Having this direct linkage on the MDT connected the probation department to many partners in the community that did not exist prior to the Healthy Returns Initiative.

In Santa Cruz County, probation hired a health educator, who was an employee of the Santa Cruz County Health Services Agency (HSA). The health educator provided a broad range of services, attended the MDT meetings, and helped develop the anti-gang curriculum. HSA also provides two nurses who work at juvenile hall and attend MDT meetings.

> "We brought our health educator into our placement screening MDT where the probation officers meet with families to discuss placement options. Having that physical health information was an enormous help in locating appropriate placements for youth and determining the best situation for them."
>
> *– Kathy Martinez, Assistant Juvenile Probation Director, Santa Cruz County Probation Department*

### Youth Reentry Multidisciplinary Teams

In Santa Cruz County, there were four community-based organizations that provided most of the reentry services for youth in the juvenile justice system. These organizations were provided a stipend under the Healthy Returns Initiative grant to offset the costs of meeting regularly to assess and improve the coordination of reentry services. The Youth Reentry Team (YRT) developed a data sharing agreement and 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.

Probation officers working with youth in the Los Angeles County Healthy Returns Initiative program work collaboratively with community-based partners, the youth, their families, and the field probation officers responsible for the probation case. The HRI probation officer participated in weekly MDT meetings and was a conduit of information for community partners or others who could not participate in the process.

### Family and Youth Involvement with the Multidisciplinary Team

Traditionally, juvenile justice programs focus on youth in the system and youth that are at high risk for becoming involved with the system. While the initial focus of the Healthy Returns Initiative set by The California Endowment was also on these youth, the Los Angeles County program extended its focus to the youth's families. By the end of the first year, all of the participating counties had also expanded their strategies to include active outreach to and engagement with families.

In Santa Clara County, parents are invited and encouraged to participate in the juvenile hall MDT process. Prior to a youth's release from juvenile hall, a special MDT meeting is held with the probation officer and parents to set up services in the community and the probation officer does the follow-up on this plan.

Additionally, most of the Healthy Returns Initiative counties utilized home-based service provision and arranged service availability convenient to family schedules, such as nights and weekends, which overall helped MDT members engage families in complying with case plans.

### Developing Trust and Rapport with Youth and Families

In Ventura County, each MDT member was bilingual, which was a significant asset in building trust and relationships with monolingual Latino families. While the team typically worked together on each case, there were scenarios when it was advantageous for one team member to take the lead to leverage his or her professional expertise. For example, because of the "power of the badge," there were instances when the probation officer took the lead because the badge could command respect and open doors in times of crisis when timely access to resources was paramount. Having a probation officer as part of the MDT was also a strength when going into homes in neighborhoods that could be unsafe or prone to violence. However, during sensitive situations, such as health issues, depression, grief, relationship issues, and conflicts, youth and their families were more likely to respond better to the public health nurse or therapist. The MDT relied on a gentler approach in these situations and the public health nurse or the therapist took the primary role in working with the youth.

## IMPROVING OUTCOMES

- MDT care plans for youth in detention better address youth with physical and mental health needs, thereby increasing the stability and safety of the youth and reducing their time in confinement. In Santa Clara County, incidents involving minors trying to harm themselves and having to be transferred to the emergency psychiatric ward have decreased.
- MDT members share critical information that is used to inform case plans both in and out of custody. Increased information sharing between county agencies and community-based organizations allows services to be integrated more effectively, resulting in greater access to treatment and resources for youth and families.

"It has helped so much to have the staff be there for us, making calls to support us. I have two kids in the hall and with the help from this program, they are doing better. They have been more positive and are feeling more comfortable. They can trust the case manager."

*– Parent, Los Angeles County*

- 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.
- The MDT approach with youth and their families offers greater opportunities to establish personal connections, which increases trust and rapport, as well as broadening the perspective of staff to the issues and challenges faced by the youths and their families. The MDT approach enhances the overall chances for success.

## CHALLENGES OF UTILIZING MULTIDISCIPLINARY TEAMS

### Funding and Resources

Budget cuts at the state level trickle down to local agencies and community-based partners, affecting collaboration and service capacity in the community. In general, not enough funding is available or allocated to supporting interagency collaboration. Contracting costs associated with MDT members may be unsustainable for many probation departments. In the Los Angeles County Healthy Returns Initiative program, MDT participation was not paid for or contracted.

