

Healthy Returns Initiative Case Studies

Final Report

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I. Introduction

The California Endowment invested \$6.5 million over four years (2005-2009) in the Healthy Returns Initiative (HRI), an effort to promote juvenile justice reform and systems change by strengthening the capacity of county juvenile justice systems to improve health and mental health services for adolescents in detention facilities and ensure continuity of care as youth transition back to the community. In this report, **systems change is defined as changes in organizational culture and the policies and procedures *within* individual organizations or *across* organizations that enhance the treatment and access to services of youth in the Juvenile Justice System.** The HRI funded: 1) local projects in five counties (Humboldt, Los Angeles, Santa Clara, Santa Cruz, and Ventura), 2) an Initiative-wide Formative and Summative Evaluation; 3) customized capacity building and technical assistance, and annual convenings for the grantees to exchange learnings; and 4) a policy group tasked to promote sustainability and replication.

The purpose of examining the experiences across the five HRI counties is to provide The California Endowment and other interested stakeholders with a better understanding of systems change within the context of the Healthy Returns Initiative by documenting field based evidence of how systems change can be achieved. ***The success of the HRI centered around a multi-pronged approach to community systems change, which included: strong leadership, vision, and commitment from the Probation Departments, well functioning collaborative relationships with community partners, the availability of external technical assistance and capacity building, and flexible foundation funding and support.***

The following report documents the implementation experiences and program accomplishments of the five local projects through case studies and comparative summative analyses. The five counties demonstrated a paradigm shift within their Probation Departments that enabled stronger partnerships across county departments, with community-based partner organizations, and with families. These systems change accomplishments improved individual level outcomes through better assessments and treatment planning processes, service connections, and coordination to promote the positive transition of youth back to the community. The HRI counties were able to achieve these accomplishments despite numerous fiscal challenges, including the loss of MIOCR funding, the state's economic crisis, and the relatively brief funding period of the Initiative.

II. Initiative Goals

The HRI established a range of short- and longer-term goals to achieve over the four years through initiating reforms in the juvenile justice, public health, mental health, and MediCal systems at the local and state levels. A logic model of the assumptions, activities, and goals for the HRI was developed by the TCE Project Officer, with technical support from La Piana Associates and is presented in **Appendix A**.

The following table summarizes the outcomes achieved by some, if not all, HRI programs through the grant. These outcomes, and the extent to which they were achieved, are documented in the case studies.

Summary of Outcomes Achieved by the HRI Grantees over the Funding Period

Near-Term Outcomes (2006-08)	Long-Term Outcomes (beyond 2008)
Staff in County Departments begin to work together as integrated teams and share information regularly	The health and mental health conditions of youth in detention are better managed by the staff and the youth
Systems barriers and facilitators to effective collaboration begin to be identified and addressed	Practices within each HRI county of probation agencies working in collaboration with behavioral and mental health staffs become routine, i.e., part of the culture and way of doing business.
Access to MediCal coverage upon reentry for youth is accelerated among HRI counties.	HRI-fostered organizational cultural shifts are sustained in each county
The use of validated mental health screening tools is consistent (MAYSI)	
Relationships are strengthened, or built, with community-based partners that ensure effective case plan implementation and transition back to the community.	
Youth, once released, have better access to nonprofit or public health and behavioral health care resources	
Parent and caregiver engagement efforts are strengthened (or at least are on the radar)	

III. Case Study Approach

Information presented was drawn from: 1) a review of documentation and materials provided by the grantees; 2) site visits to all five HRI counties in October 2008; and 3) interviews with or site visits to the HRI counties in July/August 2009. The case study compilation also documents the systems change achievements and challenges across all five counties, specifically addressing the five core program elements: 1) Multidisciplinary team; 2) Benefits advocacy; 3) Staff and provider training; 4) Partnerships and collaboration; and 5) Family focus and involvement.

In addition to the five core elements, the case studies document unique program elements and promising practices by site. This report also presents a comparative analysis of the five counties regarding model features, implementation challenges, and systems changes, and a summary of lessons learned. Geographic location, Probation Department size, existing resources and partnerships are just a

few contextual variables that create significant variation across the five programs. Each program has achieved implementation successes in changing organizational policies and practices for screening, referral, service delivery and building partnerships, but they manifest in different ways. Telling the story of how each program “changed the rules” in their own community provides important field-based evidence of how change can be achieved in other juvenile Probation Departments throughout the state. **Tables 1 and 2** in the Appendix B provide a summary of the program characteristics and core components across the five HRI counties.

Each case study is organized into the following sections:

- a) Multidisciplinary Team
- b) Benefits Advocacy
- c) Cross-Provider Training
- d) Partnerships and Collaboration
- e) Family Involvement
- f) Program Sustainability
- g) Implementation Challenges
- h) Program Accomplishments and Outcomes

The first five sections (sections a through e) describe the program components at the peak of implementation. Section f (Sustainability) documents how the program looks and will operate now that the HRI grant has ended. The final sections (sections g and h) take a retrospective look at each program’s implementation challenges and major accomplishments.

IV. Case Studies: Implementation Experiences across the Five HRI Counties

1. Humboldt: Shifting the Probation Paradigm to Prevention and Rehabilitation

“Flexible funding allowed us to try new things in our department. We were able to shift the paradigm away from bureaucracy to creativity and change. HRI has changed the face of Probation – both in terms of how we see ourselves and how the community sees us. We are now bringing resources to the community rather than needing resources from the community.” Doug Rasines, Chief of Probation, Humboldt County

In Humboldt County, the Healthy Returns Initiative provided another catalyst in a series of efforts over the years to enhance administrative practices and processes within the Probation Department and Juvenile Hall to transform their system from a custodial care to a rehabilitative orientation by investing in provider training and evidence-based practices. HRI was not a “program” or intervention per se, but rather a set of processes (screening, assessment, planning, referral), with resources allocated to training and contracting with outside providers to ensure age appropriate and culturally responsive care for all youth involved in the juvenile justice system. While many California Probation Departments follow a “Trail ‘em, nail ‘em, and jail ‘em”, philosophy when working with youth, Humboldt County Probation has long abandoned that philosophy which prompted them to seek out funding such as HRI to further a more rehabilitative process for juvenile offenders. Through the vision, leadership and commitment of Probation Chief, Doug Rasines, Humboldt County has made great progress in continuing to transform the culture of juvenile probation. HRI implementation experiences such as universal MAYSI-2 screening, MDTs, and provider training in evidence-based practices (EBPs) facilitated even broader changes within the Probation Department as new practices and processes continue to be implemented.

Humboldt Model Features

Average Caseload	No program caseload. All probation youth receive HRI model. Juvenile Hall has 26 beds and books approximately 250 unique cases annually.
Referrals	HRI is a set of new probation practices rather than a pilot program that receives referrals. All youth entering Juvenile Hall experience HRI model.
Target Youth	All juvenile probation youth. Most probation youth are detained for probation violations or drug-related offenses.

a. Multidisciplinary Team

Prior to the HRI process, all minors detained in Juvenile Hall were admitted without an evidenced-based assessment tool and the process was limited to juvenile corrections staff. Through HRI, Humboldt expanded the team to be more multidisciplinary (MDT), as well as changed the intake process to include the MAYSI-2 screening and assessment tool. Introducing the MAYSI-2 as the formal screen allowed for the systematic identification of mental health, alcohol and drug problems, and self-harm behaviors. The

HRI Clinical Services Coordinator deliberately set a low warning threshold to heighten the sensitivity of the MAYSI-2 screen to ensure that the MDT would adopt a prevention focus as well as a response to youth with high needs. The MDT's original composition included a Family Resources Specialist (a probation officer), two mental health counselors (a Clinical Services Coordinator and a Mental Health Branch Clinician based in Juvenile Hall), and a Registered Nurse (employed by the California Forensic Medical Group).

The team met weekly to develop treatment plans, and discuss the status and progress of youth referred to the MDT. The plans included referrals to Humboldt County Department of Health and Human Services, Mental Health Branch, Alcohol and Other Drug Services, dental services, Family Resource Centers located around the county, and, as appropriate, Native American and Tribal Services. Although they represented different disciplines, the team members forged strong collaborative relationships in assessing and meeting the needs of youth. The team also coordinated with and provided support to Field Probation Officers around the treatment plans. These interactions around the plans expanded the Field Probation Officers' understanding of the needs presented by youth.

The Family Resource Specialist (FRS) or HRI probation officer was a probation officer whose primary responsibilities were to expedite access to dental and health care, mental health services, social services, and educational services as recommended in the individualized plan developed by the MDT. The FRS assisted in the administration of the MAYSI-2 with youth admitted to Juvenile Hall, assisted in service plan development, facilitated referrals for health care assessment, provided linkage/brokerage services to identified youth and their families, and had monthly face-to-face contact with all cases, as well as weekly telephone contact with service providers associated with these cases. These services included transportation, linkage to MediCal/Healthy Families eligibility works at the Department of Social Services, and provided on-going follow-up for up to ninety days to youth and their families. For youth already assigned to a Probation Officer, the FRS provided additional support and coordination, as needed.

The Clinical Services Coordinator (CSC) served as the HRI liaison with probation staff, institutional health and mental health care providers, and community-based health and mental health providers. In addition, the CSC provided clinical supervision and administrative oversight for health and mental health care activities across the probation system. The CSC also scored the MAYSI-2, developed case plans, and shared results with the MDT.

As a result of budget cuts, the MDT was reorganized in the fall of 2008. The CSC position was phased out and the FRS (HRI PO) assumed responsibility for administering the MAYSI-2. Juvenile Corrections Officers explain the MAYSI-2 screening process to the youth and direct them to the computer kiosk to take the assessment.

b. Benefits Advocacy

The Humboldt County HRI process found that the majority of youth entering Juvenile Hall are insured through MediCal, CalKids or Healthy Families. For those families or youth needing insurance or other public supports, referrals were made to a benefits resource specialist at the Department of Health and

Human Services in Public Health and Social Services. To help create this linkage, HRI budgeted funds to support a DHHS-based benefit specialist with the capacity to provide bicultural, bilingual benefits advocacy services to families throughout the County.

c. Training

To advance the system reform agenda of the HRI, the Chief requested that La Piana conduct an organizational assessment to identify issues affecting the overall functioning and performance of the Department. The assessment identified several areas of concern, with communication as the major issue across the Department. In response to this finding, a significant investment was made from the HRI grant to ensure that all department staff, both institutional and probation, attended 8 hours of training in basic communication (i.e., listening, body language, reflective listening). The goal of this department-wide training was to improve inter- and intra-departmental communication, as well as transform communication between department staff, youth, and families. HRI funds supported a 3-day training course in Motivational Interviewing attended by all Juvenile and Adult Division Deputy Probation Officers. Subsequent to training the Deputy Probation Officers, all Juvenile Hall staff received training in Motivational Interviewing. Following this, to ensure continued model fidelity, the Department invested in booster training and plans to identify candidates with strong Motivational Interviewing skills to serve as training mentors.

In addition to the investment in improving communication across the Probation Department, HRI resources were used to expand training and staff development opportunities for all Deputy Probation Officers and most Juvenile Corrections Officers. Training topics included: addictions orientation, vicarious trauma, understanding the medical model and addictions, co-occurring disorders, and medication side effects. Where possible, the trainings were held in venues that could accommodate additional attendees, including county and community mental health and social service providers.

The Probation Department is in the process of coordinating with the Department of Mental Health around training in evidence-based practices, including: Aggression Replacement Therapy, and Functional Family Therapy. The Probation Department is also participating in a 15 county coalition to implement the Positive Achievement Change Tool (PACT), which will advance the Department's progress toward achieving its systems change goals.

d. Partnerships and Collaboration

Department of Health and Human Services, Mental Health Branch. The Mental Health Branch (MHB) was the Juvenile Probation Department's primary partner in implementing their HRI process. MHB provided clinical staff, community-based services, and coordinates training opportunities. Prior to budget reductions in the Fall of 2008, the Clinical Services Coordinator position on the HRI MDT screened, assessed, and developed individual case plans for all probation youth and worked closely with the Family Resource Specialist to develop transition plans for youth and families to ensure access to needed services upon release from Juvenile Hall. The Probation Department has a strong, long-standing relationship with county mental health, which has and will be instrumental for advancing the implementation of evidence-based practices (EBPs) for addressing the mental health needs of the youth.

The partnership between probation and mental health fostered a holistic view of service provision for youth, and contributed to the Probation Department's culture change from a less punitive, custodial care orientation to a more rehabilitative, strength-based approach to working with youth.

Tribal Agencies. The Humboldt HRI process relied on partnerships with Native American Tribes to provide culturally appropriate services and pro-social activities for tribal youth in the Juvenile Justice system. The Family Resource Specialist coordinated with social services at tribal agencies such as United Indian Health Services (a seven tribe consortium), and Two Feathers Native American Services, to develop age appropriate and culturally responsive treatment plans and provide non-traditional treatment services (e.g., sweat lodges). Humboldt also had MOUs with Tribes that have their own social and human services staff such as Hoopa, Yurok, and Bear River Tribes.

College of the Redwoods. One of the most significant service challenges in Humboldt County was access to substance abuse treatment for youth. There are no residential treatment or detoxification centers in the county for youth, and substance abuse treatment programs provided by the Mental Health Branch take an "abstinence only" treatment approach. The College of the Redwoods offered various adolescent recovery groups, including gender specific support group options.

e. Family Involvement

Most of the systems change efforts made in the Humboldt HRI addressed internal organizational processes of the Probation Department rather than their approach to community based service provision and family involvement. Most of the work to involve families occurred at the time of booking into Juvenile Hall. The FRS helped families connect to the Department of Social Services to apply for insurance and other benefits. In some instances, the Clinical Service Coordinator and the Family Resource Specialist (PO) conducted home visits to meet with the family. These home visits were the exception, rather than the rule and usually occurred with lower need youth for whom an intensive "shot in the arm" could get them out of the system.

f. Program Sustainability

Like the other HRI counties, the biggest challenge to sustaining components of the HRI concerned the availability of resources. Although Humboldt's HRI approach emphasized building and improving capacity and processes within the Probation Department, rather than using funding to cover staff positions, recent funding cuts affected the sustainability of certain aspects of the HRI model. The Humboldt County Probation Department was once a contracted organizational provider for the provision of specialty mental health services, designed to enable delinquent youth with special mental health needs to remain at home in the community rather than further involved in the juvenile justice system. The HRI Family Resource Specialist identified clients and families that were potentially eligible for specialty mental health case management services and made referrals to the System of Care (SOC) Program. As a SOC case management service provider, the Probation Department received financial reimbursement for services under MediCal. Providing MediCal reimbursed services to probation youth was part of the sustainability strategy for Humboldt County. In 2008, MediCal changed the rules related to which service providers were eligible for reimbursement, and the Probation Department was no

longer considered an eligible case management service provider. This loss in revenue for case management forced the Probation Department to reassess their sustainability strategy.

The Humboldt HRI process lost the Clinical Services Coordinator position due to the federal government changing the MediCal rules in March 2008, which specifically eliminated Probation Departments from billing MediCal for providing specialty mental health services. The HRI process had to reorganize the duties of the CSC, but overall, there was a loss of mental health expertise within the MDT due to the reduction of the CSC time to one day each week until the end of the grant period, at which time that position was eliminated.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened at entry to JH.	JCOs continue to use MAYSI screen for all probation youth.
Multidisciplinary Team Composition	HRI PO, DMH clinician in JH, RN, JH manager, DPO manager	MDT process is continuing, but role of DMH clinician is reduced due to budget cuts. Clinician works part-time, focusing on case planning and addressing crisis situations.
Benefits Advocacy	HRI covers part-time benefits resource specialist located in DPH. Most youth are covered by one of three MediCal programs in the county. During HRI, over 3000 new cases were signed up under the Children's Health Initiative.	This position is no longer funded.
Cross-Provider Training	Department-wide training of all PO staff in basic communication, motivational interviewing, addictions orientation, co-occurring disorders, understanding medication side effects, etc. Many training opportunities presented in the County are open to HHS (MH, PH, AoD, Social Services) and Probation Department employees.	Department remains committed to on-going staff training, as resources are available.
Partnerships and Collaboration	Dept. of Health and Human Services (including DMH, AoD, Social Services, and PH); Native American Tribes, and private/non-profits to provide culturally appropriate treatment and pro-social activities.	Partnerships and collaborations will continue. Department is pursuing new partnerships/collaborations with Riverside County (integrated database software program) and the Northern CA Probation Consortium (15 counties implementing PACT risk assessment tool)
Family Involvement	Families invited to participate in team decision-making meetings. In some cases, Family Resource Specialist (HRI PO) and MH clinician take team approach and conduct home visits to meet with families and assess needs. This process is the exception rather than the rule.	HRI specific PO position eliminated. Case carrying PO works with MH clinician on coordinating community agency referrals, as necessary.

g. Implementation Challenges and Lessons Learned

Despite their progress in shifting the culture of the Probation Department, the following section presents some of the challenges and key lessons learned by the program over the four years of HRI implementation:

Inter-departmental Data Sharing and Case Management. The program would like to develop an integrated case plan that would incorporate information from social services, mental health, public health, and probation. When HRI started, these agencies were separate, but now the Branches of Public Health, Mental Health, Alcohol and Drug, and Social Services are under the umbrella of the Department of Health and Human Services. Initially it seemed that this new organization would eliminate data sharing barriers. However, each entity must follow different California and Federal laws for each of their respective disciplines, which limits data sharing. Even though the MBH director also heads AOD, data cannot be shared across these agencies, without the proper releases of information signed by clients.

Service Capacity Gaps in the Community. As a rural county, spanning a large geographic region, Humboldt is faced with several challenges connecting youth and families to needed services. Service capacity gaps include: residential and outpatient alcohol and drug treatment programs, access to psychiatrist services, job training and placement services, dental services, and recreation centers or afterschool programs that promote pro-social activities.

Relationships with County Offices of Education and Local Schools. Humboldt County, like the other HRI counties, has challenges getting probation youth back into public schools after they are released from Juvenile Hall. “Zero Tolerance” policies 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 Humboldt given the fact that there are over 120 school districts and independent charters in the county. While the Probation Department has a positive relationship with the Humboldt County Office of Education (HCOE), which oversees educational needs of youth in detention and community schools, there are still challenges related to developing relationships with many of the mainstream public schools.

Resistance to change and implementation of EBPs is slow. Juvenile Hall staff resisted change at first, but maintaining a clear and consistent message about the importance of implementing evidence-based practices helped the Probation Department during this transition. Training in Motivational Interviewing was very well received, with even the hard core resisters acknowledging the benefits of applying the key principles to the best of their ability. The Department secured buy-in through monthly roundtables with the Chief, disseminating meetings minutes on a regular basis, and by creating an open door policy with Chief’s office to improve information flow from management to the front line and from the front line up to top. Decisions were not made without information sharing with staff, and providing a rationale for decision-making in regard to implementing EBPs.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Humboldt HRI program during the four year grant period:

Changing the Probation Department organizational culture through commitment and capacity building. Over the four years of HRI implementation, the Humboldt Probation Department transformed from a punitive culture to more of a rehabilitative orientation. Prior to the HRI, attitudes of cynicism, mistrust, and resistance to change were prevalent among staff. These attitudes impeded the department's ability to move forward in quality improvement efforts, including implementing evidence-based practices.

