

Using Mental Health Services Act / Proposition 63 Funding for Juvenile Justice Youth



FIGHT CRIME: INVEST IN KIDS California is a bipartisan, anti-crime organization led by over 350 California sheriffs, police chiefs, district attorneys and victims of violence. The organization endorsed Proposition 63 in 2004; published a summary of proven, promising and emerging mental health programs for juvenile justice youth; and worked with allies and the Mental Health Services Oversight and Accountability Commission to ensure that upcoming MHSA funding prioritizes juvenile justice youth.

Proposition 63, the Mental Health Services Act (MHSA), is creating opportunities to provide youth in the juvenile justice system with needed mental health services that are proven to restore youth to good health and steer them away from future crime. This document will help inform counties about opportunities to fund mental health services for juvenile justice youth as they plan for future MHSA funding, especially upcoming Prevention and Early Intervention funding.

JUVENILE JUSTICE YOUTH & THE MHSA

Since the MHSA was adopted by California voters in 2004, questions have been raised about the extent to which youth in the juvenile justice system are eligible for Proposition 63 funds and services in various MHSA spending categories. The California Department of Mental Health (DMH) has provided guidance on this issue. Recently, it identified juvenile justice youth as one of several priority populations for upcoming funding. Previously, it approved a variety of county spending plans for MHSA Community Services and Supports funding that expressly targeted juvenile justice youth.

Juvenile justice youth are a priority for upcoming Mental Health Services Act funding

The next round of MHSA funding is for Prevention and Early Intervention (PEI), which accounts for 20 percent of all MHSA funding. PEI funding is to be used to “prevent mental illnesses from becoming severe and disabling,” including by intervening early with “relatively short duration and low intensity approaches.”¹

“Children and youth at risk of or *experiencing Juvenile Justice involvement*” are expressly one of six priority populations for PEI, and in practice often may be included in the other priority populations as well.² This is consistent with the text of the Mental Health Services Act itself, which identifies “reducing ... incarcerations” that may result from untreated mental illness as an important focus for PEI funding.³

HIGHLIGHTS

- ✓ **Juvenile justice youth are a *priority* for upcoming MHSA Prevention and Early Intervention funding**
- ✓ **MHSA dollars can fund clinicians *and* probation officers**
- ✓ **MHSA dollars can serve juvenile offenders placed at home *and* in custody**
- ✓ **DMH recommends using Prevention and Early Intervention funding for proven interventions, including:**
 - **Functional Family Therapy**
 - **Multisystemic Therapy**
 - **Multidimensional Treatment Foster Care**

Counties will begin developing their PEI spending plans in late 2007, and PEI funding should become available in 2008. Nearly \$200 million is expected to be available in the first full year of PEI funding, with annual funding expected to increase in the years ahead.

MHSA gives counties flexibility in serving juvenile offenders

There are several approaches to serving juvenile justice youth with MHSA funding, based on an analysis of DMH-approved county plans for Community Services and Supports (CSS) funding. While PEI plans must be approved by the Mental Health Services Oversight and Accountability Commission, rather than DMH, DMH’s approach to CSS is instructive.⁴