### Securing Buy-in and Building Trust with Partners

Securing buy-in for the MDT process from multiple agencies and providers, as well as probation and juvenile hall staff, takes significant time and planning. Before developing MOUs, agreements, and protocols, probation departments should anticipate challenges, articulate the need for collaboration, and build relationships. In addition, establishing trust and rapport between partners is essential for sharing highly sensitive information.

> "We clearly underestimated the need for developing skill sets in our staff for how to better engage families in service plans. We're still working on that to this day."
>
> *– Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department*

### Working with Families

Engaging and maintaining relationships with families is time-consuming and difficult. Probation departments often need technical assistance on how best to work with families in the community to build trust. Family engagement is especially difficult considering that many families are dealing with significant problems. In addition, many of the youth are court dependents and may enter the juvenile justice system from child welfare (e.g., foster care or group home placements), making family members inaccessible. For example, in July of 2009, over 5,000 of California's youth in foster care were under the jurisdiction of probation agencies.[1]

[1] Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Williams, D., Zimmerman, K., Simon, V., Hamilton, D., Putnam-Hornstein, E., Frerer, K., Lou, C., Peng, C. & Moore, M. (2010). Child Welfare Services Reports for California, University of California at Berkeley Center for Social Services Research website, http://cssr.berkeley.edu/ucb_childwelfare.

## NOTES ON POLICY

**Legislation Promoting Multidisciplinary Teams in Juvenile Justice**

In 2005, Senate Bill 570 (Midgen) was passed in California, which established an optional procedure within county juvenile courts for the identification, assessment, and disposition of minors with serious mental and emotional disturbances or developmental disabilities, including case review by a MDT.[2] Currently, no counties are known to use this process.

## ADDITIONAL RESOURCES

*Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System,* National Center for Mental Health and Juvenile Justice

*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

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

[2] For more information on Senate Bill 570, visit the California Legislative Information website, http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=sb_570&sess=0506&house=B&author=migden.

Healthy Returns Initiative

MAY 2010

# CONNECTING YOUTH AND FAMILIES TO BENEFITS AND RESOURCES

The California Endowment

"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

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.[1] 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*

[1] 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

## 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 Manzana 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.

## 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.[2]

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.[3]

## 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

[2] 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.

[3] 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.

Healthy Returns Initiative

MAY 2010

# COLLABORATION AND INTEGRATION

The California Endowment

"The challenge of a collaborative effort is that we are all used to working in our own little silo. Breaking out of that silo and working collaboratively with the courts, alcohol and drug, and schools was difficult. We had our bumps in the road, but in the long term, it taught us a new way of doing business that is much more effective. We can see the results."

*– Karen Staples, Retired Chief Probation Officer, Ventura County Probation Department*

In general, systems of care for youth and their families in California are fragmented and siloed, allowing youth to slip through the cracks. Frequently, youth with complex needs, such as mental health and substance abuse disorders, end up in the juvenile justice system because they failed to receive appropriate services in the community. Once in custody, their conditions can worsen, leading to unnecessary confinement, recidivism, and a diminished quality of life. Probation departments often lack the capacity or expertise to effectively meet the needs of these youth and find that traditional punitive approaches result in more incidents of self-harm, increased misbehavior and aggression, longer periods of solitary confinement, and more one-on-one staff time. Upon returning to the community, these youth face enormous barriers in accessing the support services they need to meet their probation requirements and stay successful.

Collaboration and integration of services across multiple counties, agencies, community-based organizations, and providers can help streamline services for youth in the juvenile justice system. However, many agencies and community-based organizations have established histories of working independently with minimal collaboration or have specific departmental rules that create obstacles to collaboration. Information sharing is complicated by confidentiality concerns and incompatible data systems, which also stymie service integration.