The Department of Probation engaged the services of La Piana to conduct an organizational assessment and facilitate a strategic planning process. La Piana administered surveys and conducted focus groups with staff to solicit feedback regarding the strengths and weaknesses of the department, including leadership. La Piana then facilitated a series of department wide meetings during which findings from the survey and focus groups were presented and discussed. The process was fair, inclusive and transparent, and, because it was guided by an independent third party, perceived as objective and not driven by the Chief's agenda. Early feedback about poor communication and a lack of transparency in hiring and promotion decisions was difficult to digest, but the Department committed to address the criticism by initiating an 18-month organizational change plan. The Department increased their venues for communication, instituted a transparent performance management system, implemented comprehensive training and maintained a consistent message about the expectation of change. The Department met all of their organizational change goals in 15 months.

Relationship with Mental Health Branch Strengthened, Yielding Improved Access to Services and Outcomes. Over the course of the HRI, the relationship and coordination between the Mental Health Branch and the Probation Department improved significantly. For example, prior to the HRI, it took an average of 30 days for youth referred to mental health to be seen. As a result of HRI, the majority of youth are seen within 72 hours of referral, which significantly improves access to needed mental health services – a key outcome of interest for the HRI.

Implementing Evidence-Based Screening and Assessment Tool. Humboldt County's systems change goals include: identifying gaps in services, improving data sharing, building partnerships and implementing Evidence-Based Practices. Through participation in the Northern California Probation Consortium (NCPC), Humboldt County Probation is making progress on all of the aforementioned systems change goals. The 15 county consortium is implementing the PACT Risk Assessment (Positive Achievement Change Tool), which includes 12 domains to identify factors associated with a youth's risk to recidivate. The software program collects data elements on youth and assesses the criminogenic needs that change over time. The NCPC can access individual level PACT data within county and aggregated data across the 15 counties through www.assessments.com.

Using the PACT tool is useful for Humboldt County because it helps raise awareness of the need to improve service capacity in the county by documenting both the need for substance abuse treatment

services for probation youth and the lack of capacity in the county to meet this need. Counties involved in the collaborative can use empirical data to make the case for their needs and leverage this information to bring in services. Humboldt, Del Norte, and Mendocino counties are using this data to apply for a SAMHSA grant to bring a MATRIX substance abuse treatment provider to the area. Humboldt's PACT collaboration would not be possible without HRI funding. The Department used grant funds to pay for software licensing fees, start-up training and maintenance fees.

Providing services that are culturally competent and have greater involvement of youth and families.

The Probation Department has improved their service provision to be more culturally competent and family focused. The Department had to relinquish power and control by including youth and families in the treatment planning and placement decision-making process, but as a result have broken down barriers and gained the trust of families. There was initial fear on both sides during this transition, but now the family sees that Probation is trying to help them rather than punish them. Through HRI, there has also been a renewed commitment to offering culturally appropriate service options for youth. There is a cultural diversity and awareness group that did not exist prior to HRI. Improve cultural sensitivity and family involvement has been integrated into Probation program operations.

Investment in IT Infrastructure to improve case management and data sharing capacity. Through the HRI grant, Humboldt County hired an independent consultant to conduct a thorough IT assessment and make hardware/software improvements recommendations. The assessment found there were 8-10 free standing databases throughout the Probation Departments with single points of entry and no means to integrate the systems. Riverside County implemented an integrated Juvenile/Adult Case Management System (JAM system) and offered to provide the software and technical assistance to other counties interested in implementation. Humboldt and San Mateo Counties signed on to receive this software program, and at the end of 2008, Humboldt received the JAM system. Humboldt has applied HRI funds to work with a programmer to assist in the implementation process.

The JAM systems will integrate all databases within the Department (juvenile, adult, detention services). The only database that will not be included is the training database, which will remain a separate system. The Riverside County Probation Department will offer ongoing support by maintaining a help desk and providing free TA. At the beginning of HRI implementation, only a third of the Department staff had computers on their desks – now everyone has top of line equipment and the Department is committed to systems integration to improve efficiencies.

2. Los Angeles: Moving from Institutions to the Community

“It is important to pick the right people to implement this work. We realize we need to hire probation officers with a broader mindset. They need to be able to wear law enforcement and social work hats. We are committed to making better hiring decisions.” Robert Taylor, Chief of Probation, Los Angeles County

The LA HRI program adopted a “whatever it takes” motto in working with probation youth and their families and was committed to finding “no-cost and low-cost” services and training opportunities throughout the county to share with community provider partners, Probation Department staff, and parents and families. The LA HRI program also invested in pursuing a true partnership with families, where parents, youth and providers have an equal role in goal setting, treatment planning, service referral and follow through.

Los Angeles Model Features

Average Caseload	60+ youth and families served over course of program
Referrals	Program receives referrals from the Department of Mental Health clinician located in Juvenile Hall. Referrals are based on MAYSI-2 scores and review of mental health records for youth likely to return home in target SPAs. Program also receives referrals from Juvenile Hall staff, delinquency court, public defenders, DPOs, and social workers.
Target Youth	Subset of probation youth from Los Padrinos Juvenile Hall (from selected zip codes in SPA 6, 7, or 8). The program targets youth most likely to return home, rather than going to camps or other out-of-home placements. Population is predominantly gang affiliated Latino males with violent offenses.

a. Multidisciplinary Team

The LA HRI program model incorporated two multidisciplinary approaches to work with probation youth. A MDT care approach is used to assess the treatment needs of probation youth in all three Juvenile Halls in LA County. In addition, youth enrolled in the HRI program from Los Padrinos hall and have transitioned back to the community receive services from an HRI field PO who applies a MDT approach in addressing the care needs of youth and families.

LA County operates under a broader DOJ agreement that requires that DMH clinicians administer and score the MAYSI-2 screening instrument. In addition to administering the MAYSI-2, DMH therapeutic staff conduct youth assessments and review DMH case records, which provides much broader insight into a youth’s mental health status through a triangulation of information. The resulting information is used to develop shared treatment plans that are discussed through the MDT case conferencing process at Juvenile Hall, which includes school personnel, Juvenile Hall staff, health and nursing staff within the hall, and mental health providers.

The LA HRI program was able to leverage existing MDT practices within the Probation Department and a strong partnership with DMH providers when implementing a MDT process for HRI program youth who have transitioned back to the community. The LA HRI program is committed to delivering services that are in-home, strength based, family focused and provided in the community. To accomplish this goal,

they adopted a multidisciplinary team approach to assessment, case planning, referral and follow up. Key partners involved in the HRI MDT process included DMH clinicians, case carrying Deputy Probation Officers (DPOs), Probation Department Director of Mental Health Programs, and the CBO partners that receive service referrals for youth transitioning out to the community from Juvenile Hall. The LA HRI team adopted a flexible, “whatever it takes”, multidisciplinary approach that enables them to work with *any* treatment provider in the community to better serve HRI youth and families. The LA HRI team values true partnership with youth and families, yet continues to hold them accountable in accordance with court mandates and terms of probation.

HRI DPOs serve as conduits of information between the CBO partners (WRAP teams, Children’s System of Care, Full Service Partnership, and Family Preservation, the youth/families and the Field Probation Officer responsible for the probation case. HRI DPOs receive progress updates from the CBO partners and brings this to the weekly MDT meetings that take place at Juvenile Hall.

b. Benefits Advocacy

Benefits advocacy was addressed through referrals to Certified Application Assistance programs working in several non-profit agencies, such as Chrystal Stairs, in LA County that provide this service to families. These agencies use a “promotora” model and conduct comprehensive benefits assessments. Benefits counseling services are paid for when applications are submitted to the state and benefits are awarded. Unlike some of the other HRI grantees, this service is provided through referrals in the community, rather than through a Probation Department /HRI funded position on the HRI team.

c. Cross-Provider Training

The LA HRI team adopted the same philosophy to training as they did with services and resource for youth and families, by locating “no-cost or low-cost” training opportunities for Probation Department to augment and expand knowledge about mental health issues to better serve probation youth. The HRI team was very successful in identifying training opportunities throughout the county and built on a strong relationship with the Department of Mental Health (DMH) to facilitate access to training opportunities that the HRI team has shared with the Probation Department. As the HRI team discovered no-cost or low-cost training opportunities, they also invited community partner organizations to participate. The HRI team has become a resource for the Probation Department and CBO partner organizations to identify and access no cost and low cost training opportunities on a range of topics, including health, mental health, child welfare, parenting skills, caregiver support, suicide prevention, cultural competence, gang awareness, clinical and therapeutic skill building, and evidence-based practice models for various target populations. Identifying these training opportunities has helped reduce costs to the Probation Department during a time of fiscal constraint.

The HRI team has become quite adept at meeting specialized training needs across a very wide spectrum of content areas. Whenever they identify a potential training area that would enhance their job performance, they add it to their training plan, locate viable training options and then extend the invitation to community and agency partners. HRI community partners have adopted a similar model of disseminating training opportunities across county agencies. Kenyon Juvenile Justice Center, one of the

key partners of the LA HRI program, recently brought together consumer advocacy groups in special education to conduct free training for KJJC partners to learn more about the special education process and rights of youth and their guardians in the educational system.

d. Partnerships and Collaboration

The LA HRI program has come a long way in accomplishing their goal of “strengthening relationships and collaborations with community-based partners to link families to comprehensive health, mental health, substance abuse treatment, and supportive services in the community.” The Probation Department and the LA HRI team made a commitment to take greater responsibility for probation youth once they leave the Juvenile Hall. To honor this commitment, the team needed to build relationships with the various community providers across LA County and gain knowledge about the resources available and any capacity gaps that may serve as barriers. *“Partnership development is difficult when service needs are high and resource capacity is low. In this situation, you don’t have ‘partnership’ you have ‘waiting lists’.”* Andrea Gordon

Countywide Resource Directory. During the early phase of program implementation, the HRI team had the daunting task of cataloguing the vast array of services and provider organizations available for youth and families. Out of necessity, the team developed a countywide HRI Resource Directory for their use in making appropriate, no-cost or low-cost service connections in the community. The LA HRI Resource Directory filled a significant need, and is an invaluable tool in helping HRI staff and HRI 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.

An important strategy in building trust and partnership with community providers was to provide the HRI Resource Directory to all partners at no-cost. The sharing of this valuable resource has created goodwill across the provider network, opened up the lines of communication between the community partners and HRI team and become a cornerstone of the positive relationship between HRI and the community partners.

The Resource Directory has become a “calling card” of the HRI program and this valuable tool has helped increase awareness of the HRI program across LA County. The LA HRI program has developed a partnership with the Reserve Deputy Probation Officer program to explore the use of the RDPOs to assist the HRI program in expanding the HRI Resource Directory to include resources for the other five planning in the areas in the county. The original HRI Resource Directory included services and providers within SPAs 6,7, and 8 (the target service areas for the HRI program). In the final months of funding from TCE, the HRI program produced Resource Directories for the other 5 SPAs in LA County.

Community-Based Partner Organization. The LA HRI program partners with multiple community partners across the county. Over the course of grant funding, the HRI team collaborated with more than 30 community providers in an effort to link HRI probation youth and their families to low-cost services in their immediate community. However, for “warm handoffs” to community-based providers for ongoing services for youth post-release from detention, the HRI team worked primarily with four provider types:

Wraparound services, Family Preservation, MHSA Full Service Partnership organizations, and the Children's System of Care (SOC). HRI DPOs worked closely with the providers from these organizations to ensure service connections and follow-up contacts were made to ensure that youth do not fall between the cracks and return to Juvenile Hall.

Kenyon Juvenile Justice Center (KJJC). Superior Court Judge, Donna Groman, is one of the strongest supporters or champions of the HRI program model in LA County. Judge Groman believes in the MDT approach to care for probation youth and supports the work the HRI team is doing in the community with families. Judge Groman, in her commitment to capacity building and partnership development to serve high risk youth in South Central Los Angeles, established a "Think Tank" at Kenyon Juvenile Justice Center (KJJC). The goals of the "Think Tank" included: 1) learning about community resources and program innovations taking place in South Central LA for at-risk youth, 2) networking and partnership development and 3) building awareness of community resources and programs/services available to delinquent youth for court personnel (e.g., judges, District Attorneys, Public Defenders).

Shortly after the inception of the "Think Tank", HRI DPO, Gabriela Leyva, spoke to participants about the HRI program and shared success stories. Participation in the monthly KJJC "Think Tank" has elevated awareness of the HRI program, created new opportunities for partnership and expanded the HRI team's knowledge of programs and services available within the community. Awareness of the HRI program has led to partnerships with public defenders and judges, and ultimately, referrals to the program in an effort to keep youth in the community.

Department of Mental Health. DOJ has a contract with DMH to administer and score the MAYSI-2, a screening practice that was in place prior to HRI implementation. DMH clinicians within Los Padrinos hall make HRI program referrals based on youth scores on the MAYSI-2 and geographic residence in one of the three target areas within LA County (SPA 6,7, or 8). DMH clinicians continue to partner strongly with the LA HRI team as they provide referrals to the program and collaborate on training opportunities for clinicians and probation staff.

e. Family Involvement

"The family involvement aspect of HRI serves a prevention focus. When you work with the whole family, the younger kids in the household benefit too. We can intervene earlier with a family and prevent the siblings from going down the path of delinquency. The story is often not about the kid, it's just the latest tale, from a troubled family." Robert Taylor, Chief of Probation, Los Angeles County

A key strength to the LA HRI program is the family focus and involvement throughout the case planning and service delivery process. The program's treatment philosophy is to assess the needs of the entire family system, because if the family is stabilized, the youth on probation will have greater opportunities to gain the support they need for success. HRI Probation Officers go into the home and accommodate their schedules to those of the family. This builds trust and rapport, which enables families to disclose issues that may otherwise not surface when youth are assessed inside Juvenile Hall. The HRI PO initially meets with the family, develops a broad, macro-level case plan to create a warm-handoff and secure

linkage to one of the community service providers (Wraparound services, MHSA Full-Service Partnership, Children's System of Care and Family Preservation). The LA HRI program developed a service checklist to ensure that each family is accessing services for which they qualify such as health insurance, utility assistance, etc.

Prior to HRI implementation, Deputy Probation Officers did not routinely work with families in the home. In contrast, Field Probation Officers did work in the community, but due to caseload size (N=150), they were not able to devote the time necessary to work closely with families and youth and connect them to services. The community-based treatment focus and family orientation for the HRI DPOs represents a shift in service philosophy as a result of HRI implementation. HRI DPOs have much smaller caseloads (N=10-15), and they do not have court reporting responsibilities, therefore they have much more flexibility and time to work with families. However, this change in thinking did not come easily and the HRI team experienced a significant learning curve in developing the expertise necessary to effectively work with youth and families in the community.

f. Program Sustainability

The current budget crises in CA and Los Angeles County are significantly affecting the sustainability of the LA HRI program. The Probation Chief's strategy is to maintain the program, at least on a small scale, and then extend it to other SPAs in LA County when the fiscal climate stabilizes. The Chief also plans to expand the screening efforts beyond Juvenile Hall to the camps to ensure that the Department is doing everything possible to identify the health and mental health needs of youth. To leverage the skills of the HRI staff, the team has been reassigned to the Placement Bureau where they can use their expertise to find suitable community placements for the most challenging Probation youth.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened at entry to all three JHs in LA County	All youth will continue to be screened at the three JHs in LA County
Multidisciplinary Team Composition	HRI PO, Field PO, DMH, and Community Partners work collectively to link youth/families to needed services	HRI PO reassigned to Placement Bureau and will continue to connect challenging Probation Youth to community placements
Benefits Advocacy	Refer families to Certified Application Assistance programs (e.g., Crystal Stairs) that conduct benefit assessments	Refer families to Certified Application Assistance programs (e.g., Crystal Stairs) that conduct benefit assessments
Cross-Provider Training	Training focus is on HRI PO staff. Goal is to access available “free” training opportunities, and then share information re: training opportunities with community partners and Probation Department	Continue to track and access free training opportunities and conduct trainings of DPOs on how to access services documented in the Resource Directory
Partnerships and Collaboration	Dept. of Mental Health, Children’s System of Care, Wrap Around Services, MHSA Full Service Partnership, Family Preservation, case carrying field POs, LA Superior Court Judge Donna Groman and “Think Tank” community provider participants at the Kenyon Juvenile Justice Center, County Office of Education, School Districts, DCFS, and Public Health	Dept. of Mental Health, Children’s System of Care, Wrap Around Services, MHSA Full Service Partnership, Family Preservation, case carrying field POs, LA Superior Court Judge Donna Groman and “Think Tank” community provider participants at the Kenyon Juvenile Justice Center, County Office of Education, School Districts, DCFS, and Public Health
Family Involvement	HRI POs work in the home with the families, assessing needs, developing the case plan, and making referrals to community partners	One HRI PO will continue to carry a small caseload (~10) and will work with youth and families in the community

g. Implementation Challenges

Despite a commitment to service linkage in the community and a multidisciplinary approach, the LA HRI program experienced several challenges, including:

Relationship with local schools, Department of Public Health, and Data Sharing. HRI program staff faced partnership challenges working with local schools when trying to get youth released from detention back into their district schools. This is a common barrier faced by all HRI county grantees. The LA HRI program also acknowledged that relationships with the Department of Public Health (DPH) were not as positive as they would like. While there is an MOA between DPH and DOJ that includes medical record sharing, in the early phase of implementation, the medical providers within the Juvenile Hall maintained paper files, which made data sharing problematic and cumbersome. These records are now shared with the HRI team when appropriate consent is provided. Without electronic medical records, efficient data sharing and care coordination between DPH, DMH and DOJ is a challenge within the Juvenile Hall, where the Probation Department has custodial responsibility for the youth.

County Size. One of the most significant challenges faced by the HRI program in LA is the sheer geographic size of the county. The enormity of LA County has proven to be a challenge in many ways, including defining the scope and eligibility criteria of the program, amassing resources across a very broad service region, addressing fragmentation and service silos across multiple public agencies and expanding the program to youth in other Juvenile Halls located across the county. Currently the HRI program is limited to youth from Los Padrinos Juvenile Hall that reside within selected zip codes in SPA

6, 7 or 8. The program would like to expand to serve greater numbers of youth and families, but the current fiscal environment severely limits access to resources for additional personnel, which limits program growth and expansion to other service areas.

Growing concern about gangs actively recruiting youth with mental illness and developmental disabilities. A recently identified problem is that of gangs targeting the most vulnerable youth in the community for recruitment. Some of these youth have been involved in committing gang-related violent crimes. This is creating a challenge within the Probation Department because the HRI team does not have the expertise working with gangs and the gang specialists have limited knowledge of mental health. The Department needs to invest in cross-program training and expert integration of these disciplines to enhance the skill sets of the POs working with this emerging problem.

Lack of information sharing from TCE about available resources in LA County that may have facilitated progress for the LA HRI program. TCE required an assessment of community based resources as part of the HRI proposal and planning process, which was a challenge for the HRI team given the size of LA county and the LA Health Department (over 28,000 employees). The HRI team spent a great deal of time researching available services and supports needed by youth and families, such as options for benefits advocacy, and health/mental health coverage and services. Through the assessment, the LA HRI program learned, for example, about benefits advocacy organizations that could provide low or no cost health insurance assessment services to HRI families. They later learned these organizations received financial support from TCE. In addition, with encouragement from TCE, the HRI team devoted a significant amount of time to the development of Resource Directories for LA County. There is no doubt that these Resource Directories represent a significant contribution of the HRI team to the community. However, this effort could have been better coordinated and leveraged with a similar project, www.healthcity.org, that The Endowment supports. It was challenging for the LA HRI team to learn about the extensive range of projects funded by TCE in LA County that could have been a resource during HRI implementation. The LA HRI program achievements would have been enhanced by The Endowment proactively sharing information regarding past and existing grants to programs so the HRI team could learn and leverage from TCE's other investments in LA County.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Los Angeles HRI program during the three year grant period:

Philosophical shift from a corrections model to a rehabilitative approach. Over the past several years, a philosophical shift occurred within the Juvenile Probation Department in LA County that supported the goals and implementation experiences of the LA HRI program. The Probation Department shifted from a corrections model to a less custodial, increasingly rehabilitative model and philosophy. The Department is focusing on rehabilitation because the majority of juvenile probation youth are going back to the community, and according to the Probation Department Chief, "we want to send these kids back to the community in better shape than when they entered Juvenile Hall." The change in philosophy within the LA Probation Department also includes prioritization of service linkages for youth when they are

released from detention. According to the Chief, relapse, failure and recidivism are expected. However, with a strong focus on service connection and linkage to community resources, the “failure” may occur because of a lack of follow through on the part of the youth or family, but it will not be because the youth “fell through the cracks,” lost access to services, or never got connected in the first place. This ideology supports the mission of the HRI program and their “whatever it takes” mantra in working with youth and families.