➤ **CAN FUND CLINICIANS AND PROBATION OFFICERS**

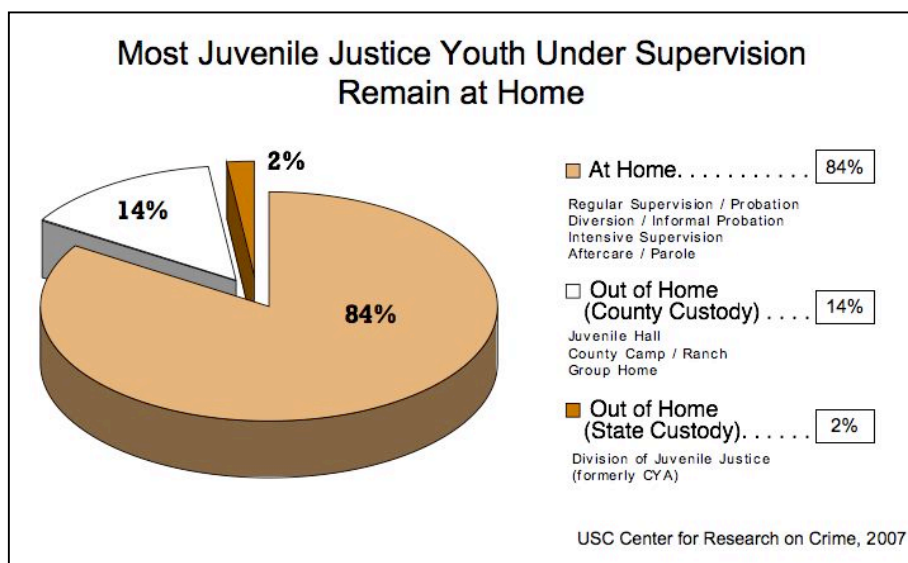
During its consideration of MHSA CSS plans, DMH made clear that MHSA can be used to fund probation officers involved with mental health services, as well as mental health clinicians. DMH approved CSS plans from several counties that expressly included funding for a probation officer or a fraction of a probation officer’s time. As a part of their regular duties, probation officers often function as case managers, which DMH recognizes as an allowable cost under MHSA.⁵

Counties with Funding for Juvenile Probation Officer in Approved CSS Plan	
Colusa	San Bernardino
Kern	San Diego
Monterey	Solano

➤ **CAN SERVE JUVENILE OFFENDERS PLACED AT HOME AND IN CUSTODY**

MHSA funding has been used to serve probation youth living at home, as well as some of the small percentage of youth in custody, with certain restrictions. In the context of CSS funding, DMH explained that services must be voluntary, but can be voluntary even if an individual’s “legal status is ‘involuntary’ which means that they might be in ... juvenile hall.”⁶

DMH also 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.”⁷ In fact, many youth in custody are likely to quickly return to their communities. The average stay in juvenile hall is just 23 days, and the average stay in an alternative county institution (a probation “camp” or “ranch”) is four-and-a-half months.⁸



Several counties are using CSS funding to serve juvenile hall youth. For example, Lake County uses it in part for discharge planning by a mental health specialist who holds office hours in juvenile hall, and Los Angeles County funds 13 mental health staff at county probation camps. Also, DMH expressly identifies juvenile hall as the location for a few recommended PEI strategies, including screening.⁹

➤ **FUNDING CAN GO TO COUNTY MENTAL HEALTH, CBOs, AND/OR PROBATION**

MHSA services may be delivered by county mental health staff, other public agencies or community-based organizations (CBOs). As a result, CSS funding for serving juvenile offenders has been directed, for example, to county mental health departments to employ staff in Lake and Riverside Counties, probation departments to hire probation officers in the several counties listed earlier, and by contract to a CBO in Alameda County.

FACTS ABOUT JUVENILE JUSTICE YOUTH

Juvenile justice youth have substantial unmet mental health needs

MHSA provides an important opportunity to address the substantial unmet mental health needs of juvenile offenders. Youth in California’s juvenile justice system are two to four times more likely to be in need of mental health care than California youth generally. While

20 percent of California children will experience a mental health disorder in any given year, an estimated 40 to 90 percent of youth in the California juvenile justice system are in need of mental health care.¹⁰

Yet mental health services are the

“single most critical gap in juvenile justice services,” according to a 2005 Department of Corrections and Rehabilitation survey of county probation departments.

