

The Costs of Incarcerating Youth with Mental Illness: Policy Implications and Recommendations (Policy Brief #2)

*The Chief Probation Officers of California and
The California Mental Health Directors Association*

The “Costs of Incarcerating Youth with Mental Illness” project was conducted for the primary purpose of informing public policy development by analyzing the costs and contexts related to incarcerating youth with mental illness and co-occurring mental illness/substance use disorders in California detention facilities. This study was one of the products of ongoing collaboration between the Chief Probation Officers of California (CPOC) and the California Mental Health Directors Association (CMHDA). Information obtained from this study will serve to advocate for better services in order to prevent the inappropriate criminalization of youth who would be better served in mental health treatment settings, to improve services to youth who must be separated from the community, and to ensure continuity of mental health care upon re-entry of such youth to their communities.

Our study gathered various types of data related to the services offered to detained youth with suspected or diagnosed mental illness from surveys in 2007 of 18 California counties representing the state’s diversity of populations, geography and county size. Chief Probation Officers, mental health managers and other agency representatives completed the surveys which covered costs and contexts for youth characteristics, mental health and substance abuse services, healthcare, education, legal and court costs, and other issues. Site visits were conducted in 14 counties to obtain contextual information. We succeeded in eliciting information that addressed:

- The best estimates of actual services and their costs by probation and other agency staff who interface with these youth

- In the absence of cost data, a description of the types of services offered or utilized by these youth
- The contexts for these youth and their impact on the organizations and staff who serve them
- The limitations of the data that can potentially address better estimates of services and their costs, and
- Recommendations for practice, policy, training and further research recommended by key informants.

The following implications and recommendations resulted from the surveys and site visits.

IMPLICATIONS

Youth with Mental Illness Stay Longer

Respondents estimated that at least 50% of detained youth have a suspected or diagnosed mental disorder. These youth continue to experience longer lengths of stay in detention facilities primarily due to placement delays and gaps in community services. The burden on facilities is high-- these youth continue to require extraordinary resources to maintain them in an environment that was not originally intended to provide an appropriate treatment response. Not only have the numbers of these youth been steadily increasing, recent changes brought about by DJJ Realignment will for many counties result in increased numbers of troubled youth in local detention facilities.

The Role of Detention Facilities in Providing Services

Facilities have made adaptations in order to respond to the increasing numbers of youth

with suspected or diagnosed mental disorders. There is recognition that a majority of youth require some mental health-related intervention along a continuum of need, ranging from those youth who have serious and disabling symptoms to those who are experiencing temporary adjustment problems or post-traumatic response as a result of life circumstances prior to confinement or as a result of the confinement experience itself. Facilities have made some of the following adaptations:

- Dedicated mental health units and on-site mental health staff
- 24-hour coverage by health providers
- Specialized screening and assessment procedures
- Interagency systems of care
- Specialized training of facility staff

Even with these, serious gaps remain in facilities' ability to ensure proper continuity of care once youth are released. Some counties have implemented special initiatives such as Mentally Ill Offender Crime Reduction projects, *Healthy Returns Initiative* grants, juvenile drug court and other opportunities to improve preventive and post-release services. For most counties there are also serious gaps in local, regional and statewide placement alternatives geared towards providing treatment for these youth. Those counties with improved local placement alternatives reported success in reducing admissions and lengths of stay in detention facilities.

Problems with Interagency Collaboration

Funding fragmentation, philosophical differences, and resource limitations pose challenges to effective collaboration among probation, county mental health, and other local agencies. Youth are caught in the middle—these factors can impede individual case planning as well as the adequate allocation of resources. Those counties with better relationships and formalized agreements between these agencies reported more effective

use of resources and shorter lengths of stay in detention for these youth.

Medi-Cal as a Major Policy Issue

The most consistently mentioned barrier to providing mental health services was the inability to use Medi-Cal (Medicaid) for these youth. Even for post-disposition youth whose services might be eligible for Medi-Cal reimbursement, many counties do not draw down federal Medicaid funds due to administrative burden or procedural problems. (The Youth Law Center has had ongoing efforts to influence the federal “inmate exception” laws that have been interpreted to apply to juveniles in detention, as well as to encourage the increased use of Medi-Cal for post-adjudication youth.)

Limitations of Data

Data systems in most counties do not provide specific information on youth in detention facilities who need or use mental health services—there exists fragmentation of data that mirrors the fragmentation of services. Some limitations in data sharing are inevitable due to confidentiality laws, however some counties have found ways to successfully share information for the purpose of coordinating care. While county probation departments routinely report monthly population statistics to the California Department of Corrections and Rehabilitation (CDCR) on “open mental health cases” in detention, counties vary in how they count and report these data.