**Collaboration and integration with multiple stakeholders can help juvenile justice programs:**

- Increase the visibility of efforts to serve this population
- Identify gaps in services
- Add new services and resources where needed
- Integrate parallel efforts
- Reduce duplication of services
- Create a foundation for systems change

The Healthy Returns Initiative county probation departments met the needs of youth with mental health and other complex needs in custody and in the community by creating and strengthening agency and provider partnerships to seamlessly integrate services. To address service gaps and promote systemic change, they contracted and collaborated with county agencies in service planning, established agreements and contracts with community-based providers, facilitated cross-systems and provider trainings for staff and youth, established MDTs with multiple agencies and providers, participated in commissions and held retreats and summits with key stakeholders outside of probation to further address service gaps and promote systemic change, and built upon ongoing efforts to integrate county services for youth. In addition, the counties created information-sharing agreements and developing shared databases to foster information sharing across agencies and providers.

## PROMISING PRACTICES

> "Our partnership with Children's Mental Health is at every level of the system, but there wasn't a lot of attention being paid to keeping the lines of communication open and nurturing that relationship. We also realized that we needed to bring child welfare and physical health in closer, which we hadn't done. So we did a series of free retreats that started out at the management level, which led the way to reaching other staff."
>
> *– Kathy Martinez, Assistant Juvenile Probation Director, Santa Cruz County Probation Department*

### Investing in Technical Assistance to Secure Buy-in Across Stakeholders

Enlisting outside expertise can help facilitate partnership development and collaboration, particularly if agencies and community-based organizations have conflicting agendas and goals or if there is a history of working independently. Probation can then be a participant in the relationship building process rather than the driver, an approach that is often met with resistance. In addition, partnerships across agencies need to develop at both the front-line level and the highest level of management. Front line staff need to coordinate on the day-to-day implementation, but upper management is less vulnerable to layoffs during economic downturn and can establish a structure to rebuild partnerships when resources are renewed.

In Ventura County, the Healthy Returns Initiative team held two education summits with key stakeholders from the county district schools, County Office of Education, Probation Department, Mental Health Department, and county courts. An independent consultant encouraged and facilitated a strategy to begin a conversation between providers actively working with youth, to identify where youth slip through the cracks between these two systems. Participants were able to have open dialogue about the need for greater coordination and follow-up with probation youth, better data sharing, and more visible presence of probation in the schools.

"Once I learned of the program's capacity and impact, I got the list of eligible zip codes and sent every kid I could to the program. Not all kids in juvenile hall have a probation officer that is proactive in figuring out the best plan to meet their needs."

*– Judge Donna Groman, Superior Court of California, Kenyon Juvenile Justice Center*

**Disseminating Information to Engage Potential Champions**

Disseminating information and accomplishments to county decision-makers and cross-agency partners enhances buy-in and can secure potential champions. In Los Angeles County, Superior Court Judge Donna Groman, in her commitment to serving high-risk youth in South Central Los Angeles, established a "Think Tank" at Kenyon Juvenile Justice Center. The goals of the "Think Tank" included learning about community resources and program innovations taking place in South Central LA for at-risk youth; networking and partnership development; and building awareness of community resources, programs, and services available to delinquent youth for court personnel (e.g., judges, district attorneys, public defenders). Shortly after the inception of the "Think Tank," a member of the Los Angeles County Healthy Returns Initiative team spoke to participants about the program and shared success stories. Participation in the monthly "Think Tank" has created new opportunities for partnership and expanded the Healthy Returns Initiative team's knowledge of programs and services available within the community, leading to partnerships with public defenders and judges, and ultimately, referrals to the program in an effort to keep youth in the community.

**Memorandums of Understanding (MOUs) and Contracting Services**

Offering partner organizations funding to secure services or information and resources can help them improve the efficiency of their work. In Humboldt County, the probation department hired a licensed mental health clinician as a probation employee, who also worked for county mental health, to provide mental health services to youth. The clinician was able to access mental health case records, check Medi-Cal eligibility, and enter information directly into the mental health system.

"Because we had a mental health clinician who was an employee of our own department, we could better dictate workload and assignments. Our mental health clinician was able to get youth connected to services in a 72 hour period, where it might take us up to 30 days going through the routine entry points of mental health."

*– Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department*

In addition, Humboldt County also developed MOUs with Native American tribes to provide culturally appropriate services and pro-social activities for tribal youth in the juvenile justice system. Tribal agencies developed age-appropriate and culturally responsive treatment plans and provided nontraditional treatment services, such as sweat lodges.