Increasing Visibility and Awareness. The HRI team has pursued multiple opportunities to highlight the needs of the youth served and the program’s accomplishments within the Department and with various community stakeholders, including: the LA County Commission on Children and Families, Probation Department Placement Services Bureau Management meeting, Assembly Member Lowenthal, the DMH SPA 7 Impact Team, TriCity Mental Health, and the Kenyon Juvenile Justice Center Think Tank. These presentations include discussions of available outcome data to demonstrate the effectiveness of the HRI program. The following provides an example of program outcome data that the HRI team has presented to various audiences:

Los Angeles Healthy Returns Initiative Program Outcomes

Total Number of Youth Served by Los Angeles Healthy Returns Initiative Program: 62

Table 1: Number of Detention Days for HRI Youth by Setting

	Number of Detention Days Pre-HRI	Number of Detention Days During HRI Program (6 months)	% Reduction Pre-HRI v. During-HRI	Number of Detention Days 6 months Post-HRI Program	% Reduction Pre-HRI v. Post-HRI
Juvenile Hall	5903	327	94%	1026	83%
Suitable Placement	2483	500	79%	179	93%
Camp	383	0	100%	229	40%
Total Number of Days	8769	827	90%	1434	84%
Total Number of Youth Accumulating these Days	62	31		25	

Table 2: Cost Analysis of Detention Days for HRI Youth by Setting

	Pre-HRI Costs	During HRI Costs	Costs 6 Months Post HRI	Savings During HRI	Savings 6 Months Post-HRI
Juvenile Hall	\$2,304,236	\$127,644	\$400,499	\$2,176,592	\$1,903,737
Suitable Placement	\$488,953	\$100,147	\$35,346	\$388,806	\$453,607
Camp	\$94,735	\$0	\$56,643	\$94,735	\$38,092
Total	\$2,887,924	\$227,791	\$492,488	\$2,660,133	\$2,395,436

Successful Program Outcomes:

- Of the 62 youth enrolled in HRI, 60% (n=37) graduated.
- Prior to enrolling in HRI, the 62 participants were detained a total of 8769 days (average per youth = 141.4 days) at a cost of \$2,887,924.
- During the 6 months these youth were active in the HRI program, HRI participants accumulated 827 detention days representing a **95% reduction from the pre-enrollment period and a savings of \$2,660,133.**
- During the 6 months these youth were active in the HRI program, **50% (n=31) had no detention days.** The other 31 youth were detained for 827 days (average per youth = 13.3).
- Six months after the HRI program, HRI participants accumulated 1,434 detention days representing an **84% reduction from the pre-enrollment period and a savings of \$2,395,436.**
- During the 6 months after their involvement with the HRI program, **60% (n=37) had no detention days.** The other 25 youth were detained for 1,434 days (average per youth = 23.1).

The Los Angeles HRI program has effectively reduced the total number of days youth spend in detention, as well as the number of youth being detained in Juvenile Hall, Camps, or Placements.

Resource Directory effort was expanded to cover all Service Planning Areas (SPAs) in LA County.

Building on the success of the Resource Directory the HRI team developed for SPAs 6, 7, and 8, grant resources were reallocated to develop an additional five directories to cover the Service Planning Areas across the County. Moving forward, the team will train other POs on strategies to identify and access services compiled in these Resource Directories.

The HRI Team attended several specialty mental health trainings that built their capacity to work with the most difficult to serve youth. Over the three years of the HRI grant, the HRI team attended mental health conferences and trainings (e.g., the California Mental Health Advocates for Children and Youth Conference and a training on “Working with Children of Incarcerated Parents”) that typically are not supported within the Department’s existing training budget. The knowledge and expertise gained by the team through these training opportunities allowed them to better address the needs of the most difficult to serve youth and get them out into the community. Additionally, members of the team are now recognized as a resource within the Department for working with youth with complex behavioral and mental health needs.

HRI program increased partnerships and collaborations between Probation and community-based organizations serving youth and families. Through HRI, the Probation Department developed relationships with new community partners that changed the way Probation is perceived in the community. By increasing their visibility and presence in the community, the HRI team was able to network and build relationships with community- based organizations. The HRI team was able to communicate with their partners about difficult cases which helped create stronger networks and improve access to services. Participation in the monthly Think Tank at Kenyon Juvenile Justice Center changed the way Probation communicated and collaborated with community partners at court. Through this venue, partners learned what each other had to offer, built trust through on-going engagement, which led to enhanced service linkage and coordination for families.

“It’s not about your contracts or agreements. It’s about your relationships across the community. HRI changed the way we work together. We learned that it’s not about Probation and it’s not about Mental Health. It’s about working together to teach families how to better live their lives and connect to services they need.” Andrea Gordon, HRI Program Director.

Through strategic networking and effective service provision, the program earned an influential “program champion” in the community. Judge Donna Groman, a delinquency court judge at the Kenyon Juvenile Justice Center, convenes a monthly Think Tank of community organizations serving youth and families. Over the past three years, the participant list has grown to over 400 advocacy and service provider organizations. Judge Groman supports the HRI program’s holistic approach to treating youth and families and has been a vocal champion with community provider organizations. Judge Groman’s support translates into additional referrals of youth she thinks will benefit from participation. She values the expedited connection to needed services. Before HRI, youth would be released from Juvenile Hall and have a long waiting period in the community before they would be connected to services. With HRI, these connections are made prior to release so that services are ready once the youth returns home. Another asset for the program is that the HRI team can connect youth to a variety

of services in a short period of time (6 months in program), such as wraparound, FSP, drug treatment, mental health services, job training, MediCal, and financial assistance for the family.

“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 PO that is proactive in figuring out the best plan to meet their needs.” Judge Donna Groman, Kenyon Juvenile Justice Center.

3. Santa Clara: Establishing a Specialty Mental Health Unit in Juvenile Hall

“We now have a multi-dimensional process for developing recommendations based on feedback from multiple sources, rather than a relatively closed review process focused on criminality and deficits. HRI has helped the field POs make better, more accurate recommendations to the judge during court. ” Sheila Mitchell, Chief of Probation, Santa Clara County

The HRI program in Santa Clara was designed to address significant unmet needs for specialty mental health services for detained youth in Juvenile Hall. Prior to HRI, Santa Clara experienced escalating and costly incidents of self harm, hospitalizations, and psychiatric admissions among high need youth. Santa Clara opened the Transitions Unit, a 24-bed unit within Juvenile Hall, designed to serve youth identified with high mental health needs, but not necessarily in crisis. The specialized mental health services available on the Transitions Unit include modifying daily routines to promote stability among the youth, reduce self injurious behaviors or the need for psychiatric hospitalizations, and enable youth to attend school on a regular basis.

The Transitions Unit involves the collaboration of staff from the Probation Department, Department of Mental Health, and the County Offices of Education to deliver a specific program of care. This program of care includes three daily check-ins with youth to focus on goals, higher staff to youth ratios, and more structure and therapeutic interaction than occurs on the regular units. Youth that get placed on the unit tend to be socially isolated and have poor social skills and, generally, do not fit in very well or get picked on in the general units. The Transitions Unit operates as more of a support group where youth have a greater opportunity to thrive.

In addition to improving the treatment of high need youth in Juvenile Hall, Santa Clara’s HRI program goals aimed to link youth to mental health services post release, train all Juvenile Hall staff to better understand mental health issues, and to implement MDTs to develop care plans with the involvement of youth and families.

Santa Clara Model Features

Average Caseload	Transitions Unit has 24 bed capacity
Referrals	A screening committee, including a mental health clinician, a representative from the County Office of Education, juvenile custody staff, and the Transitions Unit supervisor, meets weekly to review referrals to the unit. The decision to admit youth to the Transitions Unit is based on mental health diagnosis, medication needs, behavior, incident reports, and risk of self harm.
Target Youth	The HRI intervention targets a subset of detained youth in Juvenile Hall. The Transitions Unit is a specialized unit for youth with high mental health needs, commonly detained for molestation/sexual abuse charges, often having one or more of the following mental health disorders: Bipolar Disorder, Major Depressive Disorder, Post –Traumatic Stress Disorder, Schizophrenia, Severe Attention Deficit Hyperactivity Disorder, and Dysthymic Disorder.

a. Multidisciplinary Team

Santa Clara developed a Multidisciplinary Team (MDT) process as a strategy to better manage Juvenile Hall youth with complex mental health needs. Weekly MDT meetings involve the mental health clinical

coordinator, mental health primary therapist, child psychiatrist, custodial care staff, custodial care staff supervisor, medical clinic staff, school staff, probation officers, and parents and youth, as appropriate. Multidisciplinary Team meetings are held for youth hospitalized multiple times within the past six months, requiring one-on-one monitoring or five minute checks, on psychotropic medications, or referred by Juvenile Hall staff.

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 history, what the minor wants, psychiatric history, medication history, and school history, 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 can be engaged in working 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.

b. Benefits Advocacy

Like many counties, Santa Clara does not have a system in place to collect or validate the insurance status of youth upon entry to Juvenile Hall. For pre-adjudicated youth, Santa Clara contracted with a local foundation, the Health Trust for benefits advocacy for the 20% of youth with no medical coverage. Connecting this group to benefits can be challenging because of poor information for contacting the families, as well as low up-take among parents who are reluctant to disclose information when their children are in custody as they could lose Medi-Cal or cash benefits. The situation for post-adjudicated youth changed as result of SB 1469, which mandated Probation and the Social Services to collaborate and connect youth with Medi-Cal or other types of health insurance options. All parents of youth detained by the Court for 30 days or more are now advised about Medi-Cal coverage options through the Probation Department and are referred to social workers from the Social Services Agency for benefits advocacy.

c. Training

“We’ve experienced a culture change within the institution and the staff working at Juvenile Hall due to our training curriculum on mental illness. Staff have a better understanding of how a mental health condition or medication can affect the youth and they have greater sensitivity.”
Sheila Mitchell, Chief of Probation, Santa Clara County

Training efforts in Santa Clara have centered on improving the quality, effectiveness, and cultural responsiveness of the treatment youth receive in detention and to shift the paradigm to be less correctional and more rehabilitative using a collaborative, integrated care approach. Their approach to training is to achieve incremental, but steady improvements in processes to enhance care quality and continuity. Training efforts have targeted different staff within Juvenile Hall and the Probation system.

To improve the ability of Juvenile Hall custodial staff to better understand and respond appropriately 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 percent of the Juvenile Hall custodial staff have received this training. Given the success of this training, Santa Clara intends to extend it to all the Probation Officers, as well as custodial staff at the ranches.

Another focus of training efforts was to train mental health staff, custodial staff, and other stakeholders on writing, understanding, and implementing age-appropriate, culturally responsive Multi-Agency Assessment Plans (MAAP) and Mental Health Care Plans (MHCP). A vendor was hired to develop this training, which has been attended by all Juvenile Hall staff, and was extended to the Deputy Probation Officers, particularly those in the Placement Unit.

In addition to these broader training efforts, Santa Clara was one of five counties chosen to receive Aggression Replacement Therapy (ART), which has been attended by mental health staff that work on the Transitions Unit. In addition to spreading the ART model on the Transitions Unit, there is now interest among the corrections staff of Juvenile Hall to receive this training.

d. Partnerships and Collaboration

Transitions Unit. The effectiveness and success of the Transitions Unit relies on the strong collaboration of the Probation Department Juvenile Corrections Officers, Department of Mental Health clinicians, and the County Office of Education teachers that work together on this unit in Juvenile Hall. The steering committee, comprised of a clinician, teacher, juvenile corrections staff and the Transitions Unit supervisor meet weekly to assess new referrals to the Unit. Referrals to this unit are based on mental health diagnosis, behavior, incident reports, medication needs, and self injurious behavior. Many of the units in Juvenile Hall refer youth with behavioral problems to the Transitions Unit. However, behavioral problems alone are not sufficient to qualify a youth for the Unit. The steering committee frequently consults with medical staff to gain additional insights into medication interactions and other potential factors contributing to behavior problems to ensure that each referral is screened carefully and only the most appropriate youth, with the highest mental health acuity are placed on this specialty care unit.

The unique treatment approach for youth on this unit includes a higher staff to youth ratio (1:6) compared to the general units (1:10), greater access to mental health clinicians, special education accommodations, and strategies to better monitor mood and affect throughout the day. In terms of special education accommodations, teachers have a modified response to behavior problems, which includes 20 minute time outs and counseling from a MH clinician so that youth can return to classroom. The usual policy would be to remove the youth from the classroom for the rest of the day. Staff and youth participate in check-ins three times daily to provide their “emotionality score” on a scale of 1 to 10. This helps staff identify and intervene with youth who might be experiencing difficulties and be prone to escalation.

Department of Mental Health. The Santa Clara Probation Department has had a strong partnership with the Department of Mental Health and a history of collaboration through other grant programs, such as MIOCR. The Probation Department received \$1.5 million in MIOCR funding and through collaboration with DMH, was able to leverage MediCal services and convert this to \$3 million. The collaboration on the HRI program was a natural transition with a shared vision to improve the quality of care received by youth in Juvenile Hall. MIOCR grant funding was not extended in the current State budget; therefore the Probation Department has lost a valuable source of funding for youth in the juvenile justice system. Originally, the plan was to expand DMH clinicians to all units at Juvenile Hall. This is still a goal; however, budget limitations limit the feasibility of realizing this goal anytime soon. Although current budget cuts and loss of MIOCR funding has reduced the role of mental health on the Transitions Unit, DMH clinicians remain involved in many important Probation Department processes including: administration and scoring of the MAYSI-2 screening instrument; making services referrals and recommendations for IEPs, substance abuse treatment, local mental health services with community-based provider organization; participation on in-custody MDTs as well as MDT meetings to develop transition plans for out-of-custody or ranch placements; and direct therapy services provided to youth in the hall.

Community Based Partners. Although most of the HRI youth go to out-of-home placements or ranches after they leave Juvenile Hall, approximately 20 percent do return home. In these cases, referrals are made to the Children's System of Care, Wraparound Services or the MHSA Full Service Partnership for ongoing service provision in the community.

e. Family Involvement

Parents are invited and encouraged to participation in the Juvenile Hall MDT process. However, family engagement is difficult, especially considering many of the youth are state dependents and transition to placements and not back into the home.

f. Program Sustainability

Santa Clara's core strategy for sustainability was to secure the continued commitment of their partner, the Department of Mental Health, to continue participating in the MDT and providing staff and services to the Transitions Unit. DMH has committed to using MHSA funding through June 30, 2010 to continue this collaboration. This MHSA funding covers the clinicians and clerical support that were lost when MIOCR funding was eliminated.

Producing a video of the Transitions Unit program is another key factor for sustaining Santa Clara's HRI. Since the fall of 2008, the video has been shown in a variety of forums, including meetings of the: Board of Supervisors, JJCPA, and other county stakeholders and partners, such as the Department of Mental Health. As a result of viewing the video and developing a deeper understanding of the program, two board members have become program champions and have voiced their political support for sustaining the program.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened at entry to JH.	All youth entering JH will continue to be screened
Multidisciplinary Team Composition	Mental Health Clinical Services Coordinator (MHSCS), JCOs on JH Transitions Unit, and nonprofit partners (as appropriate)	MDT process will continue and has expanded to include medical providers, public defenders, and families
Benefits Advocacy	For post-adjudicated youth, target uninsured/MediCal (30% of population); fax list of youth to be released in 30-45 days to the Social Services (SS) agency. SS agency tries to connect uninsured to coverage and re-instate cases with suspended MediCal . For pre-adjudicated youth, refer families to Health Trust for benefits advocacy.	There is no specific benefits advocacy component within JH. Uninsured youth/families are referred to community resources. Contract with Health Trust discontinued; POs follow up on the referral with parents.
Cross-Provider Training	Provide MH Issues in Custody training to all 200 Juvenile Hall counselors (custodial staff). This training curriculum is state certified for continuing education credits. Have plans to extend training to staff at Ranches and Probation Officers.	MH training curriculum is an institutionalized part of the new staff training catalog.
Partnerships and Collaboration	Contract with Department of Mental Health to provide mental health clinical services coordinator to direct services of the HRI grant	With MHSA funding, Department of Mental Health will provide a clinician and clerical support through June 30, 2010
Family Involvement	Parents invited to participate in weekly MDT meetings. Prior to release, there is a special MDT meeting for POs and parents of youth returning home (approximately 20% of Transition Unit youth) to set up services in the community through referral to Children’s System of Care.	Parents will continue to be invited to participate in MDT meetings.

g. Implementation Challenges and Lessons Learned

Despite these accomplishments in Juvenile Hall, the Santa Clara HRI program has experienced several challenges that have affected implementation and sustainability of their program, including:

Fiscal Restraints and Loss of MIOCR Funding. Budget cuts within the Department of Mental Health have led to reductions in staff positions and hours available for mental health services in Juvenile Hall. mental health staff (MFTs, social workers) have been reduced from 17 to 9 staff, including 2 psychiatrists. The Juvenile Hall clinic used to be open 7 days/week, but is now only open 6 days. There is no staff coverage on holidays or nights. As a result of these mental health staffing shortages, clinician presence on the Transitions Unit had decreased from 8 to 3.5 hours a day. In addition, basic mental health services have reduced by 50% at Juvenile Hall. These reductions affect MDT recommendations regarding the frequency and intensity of therapy sessions. With the budget cuts, not all youth through the MDT and MHCP process will get access to a therapist, making it difficult for clinicians to connect with all youth in need.

Service Coordination between Mental Health and AOD Agencies. Santa Clara still has separate Mental Health and AOD agencies with different treatment philosophies and funding streams. During the mental health clinical assessment, if the MAYSI-2 results indicate substance abuse issues, a referral is made to AOD at Juvenile Hall for a full assessment. However, the results of this assessment are not shared with mental health, which limits care coordination. In addition, access to substance abuse treatment services in the community for youth released from Juvenile Hall continues to be a challenge.

Staff turnover requires offering routine trainings about the Transitions Unit and “Mental Health 101.”

Corrections staff have the opportunity annually to change the unit where they work, which poses a challenge for the Transitions Unit in terms of ensuring that staff bidding to work there have a good understanding of the program, how it operates, and the needs of the youth served there. In addition, Corrections has the goal of providing Mental Health 101 training to all line staff. Staff turnover requires that the Department offers routine and booster trainings to fulfill this goal.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Santa Clara HRI program during the four year grant period:

The Transitions Unit, in combination with the MDT process, yielded significant reductions in negative behaviors and incidents at Juvenile Hall. The Transitions Unit provides evidence of the philosophical shift within the Probation Department and a commitment to take a less “correctional” and more “rehabilitative” focus to working with probation youth. In addition, the Santa Clara HRI program has secured cross-system buy-in of the Multi-Disciplinary Team process for treatment planning and care coordination. Prior to HRI, on any given day, there were 5-8 youth in Juvenile Hall that were on 1:1 staff watches. Since opening the Transitions Unit and implementing the MDT process, there have been significant reductions in self-harm behaviors (80%), hospitalizations (78%), violent incident reports (78%), and the number of minors placed on one-on-one watches on a daily basis.