The Department found that “the number of at-risk youth and youthful offenders with mental health problems continues to increase as does the seriousness of their mental illnesses. The only thing not increasing is the resources to treat and confine these troubled and troubling youth.”¹¹

Counties may face new challenges related to mental health services for juvenile justice youth, as a result of legislation enacted in 2007 shifting more juvenile offenders from state custody (formerly known as the California Youth Authority) to counties. Historically, as many as 97 percent of youth in state custody have a mental disorder.¹²

Most juvenile offenders remain at home

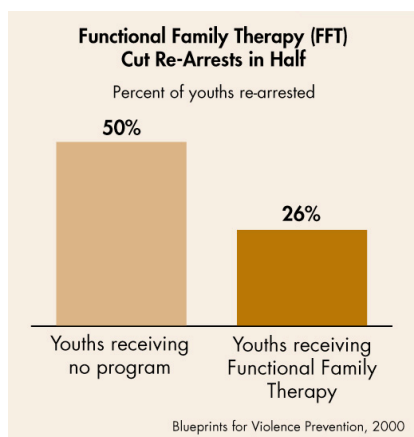
As discussed below, the most effective interventions for juvenile offenders are community-based, which is consistent with the fact that the vast majority of youth in the juvenile justice system are not in custody. In fact, 84 percent of youth in the juvenile justice system remain at home.¹³

PROVEN INTERVENTIONS FOR JUVENILE OFFENDERS

Mental health programs are proven to help juvenile offenders and save money

Compelling research shows what works to restore juvenile offenders to good health and steer them away from crime. In particular, when properly implemented, high-quality family therapies can reduce repeat crimes. For example:

Functional Family Therapy (FFT) is for moderate- to high-risk teens with delinquency, aggression and/or substance abuse problems. It is delivered over a period



of 8 to 30 hours by trained providers, who range in background from para-professionals to mental health professionals. FFT cut re-arrests by participants in half, compared to a control group in one randomized study.¹⁴

Multisystemic Therapy (MST) serves moderate- to high-risk teens, and typically involves 60 hours of professional interventions over four months. The staff members are on call around the clock. One MST study followed juvenile offenders and a randomized control group until they were, on average, 29 years old. Individuals who had *not* received MST were 62 percent more likely to have been arrested for any offense, and more than twice as likely to have been arrested for a violent offense.¹⁵

Multidimensional Treatment Foster Care

(MTFC) may be appropriate where home placement is not a viable option. Individuals are placed with specially-trained foster families, who usually work with only one child at a time. Foster parents strictly monitor the youth’s whereabouts, while a professional trains each teen in the social skills needed to avoid fights or situations that can lead to further crime. Randomized control group research shows the MTFC approach successfully cuts the average number of arrests for seriously delinquent juveniles in half, compared to a group home placement, and boys placed in MTFC homes were six times more likely to have no new arrests than boys placed in group homes.¹⁶

Counties Offering Proven Family Therapies to Juvenile Offenders	
Functional Family Therapy El Dorado Fresno Humboldt Kern Los Angeles Marin Merced Monterey Placer Sacramento San Bernardino San Mateo Solano Sutter Yolo Yuba	Multisystemic Therapy Alameda Contra Costa Los Angeles Sacramento San Diego San Francisco Sonoma
	Multidimensional Treatment Foster Care Contra Costa Fresno Kern Riverside

In California, at least 16 counties are implementing FFT for juvenile offenders; seven counties are implementing MST for juvenile offenders; and four counties are implementing MTFC for juvenile offenders.¹⁷

These early interventions are also cost-effective. Every dollar invested in these family therapies saves the public

as much as \$14 and produces net savings of \$18,000 to over \$75,000 for each juvenile offender served.¹⁸

Community-Based Interventions that Reduce Crime Also Save Money

Proven intervention	Program costs	Savings to taxpayers and victims	Net savings to taxpayers and victims (subtracting cost of program)
Multisystemic Therapy (MST)	\$4,264	\$22,477	\$18,213
Functional Family Therapy (FFT)	\$2,325	\$34,146	\$31,821
Multidimensional Treatment Foster Care (MTFC)	\$6,945	\$84,743	\$77,798

