



MAY 2010

FUNDING AND RESOURCES

LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

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

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

PROMISING PRACTICES

Program Evaluation and Tracking Outcomes

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

Low- and No-Cost Services

The Healthy Returns Initiative counties employed several strategies to access low- and no-cost services. To increase the likelihood that the Los Angeles County Healthy Returns Initiative multidisciplinary team would continue after foundation funding ended, team participation was voluntary. Los Angeles County also developed a county-wide resource directory of low- and no-cost community services, an invaluable tool in helping probation staff and partner organizations connect clients to appropriate, affordable services. Examples of important and commonly accessed resources provided in the directory include low-cost health insurance coverage options, sliding scale medical and mental health treatment services, and prescription assistance programs.

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



Medi-Cal Services for Probation Youth in the Community

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

Mental Health Services Act Programs and Funding

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

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

Utilizing Wraparound Services and Funding

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

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

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

CHALLENGES TO ACCESSING FUNDING AND RESOURCES

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

—Kathy Duque, Deputy Chief Probation Officer, Santa Clara County Probation Department

Budget Cuts

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

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

Misunderstandings Related to Mental Health Services Act Funding

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

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

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

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

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

NOTES ON POLICY

Juvenile Justice Realignment

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

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

ADDITIONAL RESOURCES

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

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

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

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

Juvenile Justice Program Reports, Commonweal

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

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

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

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

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

⁹ Ibid.

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



www.healthyreturnsinitiative.org