“The message needs to get out about the benefits to operations and running the Juvenile Hall – how it helps the line staff -- mental health and correctional staff. Working more effectively with youth brings greater stability, fewer incidents of violence and self harm, fewer crises, and reduced staff stress. Safety for both youth and staff increases. Through collaboration there’s a shared responsibility for treatment planning so it doesn’t just fall on one service sector. ” Kathy Duque, Deputy Chief Probation Officer

A major accomplishment of the HRI program has been the cross-system buy-in of the MDT screening and referral process. Before the HRI MDT process was implemented, there were limited opportunities for sharing information among providers in Juvenile Hall. The weekly MDT meetings have created a formalized process for information sharing across the range of providers involved with the youth. Through the MDT process, 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.

Prior to release from Juvenile Hall, a special MDT is held with the Probation Officer and parents to set up services in the community. The PO does the follow-up on this plan. For youth that do not return home, notes from the MDT are shared with the new placement, as well as any court orders, psychiatric assessments, IEPs, and notes from the PO. Because 80 percent of the youth go to out-of-home placement (i.e., the ranch), they now do MDTs at the ranch and upon release.

The composition of the MDT has expanded to include medical personnel and probation officers on a routine basis. Until recently, medical personnel from Valley Medical Center only participated on MDTs when the youth had specific health conditions. However, a critical incident occurred that required a debriefing process to discuss the incident and coordination protocols between probation and county medical services. During the debrief, a leader at Valley Medical Center learned about the role of the MDT in care planning for youth and recognized the value of regular MDT participation by medical personnel. As a result, Valley Medical Center is now requiring medical personnel to participate on all MDT meetings moving forward.

Similarly, Probation Officer attendance at the MDT meetings was an initial implementation challenge. Over time, POs have experienced the value of attending the MDT because of the knowledge and insight they receive from the various providers including the clinician, teacher, JCO staff and psychiatrist. Having a broader perspective of the issues faced by the youth and their family enhances the case planning process. Participation on the MDT is not required of the Probation Officers, but if they are unable to attend they must send someone in their place. Over the course of implementation, PO attendance and participation in the MDT meeting has greatly improved.

Improved capacity to implement and share results from the MAYSI-2 screen. The Probation Department has expanded their capacity to administer the MAYSI screen by increasing the number of stations for administration and by offering the assessment in Spanish. In addition, as a result of a strong collaboration with DMH, Probation Officers now have access to the results of the assessment via case plan in the database. DMH administers the MAYSI-2 and providers are now able to share the results with Probation Officers and ranch counselors for case planning purposes.

Enhanced communication, collaboration and planning for transitional services for probation youth leaving Juvenile Hall. Probation and DMH collaborated to develop a universal referral form to assess the service needs for probation youth transitioning back to the community. Probation completes the form and shares the information with DMH to assist with the linkage to community services such as FSP, Wraparound, outpatient therapy and medication management. This new referral process alleviates the guess work for Probation Officers and places the responsibility of connecting youth to mental health resources in the community back in the hands of DMH where the expertise lies. DMH will then communicate with the PO about referrals that were made and any requirements for follow up or service tracking. This formalized referral and coordination process grew from the recognized value of information sharing during the MDTs and the intent of Probation to carry this concept over to all probation youth.

“Without the support of HRI, we would have been focused on something much different. We would have focused on getting more clinicians to deal with the 1:1 crisis staffing issues and the escalating hospitalizations. HRI allowed us to formalize and expand our MDT function – before it was only used during crisis situations. We had the blueprint for the Transitions Unit for years but we could never get it off the ground because of the staffing capacity. HRI allowed us to retain the MH staff, implement the unit and illustrate that this model can work. HRI funds really helped us implement our vision.” Kathy Duque, Deputy Chief Probation Officer

4. Santa Cruz: Transforming the Existing System through Health Education and Strong CBO Partnerships

“HRI opened our eyes to the missing link with physical health. We have broader awareness of the physical health needs of our kids and the impact of holistic care, and we’re never going back to business as usual. We understand the need to invest in prevention and not just ‘deep end’ services. It’s not appropriate to lock up youth with mental health or substance abuse problems just because we don’t have a better place to treat them in the community.” Scott MacDonald, Chief of Probation, Santa Cruz County

The Santa Cruz Juvenile Probation Department operates under the belief system that “kids do not belong locked up in Juvenile Hall,” therefore, a fundamental goal of the HRI is to transition probation youth to non-mandated, out-of-custody health and mental health services provided by partner agencies within the community. The Santa Cruz HRI is a set of process reforms within Juvenile Probation – not a program or model that only reaches a subset of probation youth. The system changes that have occurred within Santa Cruz County therefore impact all youth entering the juvenile probation system. The HRI process links all youth and families to four types of services: mental health, physical health, health education and public benefits. Direct services and referral linkages occur while youth are detained in the Juvenile Hall and when they are released back into the community. Strong partnerships across county systems and with community-based organizations, along with a commitment to communication and data sharing, contribute to the success of the HRI program in Santa Cruz.

Santa Cruz Model Features

Average Caseload	No program caseload. All probation youth receive HRI model. Juvenile Hall has an average of 20-25 youth detained and books 800 youth annually.
Referrals	HRI is a set of new probation practices rather than a pilot program that receives referrals. All youth referred to the juvenile justice system, in and out of custody youth, experience the HRI model.
Target Youth	All juvenile probation youth are served by HRI. Youth span across a number of white and Latino communities over a large geographic area. Most probation youth are detained due to violent offenses.

a. Multidisciplinary Team

As part of the HRI reform, the Santa Cruz Probation Department expanded the existing multidisciplinary team *process* within Juvenile Hall to: 1) implement a comprehensive and culturally appropriate treatment model through screening and assessment, case planning, engaged referral and benefits advocacy; and 2) ensure that all detained and adjudicated youth receiving health and mental health services have a seamless transition to community treatment. This MDT approach is carried out in several ways, including: 1) the co-location of cross-system providers (e.g., Children’s Mental Health clinicians, RNs, a certified Health Educator and Certified Benefits Application Assistant) inside Juvenile Hall, 2) the implementation of 3 interdisciplinary committees that meet at regular intervals to communicate about the service and transition needs of the youth, and 3) the development of a shared HRI database to track physical/mental health needs, community referrals, insurance and benefits needs and follow up services.

While Juvenile Probation worked collaboratively with their on-site Children’s Mental Health (CMH) clinicians prior to HRI implementation, hiring a Certified Health Educator and contracting with a Certified Application Assistant (CAA) through La Manzana Community Resources, were new additions to the MDT during HRI implementation. Both 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. HRI formalized communication across the team, which allowed them to be proactive in surfacing issues and needs rather than simply “reacting to crises.” Meetings that routinely convened MDT members within Juvenile Hall included:

- “Wednesday” weekly meeting. Before HRI, the purpose of this MDT meeting was for probation and mental health staff to brief the psychiatrist on any issues that came up with youth detained in Juvenile Hall. During HRI implementation, this weekly meeting was enhanced to include the CMH clinicians, detention nurses, unit supervisor, placement PO, HRI PO, the Health Educator, the CAA and the psychiatrist. Because Santa Cruz is a small county, there were only 20 youth in Juvenile Hall on a given day. With such a small census, it was possible to discuss the health, mental health, family issues, medication needs/problems or crises of the youth during the “Wednesday” MDT meeting.
- HRI Team Meeting. The HRI Team meeting convened the same group of individuals on a weekly basis to discuss transition planning for any youth being released from Juvenile Hall to the community. During this meeting, youth and family needs were discussed and appropriate community-based service referrals are documented. The goal of this meeting was to ensure continuity of health and mental health care and plan follow up care for youth exiting detention. The CAA also discussed any insurance or benefits linkages that needed to occur to ensure access to needed services.
- Placement Screening Committee. This meeting occurred twice a week to assess youth who might escalate in the Juvenile Justice system. The Health Educator attended this meeting specifically to bring immediate information on any physical or mental health issues and insurance status that were critical in making placement decisions.

b. Benefits Advocacy

As a result of the HRI funding and implementation, the Santa Cruz Probation Department hired a Certified Application Assistant (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 also developed and regularly maintained a manual of services available throughout Santa Cruz County.

The CAA’s role was flexible and involved working with families in the community or in the home, with the goal of maximizing participation in services and reducing stigma around benefits assistance. The CAA worked with the families during the youths’ time in detention and after release. The range of services and benefits the CAA connected families to included: Medi-Cal insurance, SSI and other income

benefits, food stamps, child care, housing, food banks, domestic violence shelters, immigration/documentation assistance and job application assistance. When providing application assistance for insurance (Medi-Cal, Healthy Kids, Healthy Families) and SSI benefits, the CAA reviewed the application with the family line by line to minimize errors and maximize the likelihood of timely approval, which took, on average, 3 weeks for Medi-Cal coverage.

The addition of a CAA to the HRI model in Santa Cruz was an important strategy for addressing the benefits advocacy needs for the youth and families and inspired other HRI counties to add a similar position to their own HRI teams to improve benefits advocacy efforts.

c. Cross-Provider Training

The training focus in Santa Cruz was on health promotion and gang intervention training programs for youth detained in Juvenile Hall. One of the goals of the Santa Cruz HRI program was to provide training to at least 50 youth held in or recently transitioned from Juvenile Hall in health related issues. While the original HRI grant application created a new position for a Health Services Agency (HSA) nurse located at Juvenile Hall, the position was ultimately filled by a Certified Health Educator. The Health Educator, in collaboration with community-based organizations, County of Santa Cruz Health Educators, County of Santa Cruz Probation Officers, and Juvenile Hall nursing staff developed numerous workshops and presentations available to youth in Juvenile Hall during the course of HRI implementation. Between October 2006 and September 2009, training workshops, presentations and focus groups have been offered to youth in Juvenile Hall in the following areas:

- STD/HIV/AIDS Education
- Nutrition
- First Aid: Medical Crisis Intervention and Universal Precautions
- Goal Setting
- Personal Hygiene
- Parenting Classes
- Countering “Pro-Tobacco” Influences
- Disability Awareness
- Dental Care and Oral Hygiene
- “Street Smart”: a CDC Approved, Evidence-Based curriculum (7 sessions) Topics covered: safer sex practices, drug/alcohol use and the effects of SA on behavior, improving coping skills, sexual values, positive “self-talk”, artist statement project, art show and graduation ceremony
- Gang Intervention: Cultural and Healthy Alternatives (GICHA) (9-week Series) (*a copy of this curriculum is available in the Grantee Supplemental Resource Compendium*)
- Domestic Violence (*a copy of this curriculum is available in the Grantee Supplemental Resource Compendium*)

The “Gang Intervention: Cultural and Health Alternatives” workshop series was developed in collaboration between Health Educator, Kathleen Hofvendahl-Clark, Juvenile Probation Officer, Gina

Castaneda and Barrios Unidos youth counselor, Ben Alamillo. This collaboration was the first of its kind for the Probation Department and the curriculum was extremely well-received by participating youth, the Director of Juvenile Hall, Probation Administration and the County Office of Education. The program was piloted at Juvenile Hall in February 2008 and was subsequently presented at Watsonville Community School. Workshop sessions are highly interactive, respect is emphasized at all times and attendance is completely voluntary.

The Gang Intervention curriculum covers the following issues and topics:

1. Overview of Latinos and Gangs in CA
2. Exploring our Cultural Roots
3. Anger Management, Refusal Skills, and Choosing Health Alternatives
4. Influence of Families and Influence of Gangs
5. Consequences of Poor Choices with a guest speaker from the District Attorney's Office
6. Drugs, Alcohol and Tattoos with a guest speaker in recovery
7. Victim Awareness
8. Job Counseling: How to Reach our Goals with career counselor as guest speaker
9. Celebration – Review of all sessions, student evaluations and youth certificates

d. Partnerships and Collaboration

Santa Cruz began the HRI with a comprehensive system of care in place, and the county continues to prioritize collaboration with community-based partners as a mechanism for linking youth and families to services once they leave Juvenile Hall. Santa Cruz Juvenile Probation has on-site clinicians from Children's Mental Health who assess youth for immediate needs and provide in-custody services. Most probation youth have out-of-custody counseling as a term of probation and these services are by CMH and community-based partners. Mental health system reforms within Juvenile Probation as a result of HRI include: implementation of the MAYSI-2 screening tool for all youth detained more than 4 hours, Juvenile Hall clinicians use of the centralized HRI database to enter MAYSI-2 and other assessment information, and the development of the Youth Re-Entry Team (YRT) and the YRT Needs Assessment Survey for youth and guardians.

Youth Re-Entry Team. According to the HRI project team, the Youth Re-Entry Team (YRT) is one of the most important collaborations developed under the Healthy Returns Initiative. The YRT includes representatives from the County Probation Department, Ceres Policy Research (a local evaluation and public policy research organization), and four community-based partner organizations, Barrios Unidos, Youth Services, Community Restoration Project and Pajaro Valley Prevention and Student Assistance (PVPSA). The YRT was formed to build relationships across the four primary CBOs providing services to probation youth, assess the needs of youth and families as they prepare to leave detention, and provide needed services in the community. The first project for the YRT was to develop a system for youth and families to *self-refer* into services that are not court mandated. To that end, they developed the YRT Needs Assessment Survey for youth and guardians to complete when youth are being released. As service needs are identified through the survey, referrals are faxed over to the four CBO partners and

families are contacted within days. The YRT representatives continue to meet to update the survey, identify any service gaps in the community and address any potential barriers that may impede youth and families from accessing services.

CBO representatives from the YRT acknowledge the Probation Department for taking the lead in bringing together this collaborative and they praise the department's commitment to non-traditional care models. Each YRT partner organization received \$900 at the beginning of HRI to establish agency commitment. The partners cite the value of enhanced knowledge across agency, the benefits of ongoing collaboration with Juvenile Probation and the development of a pathway to referrals/resources for hard to reach populations as incentives that help solidify their ongoing commitment. In September 2008 the YRT Survey was provided as part of the out-of-custody intake process because these youth were often in crisis and not connected to a community-based service organization. The YRT is pleased with the ways in which they have enhanced access to services for vulnerable populations.

Ceres Policy Research. Ceres Policy Research is a local evaluation and policy research firm that assisted the Santa Cruz HRI program in evaluating how HRI enhanced sustainable links between youth and community health services and the extent to which these linkages were equally effective for all youth subgroups (i.e. across gender, race/ethnicity, sexual orientation). Ceres received the YRT surveys of youth/guardians and tracked identified needs, referrals to CBO partners, and service utilization.

Children's Mental Health Department. Juvenile Probation had a strong partnership with CMH prior to HRI implementation. However, through the technical assistance contract available through the HRI, La Piana Associates facilitated focus groups with CMH partners to examine existing relationships with Juvenile Probation, assess areas of improvement and build capacity for the future. La Piana Associates convened three retreats between Juvenile Probation and Children's Mental Health. Senior leadership, managers and front line staff from both Juvenile Probation and CMH participated in a series of three team-building retreats.

e. Family Involvement

The HRI program in Santa Cruz involved families of probation youth in myriad ways, including: benefits advocacy, parental participation at Probation Placement Screening Committee meetings, YRT Needs Assessment for Guardians, and referrals and direct service provision from the HRI Health Educator.

Benefits Advocacy. The HRI supported Certified Application Assistant (CAA) helped connect families and youth to health insurance, cash aid, child care, housing, employment opportunities, food stamps etc. The CAA worked with families in the community rather than at the Juvenile Hall to minimize stigma associated with applying for social services.

Family Representation at Probation Placement Screening Committee meetings. The Probation Placement Screening Committee determines the appropriate level of service for probation youth, including requests for a higher level of probation or an out-of-home placement. Probation Officers consider relevant information such as youth physical, social and emotional health, education needs, substance abuse (youth/family), family financial security, youth/family involvement in other social

service agencies and overall family stability. Prior to HRI implementation, this committee was comprised of representatives from Juvenile Probation, Children’s Mental Health, Drug and Alcohol specialists and community agencies. Through team-building workshops between CMH and Juvenile Probation, it became clear that parents/guardians and youth also needed to participate in this important meeting. Parent and youth consideration and perspectives are now part of this decision-making process.

Youth Re-entry Team Needs Survey for Guardians. Before a youth is released from Juvenile Hall, guardians are asked to complete a survey to identify any services they may need in the community. Survey results are shared with the Probation Department as well as the community organizations that provide services. Services needs may include: access to primary care, counseling, health insurance, parenting classes, substance abuse treatment, domestic violence shelter, etc. The YRT Survey is voluntary; therefore families access the services they view as priority rather than what is mandated by the court system.

Health Educator Support Services. Providing health promotion training classes and workshops for youth in custody represents only one aspect of the HRI Health Educator’s job description. The Health Educator was also expected to allocate time for assisting youth and families in the community by making dental/primary care appointments, transporting youth and family members to appointments, providing parents with resource lists of Medi-Cal providers in their area, coordinating the needs of the family with the field Probation Officers, and encouraging parents to follow up on service referrals.

f. Program Sustainability

The Santa Cruz HRI is a set of process reforms within Juvenile Probation, most of which will be sustained after the grant. Two positions covered by the grant – the Health Educator and the Certified Application Assistant – will not be covered after the grant ends. The Santa Cruz program strongly values the role of the Health Educator in working with Juvenile Hall youth. Therefore the Department has applied for a range of grants in hopes of sustaining the Health Educator position. The Department has two mentoring grants currently under review that would incorporate the Health Educator, the Gang Education Curriculum and associated partners to further support the HRI mission. The Probation Department and their Children’s Mental Health partners are relying on their collaboration to pool resources across the community during the difficult economic situation.

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth booked and detained more than 4 hours screened	All youth booked and detained more than 4 hours will continue to be screened
Multidisciplinary Team Composition	Child psychiatrist, MH clinicians, JH nurses, health educator, JH administration	The health educator position will be eliminated September 2009
Benefits Advocacy	HRI funds provided a Certified Application Assistant (CAA) from La Manzanita Community Resources. CAA systematically reviews insurance status for all youth in detention. CAA assists with insurance applications to enroll/renew MediCal, Health Families, and Health Kids. CAA also assists with applications for Food Stamps, cash aid, housing, child care, SSI, and employment.	Juvenile Hall staff will identify benefits advocacy needs for youth booked in the hall. Youth and families in need will be referred to La Manzanita
Cross-Provider Training	Training focus is on health education programs for detained youth and at-risk youth on probation in the community	Health educator is training Juvenile Hall staff and nurses to provide some of the workshops and trainings developed under HRI
Partnerships and Collaboration	Youth Re-Entry team partners receive service referrals based on needs assessment of youth/families prior to release from probation; Partners include: Youth Services, Barrios Unidos, Community Restoration Project, & Pajaro Valley Prevention and Student Assistance	Youth Re-Entry team process will continue, but some of the referrals will be affected by the capacity of partnering organizations to participate and provide services
Family Involvement	Families are invited to participate in placement screening meetings and take service assessment survey to identify needs, and they work with CAA to access benefits	Families will continue to be invited to participate in placement screening meetings

g. Implementation Challenges and Lessons Learned

Santa Cruz experienced several implementation challenges they needed to address to move their program forward.