Washington State Institute for Public Policy, 2006

DMH recommends proven family therapies as PEI strategies for juvenile offenders

FFT, MST and MTFC are among a variety of recommended strategies identified by the Department of Mental Health (DMH) for juvenile justice youth in its PEI Resource Materials. Other DMH-recommended programs that target youth in the juvenile justice system include Aggression Replacement Training, Multidimensional Family Therapy and voluntary screening and referral.¹⁹

For more information about proven, promising and emerging mental health strategies for juvenile justice youth, see *FIGHT CRIME: INVEST IN KIDS California's From Promise to Practice: Mental Health Models that Work for Children and Youth* (2005), available at <http://www.fightcrime.org/ca/toolkit/fcikatoolkit.pdf>

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¹ California Welfare & Institutions Code Section 5840(a); California Department of Mental Health. (2007, September). *Proposed Guidelines: Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan*.

² California Department of Mental Health. (2007, September). *Proposed Guidelines: Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan*. The definition of the juvenile justice population is "those with signs of behavioral/emotional problems and are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS)." Other priority populations are: children/youth at risk of school failure, children/youth in stressed families, trauma-exposed individuals, individuals experiencing onset of serious psychiatric illness, and underserved cultural populations.

³ California Welfare & Institutions Code Section 5840(d).

⁴ While not responsible for approving county PEI plans, DMH is responsible for issuing guidelines for PEI funding.

⁵ In the context of mental health courts, DMH explains that "case managers who provide and monitor the defendant's treatment are allowable costs for new and expanded services." DMH appears to allow MHSA support only for law enforcement officers primarily engaged in mental health-related activities. In the context of Mobile Crisis Teams, DMH provided that, while training of police officers to screen and evaluate persons with mental illness was a permissible expenditure under MHSA, "costs for the law enforcement officers themselves are not allowable costs and are usually paid for by the law enforcement jurisdiction, consistent with their existing responsibilities. In addition, other costs usually born by law enforcement when responding to police calls, such as police cars, radios, administrative costs, etc. cannot be funded under MHSA." California Department of Mental Health. (2005, Dec. 13). *Frequently Asked Questions, Community Services and Supports (CSS) Component*.

⁶ California Department of Mental Health. (2005, Aug. 16). *A Readers Guide to Mental Health Services Act Community Services and Supports Three-Year Program and Expenditure Plan Requirements*.

⁷ Id.

⁸ Hennigan, K., Kolnick, K., Poplawski, J., Andrews, A., Ball, N., Cheng, C. & Payne, J. (2007). *Juvenile Justice Data Project phase 1: Survey of interventions and programs: A continuum of graduated responses for juvenile justice in California*. Los Angeles, CA: University of Southern California, Center for Research on Crime.

⁹ California Department of Mental Health. (2007, September). *Prevention and Early Intervention (PEI) Resource Materials*.

¹⁰ Little Hoover Commission. (2001). *Young Hearts and Minds: Making a Commitment to Children's Mental Health*; SGR Health Alliance. (2000, June). *The State of the State of Behavioral Health in California*. The California HealthCare Foundation.

¹¹ California Department of Corrections and Rehabilitation. (2005, Dec. 1). *Status Report on Juvenile Justice Reform*.

¹² Steiner, H., Humphreys, K. & Redlich, A. (2001). *The Assessment of the Mental Health System of the California Youth Authority*. Stanford University.

¹³ Hennigan, K., Kolnick, K., Poplawski, J., Andrews, A., Ball, N., Cheng, C. & Payne, J. (2007). *Juvenile Justice Data Project phase 1: Survey of interventions and programs: A continuum of graduated responses for juvenile justice in California*. Los Angeles, CA: University of Southern California, Center for Research on Crime.

¹⁴ Alexander, J., Pugh, C., Parsons, B. & Sexton, T. (2000). "Functional Family Therapy." In D.S. Elliot (Series Ed.). *Blueprints for Violence Prevention: Book Three*. Boulder, CO: Center for the Study and Prevention of Violence.