### Cross-Provider Trainings for Staff and Youth

Cross-provider trainings can help move probation towards a more rehabilitative, collaborative, and integrated care approach. In Santa Clara County, training efforts have targeted different staff within juvenile hall and the probation system, focusing on improving the quality, effectiveness, and cultural responsiveness of the treatment youth receive in detention. To improve the ability of juvenile hall staff to better understand and appropriately respond to high-need youth, the mental health clinician developed a curriculum titled "Mental Health Issues in Custody" that covered child/adolescent psychosocial development; moral development; psychological disorders; crisis theory, diffusion and intervention; psychotropic medications; suicide prevention; effective communication; basic group dynamics; and behavioral disorders in childhood and adolescence. This curriculum received state certification and more than 90% of the juvenile hall custodial staff have received this training.

> "Being able to access training on so many different topics that normally would not be available to us as probation officers, means that we know how to better serve youth and families."
>
> *– Andrea Gordon, Probation Director, Los Angeles County Probation Department*

In Santa Cruz County, the probation department focused on health promotion and gang intervention training programs for youth detained in juvenile hall. The Health Educator, in collaboration with community-based organizations, probation officers, and juvenile hall nursing staff, developed numerous workshops and presentations available to youth in juvenile hall, including the following topic areas: sexually transmitted disease education, nutrition, first aid, goal setting, personal hygiene, parenting classes, countering "pro tobacco" influences, disability awareness, dental care and oral hygiene, domestic violence, "street smart" series on safer sex practices, and a gang intervention series.

### Shared Data Systems

Databases that can be accessed and shared across agencies improve the continuity of care for youth receiving multiple services across provider systems and facilitate greater collaboration and communication across providers, resulting in a more holistic care approach. In Santa Cruz County, prior to the Healthy Returns Initiative, there was no single system in place where all partners could access information about youth participating in cross-system services. The development of a shared database allows information sharing between juvenile hall medical providers, mental health clinicians, probation staff/administration, custody staff, the health educator, and the Certified Application Assistor to facilitate collaboration and service coordination. This comprehensive data system tracks physical and mental health data, case plans and treatment goals, service referrals, insurance and benefit status, and follow-up services needed and utilized by youth and families.

## IMPROVING OUTCOMES

- Better coordination and communication across county departments (e.g., public health, mental health, and human services) increases information sharing and enhances treatment planning, ultimately integrating and improving referral systems and service delivery for youth with complex needs.
- Cross-systems training creates greater awareness and understanding of youth with mental health issues and the mission and goals of those involved with the youth, and facilitates more effective rehabilitative efforts by probation.
- Stronger relationships between probation and community-based partners ensure effective case plan implementation for youth and their successful transition back to the community.
- Increased awareness among partner agencies, courts, and community-based organizations creates champions, which can lead to increased program referrals and recognition of specialized capacity within probation to meet the needs of high-risk youth.
- Collaborations between probation and other agencies and organizations to identify gaps in service or programs leads to the development of new programs, strategies, and resources that benefit other juvenile offenders and youth and families in the community.

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## CHALLENGES TO SUCCESSFUL COLLABORATION AND INTEGRATION

### Limited Funding and Resources for Collaboration and Integration

In general, not enough funding and resources are available or allocated to support inter-agency and cross-provider collaboration. Budget cuts at the state level trickle down to county agencies and local community-based partners, affecting collaboration and service capacity in the community, as well as the ability to develop shared data systems. Developing strong leadership and a workforce capable of using collaborative treatment approaches requires a significant amount of time, resources, training, and reinforcement.

### Staff Turnover

Turnover of probation department, partnering agency, and community-based organization staff requires constant re-education on the benefits of collaborative and integrated approaches and trainings. It can be difficult to recruit staff who are flexible and willing to work “differently” and with providers in different disciplines, in the community, and with families. Another consideration is that by training staff to work in this way, they develop skills that make them stronger candidates for other jobs, including promotions.

### Relationships with School Districts and Local Schools

Most of the Healthy Returns Initiative counties experienced challenges in getting probation youth back into public schools after they were released from juvenile hall. Many schools have “zero tolerance” policies that serve as barriers for probation youth returning to their district schools once they have entered the juvenile justice system. Partnership building with the local school districts continues to be a significant challenge for probation departments.