MAYSI-2 Administration. Implementation of the MAYSI-2 screening instrument was a new practice for Santa Cruz and the administration process required some adjustments over time. Santa Cruz chose to use an electronic kiosk in the Juvenile Hall booking area that allows youth to self-administer the instrument. There were several operational complications with the kiosk that required repair and, in some cases, entered MAYSI-2 data was lost during times of malfunction. Because probation youth cycle in and out of the Juvenile Hall, many youth refused to take the screening instrument after multiple administrations. Santa Cruz also tried to figure out the best way to extract and disseminate MAYSI-2 results to the team. The solution was for mental health clinicians to enter selected measures from the MAYSI-2 into the HRI database so that results could be discussed in weekly HRI meetings.

Relationships with County Offices of Education and Local Schools. Santa Cruz experienced the challenge of getting probation youth back into public schools after they are released from Juvenile Hall.

Partnership building with the local school districts was a challenge and a goal for the Probation Department. While the Probation Department has a positive relationship with the COE, which oversees educational needs of youth in detention and community schools, there are still challenges related to role clarification and implementation of IEPs.

Service Capacity Gaps in the Community. Despite having well resourced partnerships and being a System of Care County, service capacity gaps still exist, including: job training and placement programs for probation youth, job development and application assistance, tattoo removal, pro-social activities and recreation sites, access to dental and vision services, residential treatment centers for substance abuse, medical detoxification, affordable housing, transportation and inpatient psychiatric services.

MIOCR Funding Losses. Funding is a challenge for all of the counties and the elimination of MIOCR funding in 2008 added to the fiscal burden for Juvenile Probation Departments. Despite these significant financial constraints, Santa Cruz County was still able to provide comprehensive mental health services to probation youth as a result of the strong partnerships with community-based organizations that developed through HRI implementation.

Health Education, Advocacy and Community Outreach hard to address with one position. The Health Educator on the HRI team used her wealth of experience and knowledge to develop and deliver health workshops and curricula for the youth inside Juvenile Hall. She also participated in all of the cross-system meetings and served as a strong advocate for the health needs of the youth. Due to the demands associated with the health education, advocacy and cross-provider relationship building tasks, not as much time was available to community outreach and home-based follow up care. In some cases, there was a lack of follow up on basic health care needs of youth after they left the hall. A next step for the program is to adopt a stronger community-based health care coordination and follow up component to ensure that service connections are made. Incorporating a “Promotora” model to enhance community outreach, especially with monolingual Spanish-speaking families, would be beneficial. Transportation assistance is also needed to improve service linkage. Balancing the client needs inside Juvenile Hall and out in the community is a challenge for one staff position on the team.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Santa Cruz HRI program during the four year grant period:

Improved communication and coordination through information sharing via a shared database. One of the systems change accomplishments of the Santa Cruz HRI program was the development and use of the HRI shared database. Prior to HRI implementation, there was no single system in place where all partners could access information about youth participating in cross-system services. The database allows information sharing between Juvenile Hall medical providers, mental health clinicians, probation staff/administration, custody staff, the health educator and the Certified Application Assistant to facilitate collaboration and service coordination. This comprehensive data system tracks physical health needs of youth (in-custody and out-of-custody), mental health needs and MAYSI composite data for youth (in-custody and out-of-custody), case plans and treatment goals, service referrals, insurance and

benefit status and follow-up services needed and utilized by youth and families. The outcome of this systems change was improved continuity of care for youth receiving multiple services across provider systems, greater collaboration and communication across providers and a more holistic care approach to meeting the youth's physical and mental health needs. The HRI Probation Officer performs monthly audits of the database to address any compliance, privacy or technical issues that may arise.

Health Education, Training and Collaborative Curricula Development. The Gang Education curriculum, a collaboration among the Health Educator, Barrios Unidos and the Probation Department, was a significant accomplishment of the HRI. As part of this educational series, one of the Assistant District Attorneys in the County came to speak to the youth in the hall about the cycle of victimization and the impact of gang violence on families and communities. Since the development of this curriculum, there have been no gang-related altercations at Juvenile Hall. This curriculum is available in Spanish and has been shared with alternative schools and non-profit organizations outside of Juvenile Hall. The addition of a Health Educator to the HRI team introduced a variety of health improvement workshops to the Juvenile Hall youth. All curricula developed fall under the Department of Education's "health" category, therefore youth receive schools credits for participation.

The flexibility of the HRI funding promoted the development of creative programming on behalf of youth. For example, the Health Educator adapted the CDC "Street Smart" training for youth to create art projects on "safety and street experiences." The HRI grant paid for the art supplies. Along with creating an art piece, the youth developed artist statements to express the sentiments behind their work and then probation staff, judges, and attorneys were invited to Juvenile Hall for an art show. This was a powerful event for everyone involved, and the youth benefited from the positive acknowledgement and attention for their work.

Rejuvenated relationship and commitment between Juvenile Probation and Children's Mental Health created important systems changes. As a result of participation in team building retreats, facilitated by La Piana, and involving senior leadership, managers and front line staff from both Juvenile Probation and CMH, several important systems changes have occurred, including: 1) open dialogue about silos and a commitment to improve communication; 2) parent and youth representation at the Juvenile Probation Placement Screening Committee; 3) development of a county resource guide to document community agencies and services available to youth; 4) formalization of a monthly System of Care meeting where managers from Probation, CMH and County Offices of Education discuss issues with youth on probation and 5) increases in Prop 63 funding for community providers serving probation youth.

Working in Collaboration to Address the needs of Dual Status Youth. Since January 2009, the Juvenile Probation Department has closely examined the challenge of adequately serving the needs of "dual status" youth, i.e., youth in the Child Welfare system for abuse and neglect issues and in the Juvenile Justice system for delinquency and criminal activity. Service access and appropriate and efficient care models for this population are a significant challenge because of fragmentation and a lack of coordination between the Child Welfare and Probation Departments, as well as between the Delinquency and Dependency court systems. Under AB 129, eight pilot counties in California have

developed and received approval for their Dual-Status Protocols. This is a systems change goal for Santa Cruz.

La Piana Associates facilitated a stakeholder convening of representatives from both agencies and court systems in January 2009 to identify the issues associated with dual-status youth in Santa Cruz and examine potential alternatives to improve the quality of care. Both the Child Welfare and the Probation Department were equally invested and motivated for change. Each agency designated personnel at a high enough level with decision-making authority and knowledge of operational procedures to work on a solution. The two representatives met weekly, in 3-4 hour time blocks from January through May to implement the necessary changes. Activities during this timeline include:

- Jan/Feb 2009: Data collection and analysis to identify the number of youth that may qualify as “duals”
- March 2009: Site visit to other counties implementing AB 129 pilot; gather protocol template
- March-April 2009: Develop MOU between Child Welfare/Probation and outline protocol
- May-June: Share draft protocol and flow chart of the new process with both court systems, attorneys, agency personnel
- July 2009: Establish an Oversight Group for process monitoring and feedback
- August 2009: Finalize MOU and Protocol
- September 2009: Cross train agency providers (Probation 101 for Child Welfare; Child Welfare 101 for Probation) La Piana Associates to assist in cross-training effort.
- Participate in Administrative Office of the Court conference calls for AB 129 Pilot sites to discuss implementation and evaluation challenges.

While both agencies shared similar values of family preservation and placing children in the least restrictive setting as possible, the previous operational protocol focused on which agency had jurisdiction over the youth and who was responsible for writing the report – the process was organizationally focused rather than family focused. The new protocol enhances communication and coordination between the two agencies to focus on the needs of the family while maintaining a firm commitment to not “widen the net” and escalate dual-status youth into the juvenile justice system. (See Grantee Supplemental Resource Compendium for Draft MOU and Dual-Status Operations Protocol)

“Securing buy-in from the attorneys and agency providers requires judge advocacy. This change process needed to come from the bench.” – (Kathy Martinez, HRI Program Director and Probation Representative for Dual-Status protocol development)

Disproportionate Minority Contact Assessment and Improvement Project. While the Santa Cruz DMC assessment and improvement efforts are not a direct outcome of HRI implementation, Probation personnel and timing of implementation overlap in both projects. Both projects represent the Department’s ongoing commitment to systems change and juvenile justice reform. Also, given the strategic priorities of TCE to improve the services and outcomes of boys and men of color, the accomplishments in Santa Cruz related to the DMC issue are worth documenting as lessons for the field.

In the Phase 1 of the DMC project, Santa Cruz developed the infrastructure to review and collect data on DMC across the Probation system. DMC was introduced to the staff through a training that gave an overview of state and national statistics of DMC and presented the history of inequities of youth of color. For additional trainings in Phase 2, Santa Cruz did not employ a “top-down” approach, but instead utilized the line staff to develop a “peer-to-peer” training for Probation and Juvenile Hall staff. Results from initial surveys in Year 1 illustrated that staff at all levels indicated minimal power to change the DMC issues within the Department. A workgroup was formed to examine indicators across the system to identify areas for improvement that might improve the efficacy of staff to affect change. Indicators by *racial/ethnic group* examined to assess disparities include the following:

- Number of new offenses
- Number of Probation Violations
- Success rates
- Outcomes at court for the same offenses
- Decision to Detain/Release discrepancies between Juvenile Hall and Judges at court
- Warrants for Failure to Appear

The Department examined their databases and case files for relevant information. Youth of color had more warrants issued for “failure to appear.” The court initiated bilingual reminder calls to youth/families and began assessing transportation needs for families in South Watsonville. As a result of this action, there are fewer “failure to appear” warrants for youth of color.

Probation violations are based on youth behavior and not a new offense, and they are at the discretion of the Probation Officer. The Department now examines VOPs by county region, Probation Officer and Unit to determine if there are disparities that need to be addressed. A recent survey, developed by several Probation Officers, was fielded that presented a series of case scenarios and asked POs to document their probation violation responses to each. There were inconsistencies in how the POs addressed the various vignettes, and variation in violation responses based on youth behavior. The Department wants to reduce variation and improve consistency in the response to youth behaviors by developing a standardized response grid that POs can use to inform their decision-making. The Department is applying a similar methodology to Placement recommendations and will track discrepancies between Probation and court recommendations.

With 80% of Juvenile Hall being youth of color, Disproportionate Minority Confinement continues to be a sensitive issue in Santa Cruz. However, the Probation Department in Santa Cruz can now have an open discussion about race which they view as a success. Engaging external stakeholders such as law enforcement, CBOs and families continues to be a challenge. In the next two years, the goal is to develop a “DMC 101” training curriculum that can be used across the state. Only five counties in CA are actively working on the DMC issue to reduce disparities in their Juvenile Justice systems. There are currently no opportunities for these counties to convene and share implementation experiences and lessons learned. James Bell, from the Burns Institute, consults to the Santa Cruz Probation Department and has shared some of the key learnings from other counties he is familiar with in CA implementing this

grant. There is an opportunity to support cross-county learnings in this arena, which could ultimately facilitate important systems change goals that impact youth and families in TCE's 14 places

5. Ventura: Bringing Public Health into Probation

“We have changed the rules by bringing all of the silos to the table. We no longer label these kids as probation youth, mental health youth or education youth. They are our youth – the community’s youth. HRI changed how we do business. We can’t do it alone. Success of HRI is due to collaboration. HRI is expensive because intensive services are expensive, but it’s nowhere near the cost of locking a kid up. Keeping kids locked up in Juvenile Hall doesn’t do anything therapeutic for a child or a family.” Karen Staples, Chief of Probation, Ventura County

Early in the conceptualization of the Ventura HRI (VCHRI) program, the Probation Department prioritized a need to include county Public Health as a key partner in the implementation of their multidisciplinary team model. The strong collaboration established with county Public Health and the addition of a Public Health Nurse to the HRI team, represent one of the most significant systems changes for this Probation Department. Having a public health orientation within Juvenile Probation has created a holistic approach to service delivery for youth that addresses both physical and psychosocial needs. Another strength of the VCHRI program is the commitment to building partnerships and enhancing collaboration with the county School Districts. The VCHRI program identified school reentry after release from Juvenile Hall as a significant barrier with the adolescents in the program, therefore the program made improving relations with the county Department of Education a systems change priority.

Ventura Model Features

Average Caseload	25 Youth
Referrals	Probation Admission staff administer the MAYSI-2 to all youth entering Juvenile Hall and youth with an “alert” score are assessed by a psychologist assigned to the Juvenile Facilities. Behavioral Health services are provided while the youth are detained. Ventura County HRI (VCHRI) staff receive referrals to the program primarily from Behavioral Health staff assigned to the facilities, but also receive referrals from Probation Agency Field and Institutional Officers and the courts. VCHRI team screens and evaluates all referrals for program services on a weekly basis.
Target Youth	The program targets a subsample of Probation youth, primarily Latino males, with dual-diagnoses (mental health/substance abuse/physical health condition), chronic medical condition and on medication. Many referrals are “failures” from drug court or other probation programs for high risk youth with mental health/SA needs

a. Multidisciplinary Team

The multidisciplinary team (MDT) of the Ventura County HRI program consisted of a Probation Agency Senior Deputy Probation Officer, a Public Health Department nurse, and a Behavioral Health Department therapist. Caseloads were shared across the team with each team member working collaboratively with all youth involved in the program. Each team member also was bilingual, which was a significant asset in building trust and relationships with monolingual Latino families. The Ventura model used a “stepped care” approach to managing youth on the caseload: youth in the program for 60-90 days; youth involved for six months; and a smaller portion of youth involved longer term, until they are stable in the community. Weekly, home visitation to the HRI youth/families was a cornerstone of the Ventura HRI model. The VCHRI team provided direct services to youth and their families primarily in the community and in the home, rather than expecting families to receive services in an office. While each

team member brought a certain level of expertise to a case, their teamwork allowed them to approach youth and families in multiple ways, which enhanced rapport building. In their experience, the youth “clicked” with at least one member of the team.

Advantages of Case Sharing across Team. Working as a team also reduced youth attempts at manipulation across providers and minimizes miscommunication across system, therefore preventing important issues from slipping through the cracks. Prior to the HRI MDT experience, it was easy for youth and families to blame the probation or mental health systems when problems or miscommunications occurred. With the systems working as a coordinated unit through the team, there was greater accountability for everyone involved – families and provider systems.

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/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 is paramount. Having a probation officer as part of the MDT was also a strength when going into homes in neighborhoods that may 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 team relied on a gentler approach in these situations and the Public Health Nurse or the therapist take the primary role in working with the youth.

Role of Public Health Nurse. According to the team, having the expertise of a Public Health Nurse has been a valuable asset beyond their expectations. Ventura has found the youth to be extremely open in their communication with the nurse and willing to ask questions about health promotion behaviors such as healthy eating and exercise, safe sex practices, and pre-natal and parenting skills for teenage mothers. Some youth perceive medical providers as less threatening and judgmental than Probation Officers or clinicians, and having this medical link has aided in the development of trust and participation in the program.

The Public Health Nurse provided gender and age-specific comprehensive health assessments of HRI youth and their family members. Treatment plans and health education services were based on evidence-based screening and diagnostic assessment tools such as:

- CAFAS (Child and Adolescent Functional Assessment Scale) which targets youth age 5-18
- NCAST Programs (assessment of child/parent interaction; personal environment)
- Difficult Life Circumstances Scale (Family identifies priorities of need and intervention)
- Community Life Skills (assesses community services such as public transportation, writing a check, use of resources)
- Network Survey Scale (used with teens to help them identify their support system)

With the addition of the Public Health Nurse on the team, teen mothers (and fathers) in the HRI program could access to parenting assessments and health education tools such as the 0-to-3 Bonding and Feeding Assessment and the Ages and Stages Questionnaire, which helps teen parents recognize

and assess babies' developmental milestones. The Public Health Nurse also 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. In addition, the Public Health Department has strong collaborations with community health clinics and CBOs 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 HRI implementation.

Strength of the Field-based MDT Approach. Resourcefulness and commitment to follow through were two of the key strengths of the VCHRI team. The team conducted significant amounts of outreach in the community, including visits to behavioral health clinics, churches, housing agencies, employment agencies and schools, to learn about the resources available and map them by geographic region in the county. The team strategy for service referrals was to "take the person to the source." The team believed strongly in modeling appropriate behaviors and providing a hands-on approach to service linkage, therefore they often drove or rode the bus with clients to show them how to get to a new place, and they sat with them at initial health and social services appointments. They believed this approach, especially with adolescents already feeling disenfranchised from various systems, was more effective than simply giving a phone number to the family, a practice referred to as "link and leave."

The Ventura MDT found that no single provider could adequately cover all of the complex issues faced by the youth and their families, and they relied on their collective strengths to build trust and connect clients to the services they need. The key to their success was the MDT approach to care, small caseloads, and providing intensive services. A partner from Public Health stated: *"Managing the health needs for a population that has often gone without adequate care for so long, requires collaboration, education, appointment coordination, transportation and consistent follow up."*

b. Benefits Advocacy

As a result of learning about successful implementation strategies from other HRI grantees at annual conferences, VCHRI added a Certified Application Specialist to the team. Modeled after the position created in the Santa Cruz HRI program, the Certified Application Specialist (CAS) aims to connect youth and families to Medi-Cal coverage, health care services and other needed public resources upon release from the Juvenile Facilities. All youth in the Juvenile Facility in Ventura are referred for Medi-Cal coverage prior to their release from detention. The CAS provides the Human Services Administration (HSA) with the number of youth leaving the facility to identify cases that need assistance and HSA is responsible for contacting the youths' parents or guardians. The CAS is notified of youth that do not qualify or meet eligibility criteria for Medi-Cal services so that other coverage arrangements can be initiated. Currently, the CAS and the Probation Agency do not have access to the HSA data system to provide more specific details of each case. Without this data access, it is difficult to identify alternative benefits options for youth that may need assistance securing health services upon release and it compromises the CAS's ability to ensure that identified youth receive MediCal coverage in a timely manner. The CAS does work with parents and guardians in this process, but lack of follow through from the family can negatively impact the continuation of services and medications upon release. VCHRI

currently advocates for greater HSA data access to improve the current benefits linkage and follow up process. While the benefits coordination process originated with the CAS hired for the VCHRI team, this advocacy program has expanded to all youth leaving the facility regardless of HRI participation.

c. Cross-Provider Training

In Ventura, the focus of cross-provider training was on Juvenile Facilities admissions officers and the administration of the MAYSI-2 assessment tool for youth booked into the facility. The County Behavioral Department provided ongoing MAYSI-2 training to their therapists and psychologists that work in the Juvenile Facility.

d. Partnership and Collaboration

A fundamental program goal of the Ventura HRI program was to connect youth and families to natural and community-based supports that empower the family to be healthy and independent. To accomplish this goal, the VCHRI program relied on a network of county and community partners.

Public Health Department. In the conceptualization of the HRI model, Ventura County Probation Agency Division Manager and HRI Director, Mark Varela, initiated a partnership with the Public Health Department to better meet the physical health needs seen within the juvenile probation population. Prior to HRI implementation there was no relationship or collaborative history between Probation and the Public Health Department. The Public Health Department focused primarily on maternal and child health issues, and health education and prevention, but there were no programs focused on detention youth. Through the establishment of the HRI multidisciplinary model, the Public Health Department soon became aware of the vast needs of incarcerated youth and their families. Health issues seen in this population include: lack of well-child health checks, missing health records, history of trauma (physical and sexual abuse), lack of dental care, fear of medical procedures such as blood draws, gynecological exams, and a pronounced need for sex and STD education, birth control, vaccinations and education related to healthy eating, exercise and drug and alcohol use. The Probation Agency learned that nurses, who are trusted and respected within the community, were in an ideal position to reach out to this population and provide much needed health education and services. The Public Health Nurse is referred to as the “calling card of the VCHRI team”, and the public health addition has been the difference in making the connection between health, mental health and behavior.