¹⁵ Schaeffer, C.M. & Borduin, C.M. (2005). "Long-Term Follow-Up to a Randomized Clinical Trial of Multisystemic Therapy with Serious and Violent Juvenile Offenders." *Journal of Consulting and Clinical Psychology*, 73(3), 445-453.

¹⁶ Chamberlain, P. & Mihalic, S.F. (1998). "Multidimensional Treatment Foster Care." In D.S. Elliot (Series Ed.). *Blueprints for Violence Prevention: Book Eight*. Boulder, CO: Center for the Study and Prevention of Violence.

¹⁷ Primary sources: Personal communication with Todd Sosna. (2007, March 24). Todd Sosna is a Senior Associate at the California Institute for Mental Health; Personal communication with Keller Strother. (2007, February 27). Keller Strother is President of MST Services.

¹⁸ Aos, S., Miller, M. & Drake, E. (2006). *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*. Olympia, WA: Washington State Institute for Public Policy. The cost of MTFC is only the additional cost beyond what it would cost to place a juvenile offender in a group home.

¹⁹ California Department of Mental Health. (2007, September). *Proposed Guidelines: Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan*.

**IMPORTANT QUESTIONS
ABOUT MHSA PREVENTION AND EARLY INTERVENTION &
COMMUNITY SERVICES AND SUPPORTS FUNDING**



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WHAT IS THE PROCESS FOR ALLOCATING PREVENTION AND EARLY INTERVENTION (PEI) FUNDING?

Each county will develop a PEI plan with local stakeholders through its county mental health department and county mental health board. Each county will conduct a public hearing on a draft plan and allow at least 30 days for review and comment. Plans need to be approved by the state Mental Health Oversight and Accountability Commission before funds can be distributed. *Required* local stakeholders include law enforcement agencies, mental health providers, education and social service agencies, and persons with severe mental illness and their families.

Source: California Welfare & Institutions Code

HOW IS PEI DIFFERENT FROM MHSA COMMUNITY SERVICES AND SUPPORTS FUNDING?

Generally, MHSA Community Services and Supports (CSS) funding, which is already being implemented by counties, is distinct from PEI because it focuses on individuals who are already seriously emotionally disturbed. According to the Department of Mental Health: "To distinguish, the intent of the PEI programs is to engage persons prior to the development of serious mental illness or serious emotional disturbances or, in the case of early intervention, to alleviate the need for additional mental health treatment...."

While some counties are using Community Services and Supports to serve juvenile justice youth, generally such CSS funding is focused on the minority of juvenile offenders who are seriously emotionally disturbed. According to national estimates, approximately 70 percent of youth in the juvenile justice system have mental health disorders, but only 25 percent of juvenile justice youth have disorders so severe that their ability to function is significantly impaired. As a result, most mentally ill juvenile offenders are outside the reach of CSS and may be a good target for PEI funding.

Sources: DMH *Proposed Guidelines: Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan, 2007*; National Center for Mental Health and Juvenile Justice, 2007

HOW ARE MIOCR AND MHSA COMPLEMENTARY FUNDING?

MHSA funding for juvenile justice youth can complement state funding for this population, such as the juvenile Mentally Ill Offender Crime Reduction (MIOCR) program established in 2006. For example:

First, the benefits of MHSA funding can be maximized by linking it with state funding to provide a continuum of integrated services for juvenile offenders. For example, in Orange County, one MHSA-funded program serves youth who are transitioning out of an in-custody MIOCR-funded program and back into the community; and in Santa Clara County, youth may participate in a more intensive MHSA-funded program either prior to or following participation in the MIOCR-funded program.

Second, MHSA can help meet the overwhelming need for mental health services for juvenile offenders both in counties with MIOCR's modest grants and other counties statewide. Already, \$14 million in MIOCR applications have been turned away due to lack of funding, including several for proven family therapies. Overall, California is still only reaching a small fraction of juvenile justice youth who could benefit from proven interventions: FFT, MST and MTFC are only reaching 4 percent of youth eligible for these programs. Also, any significant expansion of MIOCR to meet the growing demand appears unlikely; in 2007, the State Legislature threatened to eliminate the MIOCR program, and the program could be at risk again next year.