### Children's Systems of Care

After beginning as a pilot project in Ventura County in the 1980s, Children's Systems of Care (CSOC) have been implemented across California to provide coordinated agency and community-based mental health services for children and youth. Services include mental health assessment, early intervention services, case management, crisis intervention, outpatient and inpatient care, school-based day treatment, in-home services, and family support. In 1988, legislation (AB 377) was passed providing funding for select counties to implement the CSOC model, including Santa Cruz County. Since 1989, Santa Cruz County has provided integrated and collaborative mental health services for youth through CSOC, including mental health clinicians from Children's Mental Health working within juvenile hall to assess youth for immediate needs and provide in-custody services.[1]

### County Integrated Health and Human Services Programs

Additional legislation promoting collaborative approaches was passed to encourage counties to integrate health, mental health, and social services through County Integrated Health and Human Services Programs (AB 1259, AB 1881, and AB 315). Currently, 11 counties, including Humboldt County, are authorized to operate in this manner. Since 1999, Humboldt County has integrated health and human services delivery structures and processes to more effectively and holistically use resources to serve children and families in the context of their community and culture. With the goals of integrating parallel programs and state initiatives, Humboldt County has worked collaboratively to eliminate or reduce barriers to serving vulnerable populations across systems.[2]

## ADDITIONAL RESOURCES

*A Guide to Implementing Children's System of Care in California,* California Institute of Mental Health

*AB 315 Integrated Services Initiative: 2007-2010 Strategic Plan,* Humboldt County Department of Health and Human Services

*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

*Mental Health Issues in California's Juvenile Justice System,* Berkeley Center for Criminal Justice

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

[1] For more information on Santa Cruz County's Children's System of Care, visit http://www.santacruzhealth.org/cmhs/2children.htm.

[2] For more information on the Humboldt County Integrated Health and Human Services Programs, visit http://co.humboldt.ca.us/HHS/Administration/.

Healthy Returns Initiative

MAY 2010

# FUNDING AND RESOURCES

The California Endowment

While the promising strategies of the Healthy Returns Initiative have wide ranging benefits because of their multidisciplinary, collaborative, and holistic approaches, they may be difficult to sustain and fund for that same reason. Many reimbursement streams are categorical and do not cover multidisciplinary approaches. Furthermore, state and county budget constraints have seriously impacted the availability of benefits and diminished the funding needed by probation departments, community-based organizations, and other agencies serving youth and families to lead prevention efforts and initiatives targeting at-risk youth.

Counties interested in implementing or sustaining key elements of the Healthy Returns Initiative can benefit from funding strategies developed by the participating counties to sustain their programs after the grants expired. These strategies include establishing no-cost contracts with community providers, soliciting in-kind trainings with partner agencies, participating in the Mental Health Services Act (MHSA)[1] planning process to secure funding for probation youth, using Medi-Cal to fund public health services in the community, developing a resource directory of low- and no-cost community services, utilizing county resources such as Wraparound services and Children's System of Care programs, and using the establishment of innovative practices to apply for other grants.

## PROMISING PRACTICES

### Program Evaluation and Tracking Outcomes

Presenting policymakers with program evaluation and results of similar efforts in other jurisdictions is an effective strategy to secure county funding for Healthy Returns Initiative program elements. In addition, documenting program outcomes to illustrate the effectiveness and value of their intervention can help probation departments avoid budget cuts. Outcomes that document reductions in recidivism, cost-savings, reduced one-on-one staff time and use of isolation, greater stability and safety of youth with fewer incidents of crises and self-harm, lower staff stress, and improved safety for staff should be tracked to help market programs for a variety of audiences to increase sustainability.

### Low- and No-Cost Services

The Healthy Returns Initiative counties employed several strategies to access low- and no-cost services. To increase the likelihood that the Los Angeles County Healthy Returns Initiative multidisciplinary team would continue after foundation funding ended, team participation was voluntary. Los Angeles County also developed a county-wide resource directory of low- and no-cost community services, an invaluable tool in helping probation 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, and prescription assistance programs.