Funding was a barrier to cross-agency collaboration in the past, and categorical funding issues are still a barrier to implementing a multidisciplinary wraparound model. The Ventura County Probation Agency (VCPA) has between 2000-2200 youth on probation, with less than 100 in the Juvenile Facility, which leaves the vast majority in the community. With only one Public Health Nurse on a team that could go into the home to work with youth and families, the impact was limited. The VCHRI team believed they needed to provide direct services in the home to show families how to access care. However, the funding response has been to link families to health care services through intensive case management, which often lacks the necessary follow-up with youth and families. Despite funding limitations, both the VCPA and the Public Health Department recognize the value in bringing more nurses to the field, and both agencies want to sustain the collaboration and see it grow throughout the county.

Ventura County Behavioral Health. The VCPA has had a longstanding and very strong partnership with the Behavioral Health Department, and through the implementation of the HRI, the two agencies wanted to improve aftercare coordination, reach more youth during the transition from detention to the community and work beyond the silos. Prior to HRI, therapists would see youth in the Juvenile Facility and then provide a referral list for services upon release. Because therapist services were more facility based than field based, they were unable to do much post-release follow up with youth and families. This often created a “black hole” of referrals that were never pursued by youth and families. Therapists had limited knowledge of what was going on outside the walls of the Juvenile Facility, therefore environmental and familial contextual factors were not incorporated into treatment plans or service referrals in the community. The HRI program has broken the rules of traditional mental health service delivery to probation youth. HRI therapists provided therapy “in the field”, which could be in the home, in the waiting room at the doctor, in the car, or while filling out a job application. According to the VCHRI team, providing non-traditional therapy not only built an alliance with the youth through sharing daily living experiences and addressing their needs in the community, but also made the clinician a better therapist.

Human Service Administration. The VCHRI program developed a successful collaboration with the Human Services Administration to secure Medi-Cal coverage for HRI youth. This partnership has now extended beyond the HRI program to all VCPA youth in detention. Both agencies continue to work together to address the issue of data sharing to improve access to needed information for successful benefits assistance. VCPA is working to gain “read only” access to the HSA CalWIN data system, which would be a significant systems change accomplishment for the program.

Courts and Judges. The successes of the VCHRI program elevated the program’s visibility within the Ventura County Juvenile Court system. The Juvenile Court is very supportive of the HRI model and views the program as a valuable option for delinquent youth in the county. This support will be an important aspect of rejuvenating the HRI program in the future when the economic situation recovers. When judges have positive experiences with a program or intervention, they can raise awareness of the program accomplishments with policymakers or apply political pressure to sustain the programs they believe are making a difference.

e. Family Involvement

The VCHRI approach was to support the entire family and see the family as a key resource for the youth. Their operating motto was: “Go the extra mile and do whatever it takes to provide concrete, tangible support and help the whole family.” To accomplish this, the team aligned with the family and offered vital resources such as connections to the local food bank, medical insurance, child care, drug counseling, smoking cessation programs, and emergency shelters if necessary. The team continually assessed family receptivity and pushes family members to be accountable.

Family Focused Care Planning. An important step in working with probation youth and families is having a thorough assessment and case plan development process. According to the Ventura team, prior to HRI implementation, case plans were not client-centered – they were “probation-centered” and

prescriptive. Case plan goals were based on probation expectations and mandates, and there was little follow through and assistance for youth and families once they transitioned back to the community. This disconnect between what was expected from the adolescent and what was realistic and feasible given the complexity of needs and environmental factors, created a revolving door back to juvenile detention when youth would inevitably fail and violate the terms of their probation. The VCHRI team used the COMPAS risk assessment and case plan, which is a web-based software program that assesses risk factors and needs for both youths and their families. Individualized case plans were developed with family involvement and realistic goal setting. Aftercare services were coordinated and the VCHRI team met with families *weekly* to review progress on goals and provide linkage to community providers as needed. Involving youth and family goals in the case plan increased buy-in and accountability and fostered greater client motivation. The HRI model, which incorporates comprehensive assessment of the youth's physical health, mental health, substance abuse and family needs, linkage to services in the community and ongoing follow up, set the tone for model programs throughout the Juvenile Facility in Ventura.

f. Program Sustainability

The current economic crisis has affected the VCHRI program significantly, especially the core of their program, the Multidisciplinary Team. Due to budget cuts in early 2009, the Department of Public Health and the Behavioral Health Department had to reassign the public health nurse and HRI clinician to other duties. As a result, the functions of the team are currently being covered by the HRI PO and the Certified Application Specialist, as well as another PO newly assigned to share the caseload of high need youth transitioning to community placements. The HRI PO continues to work with an intensive caseload in the field, but transitions them more quickly to the Field Probation Officers than when the HRI program was fully operational. To carry forward the learnings of the MDT, the HRI PO and the mental health clinician compiled a resource list of community contacts that can be used by other POs working with Division of Juvenile Justice high risk youth. Additionally, mental health continues to have a presence in Juvenile Hall and provides services and case consultations. Their office is co-located near the HRI PO, which facilitates communication and coordination to needed services, but mental health no longer provides field-based services .

The following Table summarizes changes to the core program components from what was covered during the HRI grant period to the post funding period.

Core Program Components	During HRI Grant Period	Post HRI Funding
MAYSI Screen	All youth screened by probation admissions at entry to JF	All youth, at entry to JF, will continue to be screened by probation admissions
Multidisciplinary Team Composition	HRI PO, MH clinician, and PH nurse share the HRI caseload. Provide home and community-based services.	HRI PO will continue to work with a small caseload of youth and their families. The PH nurse and MH clinician no longer participate on the MDT or provide direct services in the community.
Benefits Advocacy	Certified Application Specialist on the team works with Human Services Administration (Medi-Cal) to connect youth/families to insurance	Certified Application Specialist will continue to work with youth/families
Cross-Provider Training	Training focus is on Probation Admissions staff to administer the MAYSI-2. No other formal cross-provider training curricula developed	No additional training is planned
Partnerships and Collaboration	Public Health Dept, Mental Health Dept, Human Services Administration (Medi-Cal), goal to establish a collaboration with Offices of Education through Probation/Education Summit 3/09	Probation is replicating the HRI philosophy around partnership and collaboration with Public Health, and Mental Health through programs like the Recovery Classroom
Family Involvement	Families set goals in treatment plan, receive direct services from the team during home visits as needs are identified	HRI PO continues to involve families in goal setting for youth

g. Implementation Challenges and Lessons Learned

The Ventura County Probation Agency has stated, “We don’t design programs anymore without bringing in multiple partners.” They have also learned the importance of “transition planning” and they understand it should happen as early as possible once the youth are detained. However, the VCHRI program faced several challenges during the course of implementation.

Educational Continuity for Probation Youth. A significant challenge faced by the VCHRI program is getting probation youth back into their community school districts upon release from the Juvenile Facility. Returning to the local district school is preferable to alternative school options that remove the youth from the mainstream educational system. However, VCPA has encountered numerous barriers to placing probation youth back into local schools and the policy criteria and rules for youth return to school are unclear and subject to frequent changes.

Cross-System Data Access and Sharing Capacity. One of the goals of the VCHRI was to improve their data collection and storage capacity to enable team members across agencies to share case plans, monitor youth progress, track outcomes and share relevant information to improve the continuity of care. Developing a shared database between the Probation, Mental Health, and Public Health Departments, even for the purpose of sharing MDT collected data for HRI youth, has been a challenge. A data consultant has conducted a needs assessment to identify system issues and barriers and a system improvement plan is under development. Implementation has been slower than anticipated. Currently, the MDT maintains separate case notes and data elements in three different county departmental systems and they share information with each other a regular basis during weekly case conferences. As

mentioned previously, VCHRI is also working on improvements to their data sharing protocols with the Human Services Administration to access Medi-Cal eligibility and service utilization data for youth in custody.

High Needs and Complexity of Youth in Custody. The VCHRI program overestimated the number of youth they planned to enroll in the program because they underestimated the volume of critical issues in the home requiring more time and services from the program for stabilization. Original caseload targets were 40 active clients at any given time and approximately 60-70 youth served a year. Actual caseload size is 24 active clients, and families remain in the program an average of 125 days, rather than the 60-90 day projection. Cases are being held for longer periods of time due to high needs and this has slowed the assignment of new cases. Prior to HRI, youth assessments were made from the Juvenile Facility, but once the HRI team entered the home during aftercare when the youth was released, the real issues affecting the youth and family surfaced, making it much harder for the team to “link and leave.” The VCHRI team has provided more direct services to family members than anticipated; therefore any one HRI youth “case” may have multiple family members receiving linkages to services and assistance from the team. Service gaps in the community also add to the difficulty connecting clients to services and transitioning them out of the HRI program. Housing, transportation, residential treatment placements for chemical dependency and psychiatric hospital availability have been barriers to stabilizing families in the community, which keeps them engaged by the HRI program longer than expected.

h. Program Accomplishments and Outcomes

The following section documents the primary accomplishments and outcomes of the Ventura HRI program during the four year grant period:

Strengthened relationship between Juvenile Justices and the Department of Education. One of the most promising systems change efforts underway in Ventura County is the growing commitment of Juvenile Justice and the Department of Education to address the range of systemic issues that affect the educational career of students in the Juvenile Justice system. While this was a significant barrier identified through the HRI program, prioritizing a strong collaboration with the Ventura County Department of Education and School Districts is an important opportunity for systems change that would affect all youth in the probation system. To address this issue, VCHRI initiated a series of “Summits” to strengthen partnerships across the probation, education, mental health and juvenile court systems and develop effective strategies for meeting the health, psychosocial and educational needs of probation youth in Ventura.

The first Summit, held in March 2009, was attended by stakeholders from VCPA, the Juvenile Court, the County Offices of Education and the local school districts. The Mayor of Ventura delivered the opening remarks for the day, followed by a key note presentation by James Bell, and a data presentation developed jointly between the Departments of Education and Probation (see Grantee Supplemental Resource Compendium for a copy of the presentation). La Piana and Associates organized and facilitated the day long meeting, and will work with the planning committee to organize and facilitate a

Summit scheduled for October 2009. The planning committee for the second Summit expanded to include representatives from schools in Oxnard and Ventura that serve high numbers of Probation youth.

Prior to systematically analyzing data, the assumption of the Probation Department was that youth transitioning back to the community were prevented from re-entering mainstream schools and instead were channeled to alternative education programs or schools. However, the data presented showed that the majority of probation youth do get the opportunity to go back to their regular schools. The problem is a high failure rate (averaging less than 60 days). This quantitative evidence of the problem provided a platform for the Summit participants to identify the chain of problems that contribute to the high failure rate of probation youth, recognizing that the heart of the issues is a lack of consistent communication between schools and probation. Discussions among participants also identified the need establish schools as a hub in the community for one-stop shopping for health, behavioral health, and the range of other human service issues affecting youth and families.

The focus of the second summit will be to establish strategies for more routine communication and information sharing to enable quick action by educators and probation officers to keep youth attending school. In addition, discussions are underway to explore the possibility of developing a Ventura Pilot that could be supported with MHSA PEI funding to target youth at-risk of juvenile justice system involvement. Probation is currently studying two model school programs that address the health, mental health, delinquency, chemical dependency, and domestic violence issues that increase the risk of youth becoming involved in the Juvenile Justice system. Information on these programs will be presented for discussion at the Summit. The Probation Department anticipates continuing to hold Summits on a bi-annual basis moving forward.

While the actual structure of HRI cannot be sustained or replicated in the current environment, Probation is spreading the HRI philosophy of “bringing together multiple partners” to other initiatives and programs. In July 2008, the County was awarded a grant from the Substance Abuse and Mental Health Services Agency to implement a program called the Recovery Classroom, which integrates key elements of the HRI program, including a PH nurse, PO, and MH clinician into a school classroom. To date, the results are very promising with high school attendance and engagement among the students and plans are in the works to open a second Recovery Classroom in the City of Ventura.

Two videos were produced to raise the visibility of the HRI program and its accomplishments, and to train professionals working with high-need youth in a non-traditional approach to service delivery. To document the approach and accomplishments of the HRI MDT, the program produced two videos, which now serve as a legacy and reminder of what worked. With the videos, the VCHRI was able to better communicate the program’s goals, intervention approach, learnings, and accomplishments. They also used the videos as a vehicle for training both Juvenile Justice staff, but also staff in the Department of Mental Health on alternative, non-traditional approaches for serving high-need youth and families.

Field POs recognize the value of coordinating with county and community resources. The cohesive and collaborative relationship of the HRI team served as a positive example for collaboration across other

county departments. Field Probation Officers in Ventura can carry a caseload of 100-120 youth, compared to the HRI team, who works with an average of 20-30 youth and families at a given time. Caseload size has been a factor in the amount of time probation officers have to provide adequate follow up and assistance for youth in the community. The HRI team had more time to engage with youth and families and link them to appropriate services. The community has resources available, but often what is lacking is coordination and cooperation across providers to facilitate access to these services. The HRI team developed successful pathways to community resources and this knowledge has been shared with Field Officers who otherwise would have no time to establish connections for referrals. The HRI team paved a road to service connection that can be easily used by other officers in the Probation Agency.

V. Capacity Building and Technical Assistance for HRI Grantees

The California Endowment contracted with La Piana Associates to support the five grantees with capacity building and technical assistance activities. For many grantees, La Piana was instrumental in facilitating systems change accomplishments by conducting organizational assessments, facilitating partnership development and collaboration, and providing technical assistance regarding evidence-based practices and innovation. The following section highlights the role of La Piana Associates in advancing the systems change goals of the HRI.

La Piana advanced the goals of the Healthy Returns Initiative in four primary areas:

1. Assisting TCE with the development of the Logic Model for HRI that guided the grantee systems change activities
2. Planning and facilitating the HRI annual convenings
3. Facilitating and mediating stakeholder meetings between the grantees, TCE and the Initiative evaluation team to develop consensus and compromise on research and data collection objectives for HRI
4. Providing individualized capacity building consulting to each of the five HRI sites

Logic Model. La Piana collaborated with TCE Program Officer to develop the Logic Model for the HRI. La Piana listened to the vision Gwen Foster had for the Initiative and then documented her vision and goal for the project to share her thinking with an external audience and guide the work of the Initiative. La Piana was able to demystify the Logic Model process and capture the systems change goals of HRI in a way that resonated with TCE. The HRI Logic Model was then disseminated to each of the five HRI counties, who then used this to guide their own site specific work. (See Appendix A)

Annual Convening Planning and Facilitation. La Piana coordinated the planning for the HRI Annual Convenings, by organizing the planning committee, developing the content for the convenings, securing keynote speakers, and working with grantees to develop presentations based on program accomplishments and lessons learned.

Facilitating meetings between TCE, HRI sites and Evaluation Team. La Piana served as mediator/translator/facilitator between the five HRI sites and the evaluation team, and between the TCE Project Officer and the evaluation team. During times of disagreement related to research and data collection expectations for the Initiative, La Piana served as an independent, external entity to facilitate discussions between all parties involved. Research goals did not always align with operational processes within the Probation Departments, so a compromise needed to be reached. Some grantees did not feel the Uniform Data Set for the evaluation accurately reflected the focus of their program. To demonstrate program impact, the evaluation team advocated for a control group, which TCE did not support due to feasibility concerns. In the end, neither side got exactly what they wanted, but a compromise was reached that was acceptable by both sides. Grantees acknowledge the role of La Piana in mediating this communication process in allowing their questions and concerns to be heard.

Capacity Building within the HRI sites. La Piana was in a unique position to build capacity in the HRI counties to achieve their systems change goals for several reasons. They provide independent, external expertise that is non-directive and asset-based. La Piana bases their capacity building efforts on the priorities established by the grantees and leverages the existing strengths of the grantees. Another strength of La Piana is their history of building strategic alliances in the private sector, which gave the HRI Probation Departments insight into how to build relationships and work more effectively with other county agencies and community partners. The technical assistance approach of La Piana was both intra-departmental (within Probation) and interdepartmental (between Probation/other Administrative agencies/CBOs).

The following section highlights the range of capacity building activities La Piana engaged in with the five HRI sites.

Humboldt

Chief Rasines wanted to focus on addressing internal issues within the Probation Department to change the mindset inside the Department so that they would be in a better position to establish solid partnerships with organizations out in the community. La Piana surveyed the Probation and Juvenile Hall staff, conducted interviews and facilitated retreats to develop a strategic plan that would improve Probation operations and create greater transparency for organizational practices.

In Year 1 of HRI, La Piana surveyed over 120 Juvenile Probation and facilities employees, conducted six focus groups post survey, and facilitated three all Department meetings. There was resentment within the Department due to a lack of transparency and competitiveness with hiring practices and performance management policies. As a result, Humboldt County developed an aggressive work plan for systems change that included: strengthening and formalizing internal communications, revamping the performance management process to increase efficiency and productivity, improving hiring practices to make them open and competitive, and introducing widespread training in communications, performance management and evidence-based practices such as Motivational Interviewing and Anger Replacement Therapy.

La Piana also worked with the New Horizons treatment program in Humboldt County, which relies on a strong partnership between Probation and the Department of Mental Health. La Piana facilitated discussions between the two departments to improve how they communicated about the youth served and how to shift operations away from a punishment orientation to a reward dynamic based on a point system where youth could earn privileges. This process was slow, as many staff initially talked about “taking away” points when the process was initiated. Eventually, both departments came to shift toward a rehabilitative treatment orientation rather than punishment when they were able to experience a greater impact on behavior with the new approach.

Los Angeles

While the other HRI counties were able to identify capacity building activities either within the Probation Department, or between the Department and other partner agencies at the beginning of HRI

implementation, the LA HRI team required a modified technical assistance approach from La Piana. LA was on a different implementation schedule than the other 4 sites and they did not participate in the early planning period. Therefore, the initial role of La Piana was to: 1) integrate the LA program into the Initiative with the other 4 sites, and 2) redefine the HRI model and project scope for LA based on the size of the county and resource capacity.

Redefining the LA HRI model involved several components: 1) developing a process map to document how youth enter and flow through the Probation system; 2) identifying the most at-risk and appropriate geographic region to target within the county for HRI program eligibility; 3) clarifying the existing contractual obligations related to MAYSI administration; and 4) identifying CBO providers in the community for partnership development.

By taking the LA HRI team through the process mapping exercise, La Piana was able to highlight weaknesses in the process and identify who needed to be involved within the Probation Department to help with the referral and eligibility determination process. The process was daunting for the team because of the high number of youth entering the Juvenile Halls throughout LA County. TCE approved the revised project scope to target one of the four Juvenile Halls in the County (Los Padrinos), which serves three at-risk Service Planning Areas (6,7 and 8) in Los Angeles County. This allowed the LA HRI team to focus on changing their approach to working with community partners, youth and families, rather than the number of youth served across the entire LA County Probation Department. LA County was already using the MAYSI-2 prior to HRI implementation, and the Department of Mental Health was contracted to administer and process the results. No changes to this process were feasible, so this was clarified within their scope of work. Once the model was modified and approved by TCE, La Piana devoted most of the TA to assisting the HRI team with building community partnerships and working outside the walls of Juvenile Hall.