Sources: California Department of Corrections and Rehabilitation, 2007; FIGHT CRIME: INVEST IN KIDS, *On the Right Track to Safer Communities: Steering California's Juvenile Offenders Away from Lives of Crime, 2007*

WHAT ARE EXAMPLES OF PROGRAMS SERVING JUVENILE OFFENDERS WITH MHSA COMMUNITY SERVICES AND SUPPORTS FUNDING?

Alameda and **Fresno Counties** are using CSS funding for two of the proven family therapies highlighted in these materials: Multisystemic Therapy in Alameda and Functional Family Therapy in Fresno. These are appropriate uses of CSS funding because each county is targeting youth with serious emotional disturbances, consistent with CSS requirements. As DMH makes clear in its list of recommended Prevention and Early Intervention (PEI) strategies, PEI also may fund these interventions, which can serve a broader population than the seriously emotionally disturbed.

Marin County's Children's System of Care program serves 40 youth who are involved with Probation and/or attend the County Community School, a continuation high school. The majority of youth have some involvement in Probation. A key component of the program is the Family Partnership Program that consists of four Family Partners—parents who have had a child in the mental health system and can provide guidance to families currently trying to navigate the system.

Monterey County's Collaborative Action Linking Adolescents (CALA) program, funded through a MIOCR grant and CSS funds, provides a mental health court, as well as early mental health screening to youth who come into contact with the juvenile justice system. About 30 youth and their families will be referred to the mental health court each year, when it is determined that mental health issues contributed to delinquent behavior and the youth would be better served by treatment in the community than in custody. A team that includes behavioral health clinicians, a deputy district attorney, public defender, judicial officer, and a CSS-funded probation officer assists the presiding Judge in developing individualized plans to divert youth from detention.

In **San Bernardino County**, three One Stop TAY (Transition-Age Youth) Centers will serve youth transitioning out of juvenile justice, foster care and other out-of-home placements by providing aftercare and intensive case management. The centers will serve as "one stop shops" where transition-age youth can access a number of services, including mental health services, medical resources, and legal, housing, vocational and educational support. A CSS-funded probation officer provides case management and offers technical expertise for youth currently on probation or who have had a criminal record.

San Luis Obispo County's Community School Mental Health Services program provides daily mental health services for seriously emotionally disturbed youth who have been placed at a community school for behavioral issues and are involved in the juvenile justice system. The youth, his/her family, teacher, probation officer and mental health therapist work together to develop a plan to address individualized needs and goals. A mental health therapist, who will work full-time at the school site, will serve about 40-50 students each year.

Santa Cruz County's Probation Gate program is a multi-agency collaboration that aims to keep at-risk youth out of the juvenile justice system and from becoming deeper involved in the juvenile justice system. Youth referred to the program have been identified as needing both mental health and substance abuse treatment, and are served through mental health agencies linked to local schools.

In several counties, CSS also supports more broadly-targeted "Wraparound" and "Full Service Partnership" (FSP) programs that serve a combination of juvenile offenders and other youth with serious mental health needs. These programs generally provide individualized and comprehensive services—such as mental health services, social skills development, supervision and monitoring, tutoring, parenting-skills training, and housing and transportation assistance—to youth and their families.

For example, as of October 2007, in **Santa Clara County**, 22 of the 23 slots in the Children's FSP program were for juvenile justice youth, as were 10 of 26 slots in **Madera County's** Children/Youth FSP and 5 of 23 slots in **Sutter County's** Transition-Aged Youth FSP.

By October 2007, **Orange County** had served 29 juvenile justice youth (out of 385 total served) through its Children's and TAY Wraparound programs and, with new CSS funds, is developing a Wraparound program for Youthful Offenders, which is expected to serve 75 additional juvenile justice youth at a time.