[1] The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) imposes a 1% tax on earned income over $1 million annually, and requires that funds be spent by state and county mental health services to support specific activities that increase access to care and lead to system transformation. MHSA expands mental health services in several areas: comprehensive, interagency community services and supports for children, youth, adults, and older adults with severe and persistent mental illness; prevention and early intervention programs; education and training of the existing workforce to implement new programs, and to increase the availability of new staff for careers in mental health; and innovative programs that increase access to mental health programs for underserved groups, increase the quality of services, and promote interagency collaboration.

### Medi-Cal Services for Probation Youth in the Community

In 2008, the federal budget eliminated Medicaid Targeted Case Management (TCM) funding for probation case management and behavioral health services to youth in custody. This new rule went into effect in March 2009. Although probation departments can no longer claim Medi-Cal costs for youth in custody, they can claim costs for services in the community. With funding from Medi-Cal, the Ventura County Probation Department provides public health services for probation youth in the community in their Recovery Classroom. In addition, both Los Angeles and Santa Cruz counties provide families of probation youth in the community with resource lists of Medi-Cal providers in their area.

### Mental Health Services Act Programs and Funding

Both Humboldt and Santa Clara counties refer probation youth leaving custody to MHSA Full Service Partnership services. Full Service Partnership programs, which are funded through the Community Services and Supports component of MHSA, are available for children and youth with significant emotional, psychological, or behavioral problems that interfere with their wellbeing, as well as their families. These programs are capable of providing an array of services beyond the scope of traditional clinic-based outpatient mental health services. MHSA data has shown a decrease in the average number of arrests per month of children and transitional aged youth participating in Full Service Partnership programs.[2]

In addition, stakeholders can potentially access MHSA funding for probation youth by participating in their county MHSA planning process. Through strong advocacy efforts by juvenile justice advocates, including organizations involved with the Healthy Returns Initiative (Fight Crime: Invest in Kids, California; Chief Probation Officers of California; and Youth Law Center), the guidelines for MHSA Prevention and Early Intervention (PEI) funding include youth in the juvenile justice system and those at risk of entry as priority populations. As priority populations, probation youth in both institutions and communities can be served with these monies. In Los Angeles County, significant MHSA PEI funding was allocated for youth in the juvenile justice system for the 2009–2010 fiscal year due to the active advocacy evident in the stakeholder planning process, as well as the ongoing U.S. Department of Justice investigation of Los Angeles County juvenile halls/camps, which highlighted the need for increased resources for this population.

### Utilizing Wraparound Services and Funding

The Healthy Returns Initiative county probation departments utilize Senate Bill 163 (SB 163) Wraparound funding and services to meet the needs of probation youth both in custody and in the community.[3] Wraparound is intended to provide children with service alternatives to group home care through the development of expanded family-based services programs. In Humboldt County, Wraparound provides probation funding for 15 slots for youth that are at risk of group home placement. Probation is allowed to draw down from the state portion of funding that would otherwise be used to pay for those youth in group home care and use those funds to provide flexible funding for those youth who are in the slots. Those state funds that are not used directly for youth in those slots can be pooled collectively and then be used for other service capacity in probation services, as long as direct services are provided for the youth and funding is not used for custody or correctional services. The Humboldt County Probation Department pooled excess SB 163 funds to offset the costs of two probation officers who serve as case managers.

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[2] California Department of Mental Health, "Mental Health Services Act Progress," March 2009, http://www.dmh.ca.gov/Prop_63/MHSA/Publications/docs/ProgressReports/MHSA_Progress_March2009.pdf.

[3] For more information about SB 163 and Wraparound, visit California Department of Social Services, http://www.dss.cahwnet.gov/cfsweb/PG1320.htm.

## CHALLENGES TO ACCESSING FUNDING AND RESOURCES

"There has to be an emphasis on ensuring that there are local services and that our local health departments have the resources to provide these kind of services to the families out in the community before the conduct elevates to the point where criminal justice has to get involved. Our Mental Health Department is taking cuts every year in the county budget and it scares me."

*– Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department*

### Budget Cuts

The financial crisis has resulted in a national economic downturn with dramatic decreases in California state revenues, and subsequent state and county budget cuts. These cuts have impacted probation departments' and community-based organizations' ability to provide innovative, rehabilitative, and mental health services for probation youth with complex needs. Funding for programs that support youth and families, including CalWORKs, SSI/SSP, foster care, and Medi-Cal substance-abuse treatment services, among other vital programs, has also been severely reduced.