The LA HRI team wanted to change the way they worked with youth by spending more time in the community and addressing the needs of the entire family. They needed to develop strong partnerships with community based providers to be effective, and prior to HRI, Probation focused most of its work inside Juvenile Hall with the expectation that youth and families would come to them. The HRI Program Director made excellent hiring decisions and developed an HRI team that was eager to work in the community and committed to developing strong partnerships.

La Piana has been in an organizational coaching role for the LA HRI team, facilitating relationship building communication strategies with both the community providers and the other HRI county sites. LA Piana facilitated a series of community stakeholder meetings (one at each end of the county) that included HRI families, judges, public defenders and CBO organizations, to solicit feedback from the partners involved in HRI implementation and brainstorm ideas for improving access to training for providers and services for families. Initial meetings were difficult with some community providers putting up resistance to partnerships with statements like, "Don't send us kids without funding to pay for services." As relationships developed and the HRI team shared their Resource Directory and free training opportunities with their partners, agencies were accepting referrals without a financial

incentive. The HRI team was able to develop these relationships over time which allowed community agencies to view Probation as a partner, and “probation youth” as “community youth.”

Santa Clara

Santa Clara County already had capacity building resources available to them prior to HRI implementation, so they did not utilize the services of La Piana to the same degree as other HRI counties. In the first year of implementation, La Piana did host a retreat with the entire HRI team, including Probation, Juvenile Hall staff and mental health providers, to introduce the Mental Health 101 training curriculum aimed at increasing awareness around mental illness. La Piana also provided technical assistance to Santa Clara in the development of their HRI program video which illustrated the impact of HRI on youth served by the program.

Santa Cruz

In Santa Cruz County, the Juvenile Probation and Mental Health Departments have disparate views on addressing delinquency. Probation believes that no kids should be locked up in Juvenile Hall, and MH believes that kids should be locked up when they violate the terms of probation so that they understand the consequences of their choices and behavior. Many providers also believe that incarceration can serve as a catalyst for change if kids view this as “hitting rock bottom.” The Probation Department feels that youth should only be locked up in the most severe cases, when the youth presents a danger to self or others.

La Piana facilitated several retreats between Probation and Mental Health to identify some of their key differences and learn how to improve communication and find a common ground. The focus on improved communication targeted upper and mid-level management and front line provider staff. While the departments decided to “agree to disagree” on their philosophical views to delinquency, the HRI MDT has helped build a bridge to understanding the nuances of addressing delinquency and developing a treatment plan on a case by case basis.

La Piana has also been instrumental in assisting Santa Cruz with their goal to improve service coordination for dual-status youth. Probation approached the judges in the county to examine the Child Welfare/Juvenile Justice systems to determine how these systems operate when youth crossover both. La Piana researched AB129 (get title/reference) and compiled a matrix of counties, judges and relevant stakeholders involved in implementation pilots, so that the Santa Cruz HRI program could leverage the experiences of other counties addressing issues of dual-status youth.

Ventura

The Ventura HRI program utilized La Piana to help plan and facilitate their annual retreats with key partners such as Probation Field Officers, the Departments of Mental Health and Public Health, and community providers. The first retreat allowed partners across organizations to get to know one another and develop an understanding of why they entered the particular field they were in what their vision was for the “ideal” service delivery model for youth and families. During this initial retreat, the

HRI team positioned itself as a resource to the community and to mental health providers by asking them specifically, “How can we help you do your job better?” At the second annual retreat, La Piana helped codify the HRI model, and define practices and philosophy of care. In general, the retreats served to increase awareness of strengths that exist across agency/department, and created regular opportunities for stakeholders to reflect back on the accomplishments of their partnerships and renew their commitment to future goals.

At the first two annual retreats, participants identified the issue of working with the 21 district schools as an area in need of improvement. The Probation Department poured out their frustrations related to barriers affecting probation youth returning to their district schools. As a result, La Piana worked closely with the Ventura HRI team to plan an Education Summit between key stakeholders from the County District Schools, Superintendent of the Office of Education, Juvenile Probation, Court Judges and Mental Health.

The first Summit was held in March 2009 and 9 of the 21 District schools were in attendance. While this was an initial disappointment to the HRI team, La Piana reframed the outcome in a positive light and reinforced that the change process is slow. La Piana facilitated the Summit with the strategy to build relationships between Assistant Principals and Probation Officers, to develop a pathway for greater communication and coordination. In Ventura County, sustainable systems change was not going to happen through mandates from the Probation Chief and School Superintendent. La Piana 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.

The 2nd Summit strategy aims to get the schools to participate, and increase their level of engagement and role in the partnership. The ultimate goal will be to discuss and strategize with the schools regarding approaches and best practice models for better engaging and dealing with high need youth in need of case management and wrap around services. As part of the summit, La Piana will facilitate a group exercise called, “Jargon Buster” to see illustrate that both sides have the same goal to help kids, even though the language is different. A representative from one of the district schools is going to speak on the RTI model and discuss how other partners (Probation) can compliment this model. The goal is not to change how each organization works, but rather to compliment the strengths of each system.

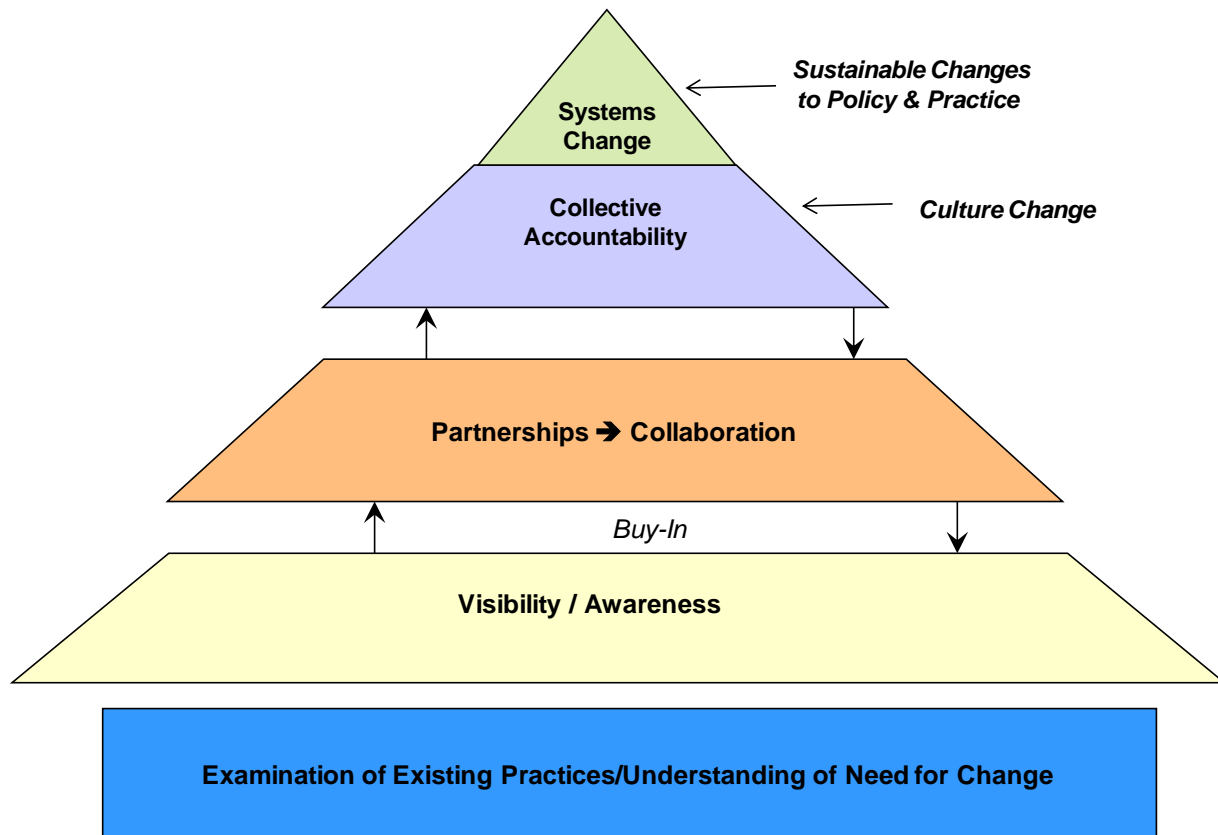
VI. Progress Towards Systems Change

The goal of the Healthy Returns Initiative was to: 1) strengthen the capacity of the juvenile justice system to identify and address the mental health and health needs of youth in detention; and 2) upon release, work with community partners to ensure a successful transition to needed services. There was an expectation that the HRI programs would address the needs of youth served, but also the fragmentation and service delivery silos that exist within the county systems of care for youth and their families. Through partnerships and collaborations formed among the range of agencies that touch upon the lives of probation youth and their families, programs successfully identified and addressed barriers to coordinating care, improved access to needed services, and enhanced the quality of care delivered for this at-risk population.

The HRI programs efforts to achieve systems change followed a developmental progression, with certain steps (pre-conditions) that facilitated success. The figure below presents a multi-level framework¹ for conceptualizing and documenting the developmental progression toward systems change. This progression is not linear and the components – visibility and awareness, partnership and collaboration, and collective accountability -- are not necessarily discrete phases of implementation. Rather, the progression is dynamic and ever-evolving within the program and among the various participating stakeholders and systems. This framework for change can be applied to different levels, including Probation Departments and across partnering organizations. Within Probation Departments, it includes changes to organizational culture and operational policies. Developing new partnerships and enhancing existing partnerships to operate more effectively. Progress toward systems change also depends on the context, experience, and capacity of the programs to advance toward systems change goals.

¹ Linkins, K. and Brya, J. (2007), "Measuring Policy and Systems Change: A Framework and Strategies for Developing Indicators

Systems Change Process



Over the course of the Initiative, most counties went through a process of examining internal operational policies within the Probation Department and Juvenile Hall, to identify what needed to be changed over the course of implementation. Once the Department defined their systems change goals, they focused on internal program marketing efforts, expanding awareness, and obtaining buy-in from Probation and Juvenile Hall staff, judges, attorneys and court personnel, and administrative agency partners such as the Departments of Mental Health and Public Health. After establishing a strong internal and cross-agency partnership, HRI programs aimed to strengthen their collaboration with other community based organizations serving youth and families. In some counties where there was a long history of cross-agency collaboration (Santa Cruz, Ventura, Humboldt), the HRI program was able to expand the systems change focus to other probation populations that could benefit from the “HRI” approach. In addition, the Ventura program expanded their partnership with the school districts to address barriers faced by probation youth when returning to their home schools, and the Santa Cruz program enhanced their collaboration with the Child Welfare system to improve the coordination for dual-status youth. In Humboldt, Cross agency leadership communicates and collaborates routinely via monthly meetings of the Health and Human Services Cabinet at the County level.

A central goal of the Initiative was to stimulate the development of a comprehensive, coordinated system of care to address the health and mental health needs of probation youth in the five funded communities. The following table presents indicators of progress towards systems change and a comparative summary across the sites. These systems change achievements resulted directly from HRI funding and implementation experiences, and are not attributable to other efforts and programs in the Probation Departments as a whole.

Progress Towards Systems Change by Program

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
Examination of Existing Practices/Understanding of Need for Change					
Brought in 3 rd party to examine internal organizational operations and policies in Probation	X	X			
Brought in 3 rd party to examine cross-department/organizational relationships between Probation and other county agencies (e.g., Mental Health, Public Health, Education, Child Welfare)	X	X		X	X
Probation staff attended training to enhance capacity and expertise to understand, identify, and address needs of high risk youth	X	X			
Analyzed youth outcome data to identify and assess programmatic and service needs and gaps to address			X	X	X
Increasing Visibility/Awareness					
Implemented screening and assessment tools (e.g., MAYSI) to routinely identify mental health needs of youth entering Juvenile Hall	X	X	X	X	X
Elevated awareness of mental health needs of youth throughout Probation Department/Juvenile Hall	X	X	X	X	X
Elevated awareness of health needs of youth throughout Probation Department/Juvenile Hall		X		X	X
Produced a video to document HRI program and shared it with external audiences for program promotion and training purposes			X		X
Presented program outcome data within Probation and to external stakeholder audiences	X	X	X	X	
Developed training curricula to raise awareness of youth mental health needs or to educate youth on a range of health and mental health prevention and promotion topics			X	X	
Creating Partnerships → Collaborations					
Mental Health: Service delivery, transition planning, and referral process was strengthened	X	X	X	X	X
Community-Based Providers (e.g., health, mental health, and human services): New partners		X		X	X

identified, formalized referral process, probation coordinates with these partners in the community					
Developed a comprehensive Resource Directory to solidify collaborative relationship with community-based providers		X			
Public Health: New partnership and staffing elevated and demonstrated the value of integrating health into Probation Department or programs				X	X
Education: Strategic outreach and formalized convenings to Department of Education to address probation youth re-entry to mainstream district schools					X
Delinquency Court/Judge: Program champion in court system that leads to increased program referrals and recognition of specialized capacity within Probation to meet the needs of high risk youth		X			X
Child Welfare: Developed partnership between Probation and Child Welfare to examine the needs of dual status youth and create cross-department service protocols				X	
Systems Change: Collective Accountability and Culture Change					
Shift from punitive to rehabilitative philosophy in Probation Department	X	X	X	X	X
Probation Departments work in collaboration with mental health department staff as part of the culture and way of doing business	X	X	X	X	X
Collaborations between Probation and other agencies/organizations in developing new programs (e.g., writing grant proposals, MHSA funding) extend beyond "HRI" population	X	X		X	X
Probation and Education share collective responsibility for tracking attendance and ensuring that Probation youth remain in school					X
Probation Department involves family members and youth in service planning and decision-making when possible	X	X	X	X	X
Systems Change: Sustainable Changes to Policy and Practice					
Institutionalized screening and assessment tools (e.g., MAYSI) to routinely identify mental health needs of youth entering Juvenile Hall	X	X	X	X	X
Multidisciplinary team comprised of Probation, Mental Health, Medical/Health Services, Psychiatry, Education, and family members, collaborates on case plan development, placement decisions and service referrals	X	X	X	X	
Developed infrastructure to share information between Probation Department and other County Departments to enhance service coordination for youth and families as specified in treatment plans	X	X	X	X	X
Forum created that enables Probation to articulate with Delinquency Court Judge and Community Providers		X			
Child Welfare: Probation and Child Welfare changed MOU and inter-agency protocols to improve service coordination for dual status youth				X	

Implemented Evidence-Based Screening Tools and Treatment Interventions throughout the Probation Department (as a result of HRI funding)	X					
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VII. Initiative Implementation Challenges and Lessons Learned Across the Five HRI Sites

Over the course of implementing the HRI, grantees identified a number of on-going challenges and lessons learned that can inform Probation Departments, communities and potential funders interested in developing or investing in a model similar to HRI. The collective experiences of the HRI grantees — both successes and challenges — generated significant lessons in the areas of partnership development, staffing, family engagement, service delivery, data sharing and program outcomes, and sustainability and systems change. The challenges and lessons learned are summarized in the following table.

A Summary of Challenges and Lessons Learned from the Healthy Returns Initiative

Partnership Development
<p>Challenges:</p> <ul style="list-style-type: none"> • Budget cuts at the State level trickle down to local CBO partners and affect collaboration and service capacity in the community. • Probation Departments in many counties have difficulty partnering in MHSA planning in a way that yields funding/resources targeted to probation youth. • Not enough funding is available or allocated to supporting interagency collaboration. <p>Lessons Learned:</p> <ul style="list-style-type: none"> • Challenges can yield opportunities. External budget pressures can lead to collaboration, blended funding, and the development of creative solutions to serve a shared population. • Offer partner organizations funding to secure services or information and resources to help them improve the efficiency of their work. Sharing resources, inviting partner organizations to free training opportunities promotes good will and builds trust. • Anticipate challenges and need for collaboration, then build relationships before you develop MOUs, agreements and protocols. • Seek frequent opportunities to disseminate program information and accomplishments to county decision-makers and cross-agency partners (Mental Health, Public Health, Social Services, Probation and Education). This enhances buy-in and helps maintain engagement. • Partnerships across departments/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. • An independent, external third party can often facilitate partnership development between the Probation Department and other agencies. The Probation Department can then be a participant in the relationship building process rather than the driver, which is often met with resistance. • “Program champions” within the Probation Department, in the court system and in the community are instrumental in building partnerships, creating buy-in, generating program referrals and securing service connections.
Staffing
<p>Challenges:</p> <ul style="list-style-type: none"> • Staff turnover is an implementation challenge in terms of training Probation Department and Juvenile Corrections staff on a new philosophy of care. • Department of Mental Health often have unions, which prevents the Probation Department from hand

selecting the most appropriate staff to work with HRI program model. Some MH providers are more agreeable to working collaboratively with Probation than others.

- Developing strong leadership and a workforce capable of using a strength-based, collaborative treatment approach requires a significant amount of time, training and reinforcement, and resources.

Lessons Learned:

- To implement a new program like HRI, it is essential to recruit staff who are flexible, willing to work “differently” and with providers in different disciplines, in the community, and with families. Staff also need to be receptive to attending trainings to learn new paradigms, skills, and interventions.

Family Engagement

Challenges:

- Establishing and maintaining family engagement is time consuming and difficult. Programs need to invest a significant amount of time to get families to follow through on service referrals.
- Acquiring consent for medical care when parents are uninvolved or uninterested is problematic. The HRI team can serve as an important liaison to improving continuity of care.
- Transportation is a barrier that needs to be addressed. Court mandates are often required to get youth/families to services.
- Probation Departments need technical assistance on how best to work with families in the community. Often the Probation Department needs to find a balance between relinquishing control to build trust with families, and holding them accountable.
- Families can be overwhelmed by provider presence in the home – there needs to be sensitivity to families’ lack of trust with outside agencies coming into the home, and efforts made to minimize encroachment when providing services.

Lessons Learned:

- Home based service provision improves family engagement. Arranging services convenient to family schedules (i.e., nights and weekends) also helps with the engagement process
- HRI reaches the entire family. When you help the family, it ultimately helps the youth. Working with siblings of probation youth also serves a prevention function.
- Case planning and placement decisions are improved when the perspective and needs of the youth and family are included. When the family is part of the “team”, there is greater attachment and adherence to the goals created.

Service Delivery

Challenges:

- Adolescents often engage in risky and unhealthy behaviors that exacerbate the need for follow up care in the community. Youth in the juvenile justice system are in dire need of health care services at all levels – prevention, chronic disease management and acute/crisis care.
- Access to outpatient alcohol and drug treatment and inpatient detoxification services continue to be limited for youth.
- “Zero-Tolerance” laws serve as a barrier to getting Probation youth back into mainstream district schools. The options for youth are often limited to continuation schools or independent study programs which lack other educational enhancements and pro-social activities such as sports, music and arts.
- There is a need for standardized tools to assess family functioning. This is a limitation in the current mental health assessment process that needs greater attention.

Lessons Learned:

- Youth with higher mental health and behavioral issues and low criminogenic factors do not belong in Juvenile Hall and camps where they are exposed to violent offenders. They need to be in the community where they can access more appropriate treatment services.
- To move toward a more rehabilitative approach, the role of Probation needs to focus on anchoring families to services in the community that they can access for their entire lives. The goal is to limit the youth and families reliance and connection to Probation services, so they can engage in community based services (education, mental health, health and social services.) Home-based care rather than hall-based care.
- Probation youth have often had limited access to health services and therefore have had inadequate care and

are in high need of service intervention. It is important to incorporate physical health needs into the treatment plan along with mental health. Integrate a health service provider into Probation programs.

