



**PROMISING PRACTICES FROM
THE HEALTHY RETURNS INITIATIVE:**

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

MAY 2010

ACKNOWLEDGMENTS

We would first like to acknowledge the youth, their families, and the public agencies and community-based organizations working towards the goal of a healthy return.

Promising Practices from the Healthy Returns Initiative was created by *i.e. communications, LLC* based on interviews conducted with probation department leadership at pilot sites, a review of the Healthy Returns Initiative evaluations and materials, and guidance from the advisory group, technical assistance team, and foundation. We gratefully acknowledge the following individuals and organizations for their research, insights, and contributions:

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Special thanks to:

Gwen Foster, Director of Mental Health Training, California Social Work Education Center (CalSWEC), for her leadership and direction of the Healthy Returns Initiative and for sharing her expertise and insights.

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, health 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 abuse 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 2006⁶, 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. Skowrya 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.nctsn.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 Skowrya 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.

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/PPP/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/PPP/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/difficultto-placeAug2005.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=bbdb90292-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.



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