Notably, in 2009, the California State Legislature eliminated funding for the Juvenile Mentally Ill Offender Crime Reduction (MIOCR) program, which provided support for many Healthy Returns Initiative program elements. Across California, MIOCR provided $22 million to 20 counties for a variety of mental health interventions for juvenile offenders, including proven intensive family therapies such as Functional Family Therapy and Multi-systemic Therapy. In addition, the 2008–2009 and 2009–2010 state budgets also included significant cuts to the Juvenile Probation and Camp Funding (JPCF) Program.

### Misunderstandings Related to Mental Health Services Act Funding

MHSA is a critical source of funding for mental health services for youth with diagnosed mental illness in the community, but it was initially unclear whether funds could be used for services provided inside a correctional setting. The Department of Mental Health (DMH) has made clear that MHSA Community Services and Supports funds, the largest category of MHSA funding, may be used for mental health programs and services provided in juvenile halls and facilities, and can be used to fund probation officers involved with mental health services, as well as services provided by county mental health staff, other public agencies, and community-based organizations serving probation youth.[4] However, DMH determined that MHSA services for youth in custody "must be for the purpose of helping the person get out of [custody] and live in the community."[5]

A survey of probation departments conducted in 2008 found that while most counties had accessed MHSA Community Services and Supports funds, misunderstandings about whether MHSA funds could be used for youth in the juvenile justice system may have prevented some counties from accessing funds for this population.[6]

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[4] Fight Crime: Invest in Kids, California, "Using Mental Health Services Act/Proposition 63 Funding for Juvenile Justice Youth," http://www.calendow.org/uploadedFiles/FCIKusingmhsa.pdf.

[5] California Department of Mental Health, "A Readers Guide to Mental Health Services Act Community Services and Supports Three-Year Program and Expenditure Plan Requirements," August 2005, http://www.dmh.ca.gov/prop_63/MHSA/docs/ReadersGuide80905withHJedits.pdf.

[6] Fight Crime: Invest in Kids, California, "Progress Report on Use of Proposition 63/Mental Health Services Act to Serve Juvenile Justice Youth," 2008.

## NOTES ON POLICY

### Juvenile Justice Realignment

Legislation requiring the realignment of juvenile justice services from state jurisdiction to California counties will undoubtedly impact the number of youth with complex needs to be served by probation, as well as probation departments' capacity to meet the needs of this population. In 2007, Senate Bill 81 (SB 81) was enacted, which requires the Division of Juvenile Justice, formerly called the California Youth Authority, to send juvenile offenders to local county probation departments, unless they have committed a specified sex offense or serious offenses such as murder, robbery, arson, or an assault likely to produce great injury.[7] With the passage of SB 81, low-risk, high-need mentally ill offenders can no longer be sent to state-run facilities, which may increase county probation case loads of youth with mental health issues.[8]

Although SB 81 provided counties with additional funding ($66 million in 2008–09 and over $90 million in 2009–10) through the Youthful Offender Block Grant (YOBG) to address this high-need population that has been shifted from state to local jurisdiction, it is anticipated that probation officials will have to find new ways to provide services and treatment for even more of the low-risk, high-need offenders locally.[9] Recently introduced statutory amendments requiring a measure of accountability to the way the state spends these dollars may help determine whether YOBG funds are being used by the counties to improve mental health service and treatment capacity.[10]

## ADDITIONAL RESOURCES

*A Medicaid Primer for Juvenile Justice Officials,* National Academy for State Health Policy

*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

*Juvenile Justice Program Reports,* Commonweal

*Mental Health Issues in California's Juvenile Justice System,* Berkeley Center for Criminal Justice

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

*Using Mental Health Services Act/Proposition 63 Funding for Juvenile Justice Youth, Fight Crime:* Invest in Kids, California

[7] Section 707(b) of the Welfare and Institutions Code.

[8] Berkeley Center for Criminal Justice, "Mental Health Issues in California's Juvenile Justice System."

[9] Ibid.

[10] On July 28, 2009 Sections 1955 and 1961 of the Welfare and Institutions Code were amended to incorporate language that stipulates that each county receiving SB 81 funds must indicate in their Juvenile Justice Development Plan a description of "the program, placements, services, or strategies to be funded by the block grant allocation."