- Adopting a prevention approach, investing in early intervention and providing holistic services for youth and families can save resources downstream.
- All communities need a comprehensive directory of services available for families. It doesn't matter which agency compiles this information (Probation, Mental Health, Child Welfare, Social Services or Education), it's a valuable resource that can be shared across all of the systems to benefit their work with youth and families.
- HRI is not about the terms of Probation or access to services on its own – it's about teaching families how to live their lives better and how to navigate and link to services. It's about connecting the disconnections.

Data Sharing and Program Outcomes

Challenges:

- Programs need resources and technical assistance on how to market their programs and increase visibility. They also need TA on how to document program outcomes to illustrate the effectiveness and value of their intervention. Better program outcome data would help the Departments avoid budget cuts.
- Integrating existing data systems within Probation to analyze individual outcomes is a challenge requiring more time and financial resources than anticipated.

Lessons Learned:

- Formal data sharing agreements and informed consent are not always the most critical information needs for Probation. Probation officers often need information about behaviors and major issues faced by the youth, so that they can work effectively with the family. Access to clinical or diagnostic information is not always needed and therefore should not be a barrier to working collaboratively with mental health partners. Behavioral information is often much more useful than protected diagnostic or clinical information.
- The return on investment for the HRI program extends beyond cost-benefits to Probation Department. Important outcomes to include in assessing the value of HRI include: greater stability and safety of youth, fewer incidents of crises and self-harm, lower staff stress, improved safety for staff, enhanced knowledge and skills of Probation Officers and Juvenile Corrections staff which leads to greater efficacy in their work.

Sustainability and Systems Change

Challenges:

- Systems changes take time. It is challenging to develop and stabilize a program, strengthen and solidify partnerships, raise awareness among stakeholders and demonstrate program accomplishments and systems change in a four-year period.
- SB 81 (Realignment Policy) creates apprehension with Probation Departments that history will repeat itself and funding will not be transferred from the state to the counties. Probation Departments need to advocate and enforce the state-county agreement under Realignment. Meeting the needs of "realigned youth" in the county will require collaboration and blended funding strategies.
- JJCPA funding is highly variable from year to year, making it very difficult to plan for and implement programs within Probation Departments.

Lessons Learned:

- Pursue opportunities for blending funding and resources across county systems as a strategy for reducing reliance on time-limited grant funding.
- Prepare in advance for the end of funding. Figure out what data you need to illustrate program accomplishments and share this information with stakeholders that can help support the program once grant period ends.
- Partnering with CBOs is a cost-effective strategy because it allows Probation Departments to leverage existing resources in the community.
- HRI funding helped strengthen the partnership between Probation and Behavioral Health. Now the departments can discuss options to maintain or grow a program when the funds are lost.
- Invest in Probation Department "peer mentoring" model to replicate the HRI philosophy. Have each HRI Department mentor 3 other counties on how to build capacity within the department and throughout the county and that would lead to 15 counties adopting the HRI approach and learning from the lessons of vanguard counties.

- Once a Probation Department commits to an examination of their internal operational processes to improve their capacity to meet the needs of youth, there is often a ripple effect that leads to improvements and systems changes in other areas. For many grantees, the HRI program started with better assessment and service linkage for youth with mental health needs, but this often expanded to include improved relationships with Child Welfare, Public Health and Education and an examination of how to improve service coordination for all probation youth.
- Programs can make greater progress towards achieving systems change goals when funders invest in capacity building support concurrent with funding programs.

VIII. Conclusion

Building capacity for prevention and earlier intervention. Each of the five HRI county Probation Departments experienced a paradigm shift away from punishment, bureaucracy and custodial care, to prevention, rehabilitation, and change. The flexibility of the HRI funding allowed Juvenile Probation Departments to think creatively about developing programs for youth, training existing staff, recruiting new staff and developing partnerships with other county agencies and community-based organizations. Juvenile Probation Departments were in a position to bring resources to the community, rather than needing assistance from community agencies and organizations, which ultimately changes the public face of probation. Through the HRI, the Probation Departments were able to identify the needs of youth and families earlier through screening and assessment, and better prepare for service intervention in the community through their collaborative partnerships. Strengthening families and connecting them to services in their community helps prevent the cycle of delinquency and long-term involvement with the Juvenile Justice system.

Using a strength-based approach for planning and engaging families to keep youth safe, in school, and living in the community. As a result of HRI implementation, Probation Departments are incorporating lessons learned and applying a collaborative care approach to other populations, programs and projects throughout the Department. They are also examining current staff training opportunities and expanding access to evidence-based practice training when possible. Consensus exists across the five counties on the overarching goal to keep kids at home in the community, safe and in schools, off drugs and out of trouble. HRI enabled Probation Departments to be reflexive about their internal processes, assess how they worked with youth and families, and how they established and developed partnerships with other public agencies and providers in the community. The Departments have adopted a strength-based rather than deficit-based approach to treatment planning, with far greater involvement of the youth and their family, which leads to greater engagement and better program outcomes.

Outcomes achieved under HRI: The HRI accomplished a range of individual and systems level outcomes, including:

Individual Level Outcomes:

- 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

Systems Level Outcomes

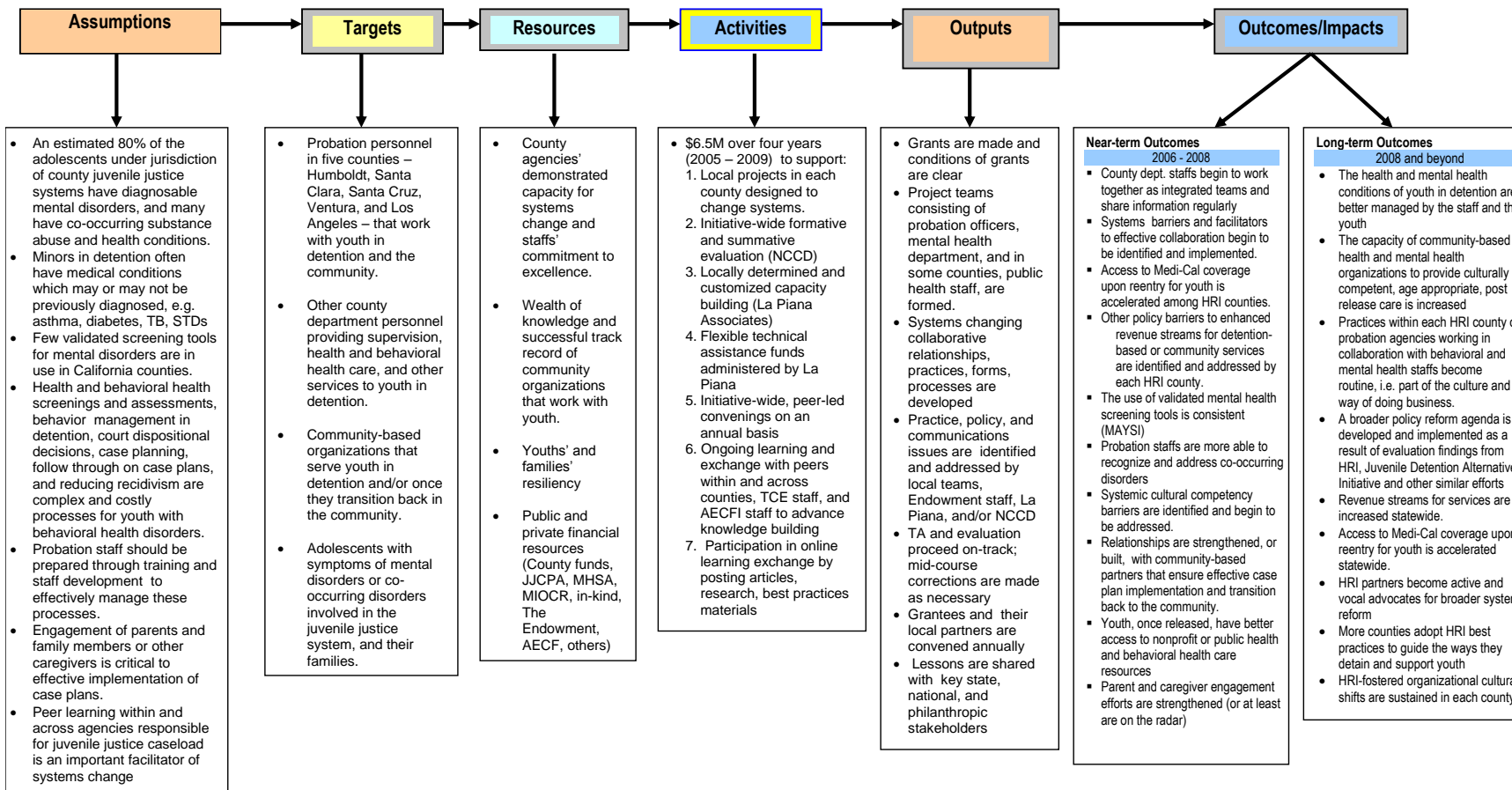
- Cultural shift across Probation Departments to prevention and rehabilitation
- Better coordination and communication across county departments (e.g., public health, mental health, education) for information sharing and treatment planning
- Stronger relationships between Probation and community-based partners that ensure effective case plan implementation and transition back to the community
- Cost savings to Probation Departments from reduced days in custody

The California Endowment has a tremendous opportunity to leverage their \$6.4 million investment in the five counties involved in the Healthy Returns Initiative and share the promising practices and lessons learned with other communities and stakeholders committed to improving the health and mental health of at-risk youth and their families. The case studies also present an opportunity for TCE to spread the challenges and lessons learned from this initiative to the 14 places targeted in the new strategic plan that endeavor to improve their health, mental health, education, and human services delivery systems to better address the needs of vulnerable youth and families. By funding and investing in the Probation Departments that epitomize the organizational culture shift from “punishment to rehabilitation,” TCE now has a group of leaders and field experts that can mentor other communities and departments interested in advancing their partnerships and overall service delivery system.

Appendix A: HRI Logic Model

Developed by La Piana Associates September 2006

Logic Model for Healthy Returns Initiative (HRI)



Appendix B: HRI Model Description Tables

Healthy Returns Summary Tables

Table 1: Intervention and Participant Characteristics by County

Table 2: Comparison of 5 Core Program Components by County

Table 1: Healthy Returns Initiative: Intervention and Participant Characteristics by County Program

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
MAYSI-2 Screening Practices	<ul style="list-style-type: none"> • New practice under HRI • All youth screened at entry to JF • JCOs administer the screening process; youth complete tool using touch screen kiosk • JCO shares results with HRI and MH staff for TX planning 	<ul style="list-style-type: none"> • Used before HRI • All youth screened at entry to all three JHs in LA County • Administered by DMH staff located in JH • MAYSI-2 scores and MH case records reviewed by DMH staff for TX planning 	<ul style="list-style-type: none"> • Used before HRI; • All youth screened at entry to JF • Administered by county MH staff located in JH • Results are evaluated by Behavioral Health Services inside JF for TX planning 	<ul style="list-style-type: none"> • New practice under HRI; • All youth booked and detained more than 4 hours screened • Youth complete screen using kiosk and headphones for privacy • MH retrieves data from kiosk, enters results into MH section of HRI database that is shared across providers (e.g., probation, health, MH, and health educator) 	<ul style="list-style-type: none"> • Used before HRI • All youth screened at entry to JF; • Probation admissions administer screen; • “Alert” scores are evaluated by Behavioral Health Services inside JF for TX planning
HRI Target Population	All juvenile probation youth	Subset of probation youth from 1 JH in LAC; only youth from selected zip codes in SPA 6, 7, or 8 are eligible for referral to HRI	HRI intervention targets youth in the JH Transitions Unit (unit for youth with high mental health needs, detained for molestation/sexual	All juvenile probation youth	Subset of probation youth (e.g., dual dx, chronic medical conditions, high risk youth not successful in other probation programs)

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			abuse charges)		
Model/Intervention Focus	Youth transitioned back to community	Youth transitioned back to community	Youth in custody at the JH	Youth in custody at JH and youth transitioned back to community	Youth transitioned back to community
Referral source/process	HRI is a set of new probation practices rather than a pilot program that receives referrals. ALL youth entering Juvenile Hall experience HRI model	Using DMH discharge plan form, identify high risk, MH youth screened as likely to return home in target zip codes; also, receive referrals from Juvenile Hall staff, field POs, and court referrals as Judge and public defenders see HRI as option to keep youth in community	Screening committee (1 MH, 1 COE, JC staff, unit supervisor) meets weekly to review referrals to the unit. Base decision on MH DX, medication needs, behavior, incident reports, risk of self harm.	HRI is a set of new probation practices rather than a pilot program that receives referrals. ALL youth entering Juvenile Hall experience HRI model	JF Behavioral Health staff, probation officers; courts
Caseload Size	No program caseload; Juvenile Hall has 26 beds; JH has 246 individual youth bookings/year	11 active cases; 60 youth & families served to date	Transition Unit capacity = 24 beds	No program caseload; Juvenile Hall has 20-25 on average; JH has 700 youth bookings/year	24 active
Treatment Timeframe	All probation youth are reviewed at 30, 60, and 90 days to assess service access and track health, MH,	6 months	Avg. time in custody 2-3 months	No model timeframe, Health Educator works youth/families and Field PO as long as the youth is on	Original target 60-90 days, current average in program 125 days

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	AoD, and educational needs			probation	
Service Provision	Field POs refer youth and families to MH branch or Tribal Partner, as appropriate. POs also make referrals to Family Resource Centers, located throughout the county, for service coordination.	HRI PO links youth to community providers: Children’s System of Care, Wrap Around Services, MHSA Full Service Partnership, Family Preservation	MDT team (MH, JCOs on Transitions Unit). When TU youth are released to the community, the MHCSC refers youth to FSP or wrap-around services.	Youth and family complete a needs assessment survey prior to release from JH. Results are shared with the Youth Re-Entry Team (HRI PO, health educator, and 4 CBO partners -- Barrios Unidos, Youth Services, Community Restoration Project, Pajro Valley Prevention and Student Assistance). Community partners contact youth/families to deliver services.	MDT Team (Public Health nurse, MH clinician, and HRI Probation Officer provide direct services to youth and families, provide service referrals, and assist clients in accessing services in the community
Role of Public Health	DPH collaborates with program to provide part-time benefits assistance (paid for by HRI funding)	DOJ has MOU with DPH for medical record sharing; however, currently these records are paper, not electronic. County wants to implement EMR that	Medical clinic staff can participate in MDT meetings to discuss medication. No enhanced HRI partnership beyond existing service provision within the	HRI program has a Certified Health Educator who offers presentations and classes for youth in detention that focus on improving health and mental health.	DPH is a primary partner, PH nurse is part of MDT

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		integrates DPH and DMH records, but there is no current plan to include Probation in this integration and record sharing. Moreover, DPH, DMH, and Probation have separate electronic systems. HRI record sharing is manual in accordance with consent from youth/caregiver	Juvenile Hall.	The Health Educator participates on and brings a health perspective to committees within the Probation Department.	
Role of Education	Probation has a strong relationship with COE. However, relationships with School Districts are strained.	COE is located within JH and works collaboratively with probation and mental health on development and administration of IEPs. There is also an MOA with COE for individual behavioral management plans (IBMPs) implemented county-wide at three Juvenile Halls.	Teachers can participate in MDT meetings. Teachers on Transition Unit have modified response to behavior problems, which includes 20 minute time outs and counseling from MH clinician so that youth can return to classroom. Usual policy would be to remove the youth from the classroom for the rest of the	COE works with local school districts to determine responsible party to implement/monitor IEP. More collaboration is needed with school partners	Challenges exist, barriers identified. Systems change goal to create collaboration through upcoming Probation/Education Summit

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			day. No enhanced HRI partnership beyond existing service provision within the Juvenile Hall.		

Table 2: Healthy Returns Initiative: Five Core Program Components

	Humboldt	Los Angeles	Santa Clara	Santa Cruz	Ventura
Multidisciplinary Team Composition	HRI PO, DMH clinician in JH, RN, JH manager, DPO manager	HRI PO, Field PO,DMH, and Community Partners work collectively to link youth/families to needed services	Mental Health Clinical Services Coordinator (MHCSC), JCOs on JH Transitions Unit, and nonprofit partners (as appropriate)	Child psychiatrist, MH clinicians, JH nurses, health educator, JH administration	HRI PO, MH clinician, and PH nurse share the HRI caseload
Benefits Advocacy	HRI covers part-time benefits resource specialist located in DPH. Most youth are covered by one of three MediCal programs in the county.	Refer families to Certified Application Assistance programs (e.g., Crystal Stairs) that conduct benefit assessments	For post-adjudicated youth, target uninsured/MediCal (30% of population); fax list of youth to be released in 30-45 days to the Social Services (SS) agency. SS agency tries to connect uninsured to coverage and re-instate cases with suspended MediCal . For pre-adjudicated youth, refer families to Health Trust for benefits advocacy.	HRI funds provided a Certified Application Assistant (CAA) from La Manzana Community Resources. CAA systematically reviews insurance status for all youth in detention. CAA assists with insurance applications to enroll/renew MediCal, Health Families, and Health Kids. CAA also assists with applications for Food Stamps, cash aid, housing, child care, SSI, and employment.	Certified Application Specialist on the team works with Human Services Administration (Medi-Cal) to connect youth/families to insurance
Cross-Provider	Department-wide	Training focus is on	Provide MH Issues in	Training focus is on	Training focus is on

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Training	training of all PO staff in basic communication, motivational interviewing, addictions orientation, co-occurring disorders, understanding medication side effects, etc. Many training opportunities presented in the County are open to HHS (MH, PH, AoD, Social Services) and Probation Department employees.	HRI PO staff. Goal is to access “free” training opportunities available and then share information re: training opportunities with community partners and Probation Department.	Custody training to all 200 Juvenile Hall counselors (custodial staff). This training curriculum is state certified for continuing education credits. Have plans to extend training to staff at Ranches and Probation Officers.	Health education programs for detained youth and at-risk youth on probation in the community.	Probation Admissions staff to administer the MAYSI-2. No other formal cross-provider training curricula developed
Partnerships and Collaboration	Dept. of Health and Human Services (including DMH, AoD, Social Services, and PH); Native American Tribes, and private/non-profits to provide culturally appropriate treatment and pro-social activities.	Dept. of Mental Health, Children’s System of Care, Wrap Around Services, MHSA full service partnership, Family Preservation, case carrying field POs, LA Superior Court Judge Donna Groman and “Think Tank” community provider participants at the	Contract with Department of Mental Health to provide mental health clinical services coordinator to direct services of the HRI grant.	Youth Re-Entry team partners receive service referrals based on needs assessment of youth/families prior to release from probation; Partners include: Youth Services, Barrios Unidos, Community Restoration Project, & Pajaro Valley	Public Health Dept, Mental Health Dept, Human Services Administration (Medi-Cal), goal to establish a collaboration with Offices of Education through Probation/Education Summit 3/09

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		Kenyan Juvenile Justice Center, County Office of Education		Prevention and Student Assistance	
Family Involvement	Families are invited to participate in team decision-making meetings. In some cases, Family Resource Specialist (HRI PO) and MH clinician take team approach and conduct home visits to meet with families and assess needs. This process is the exception rather than the rule.	HRI POs work in the home with the families, assessing needs, developing the case plan, and link to community partners.	Parents invited to participate in weekly MDT meetings. Prior to release, there is a special MDT meeting for POs and parents of youth returning home (approximately 20% of Transition Unit youth) to set up services in the community through referral to Children's System of Care.	Families are invited to participate in placement screening meetings and take service assessment survey to identify needs, and they work with CAA to access benefits.	Families set goals in treatment plan, receive direct services from the team during home visits as needs are identified.