RECOMMENDATIONS

Services provided in detention facilities

- Clarify criteria statewide for the use of mental health and substance abuse services so as to improve the quality of care and equity of the distribution of services among juvenile detainees. The development of formal levels of need would help facilities accurately match need with relevant services and allocate resources accordingly.

- Provide uniform standards of care for various types of mental illness diagnoses, responses to trauma, and the full continuum of emotional need of juvenile detainees. Include up-to-date medication practices based on the most available evidence. This would also include required adjustments to state-mandated staffing ratios to respond to these youth.
- Develop and provide training to facility staff to improve conditions in facilities by increasing staff understanding of emotional disorders and reactions in youth, maximizing consistent communication among staff and providers, and maximizing the rehabilitative opportunities of these facilities to improve social functioning and prevent subsequent recidivism.
- Host a forum with representatives from probation, mental health, child welfare, Regional Centers, and community-based organizations to highlight promising and evidence-based practices as well as innovations to address sub-populations (such as services to female offenders, gang interventions), the use of Therapeutic Behavioral Services (TBS) in this context, and others.

Services provided in the community

- Promulgate models for the assessment of gaps in community services and their impact on youth at risk for involvement in the criminal justice system.
- Take advantage of the opportunities afforded by the Mental Health Services Act to improve community services and supports, as well as early prevention services for at-risk youth, including those who may currently be detained.
- Develop more transitional services (such as those being piloted by MIOCR grants, The California Endowment’s *Healthy Returns Initiative*, and in some counties’ MHSAs programs), so that youth leaving detention facilities and their families are provided coordinated and integrated services by probation, formal agency services, and

informal supports. Relevant housing alternatives and supports for educational attainment and vocational preparation should be included for those older adolescents about to “age out” of the juvenile justice system.

- Host forums to highlight county exemplars in the implementation and testing of community-based supports and preventive services for these youth.

Efforts to improve coordination among agencies

- Host formal regional or county convenings with representatives from probation, facilities, mental health, education and substance abuse services in order to highlight exemplars and lessons learned by counties attempting to bridge the gaps in agency cooperation, information sharing, policy planning, and coordinated care.
- Through state policy, encourage or require evidence of county agency coordination for these youth through regular forums such as interagency case review meetings and placement committees.
- Provide information and technical assistance to judges and court personnel to improve the coordination between the courts, agencies and facilities.

An adequate residential continuum of care to provide appropriate placement alternatives

- Convene statewide and regional planning efforts to inventory gaps in residential and hospital alternatives, and develop recommendations for specific statewide, regional and local county alternatives. Include representatives from child welfare, mental health, probation, Regional Centers and psychiatric hospitals.
- Make available more alternatives for the following residential care alternatives covering the continuum of need:
 1. *Psychiatric hospitals* (or emergency assessment alternatives for rural counties) with the capacity to provide

- adequate and comprehensive psychiatric evaluations and crisis response for youth in detention facilities
2. *Short term crisis group homes* to prevent inappropriate detentions or to provide “stepdown” temporary placement for juveniles released from detention who meet criteria for this brief level of care
 3. *Foster care homes and treatment foster care* alternatives specifically geared towards youth involved in the juvenile justice system
 4. *Mid-level or intermediate residential alternatives* such as unlocked residential treatment facilities and locked therapeutic placements, and short term psychiatric hospitals for assessment and treatment. These could be regional placement facilities, either expanding the capacity of the current Community Treatment Facilities or developing other models. Evaluate the current capacity of Community Treatment Facilities (CTFs) and advocate for expansion or alternative placement options.
 5. *Higher level alternatives for youth with extreme mental health needs* who would otherwise remain detained for several months or years. These include regionally-based locked psychiatric hospitals that would not exclude admission for youth with developmental disabilities, violent behavior, and/or a history of fire setting behavior in addition to diagnosed mental disorders. Expand special treatment programs for youth sexual offenders.

Policy Recommendations

- Convene workgroups in collaboration with the Youth Law Center to continue efforts to influence “inmate exception” policies excluding services to pre-adjudicated youth for Medicaid reimbursement.
- Provide training and technical assistance to county probation departments and mental

health agencies to ease the administrative burden of Medi-Cal billing for services to post-adjudicated youth. Take an inventory of counties whose youth experience breaks in Medi-Cal eligibility as a result of being detained, and initiate administrative policies and procedures to ensure uninterrupted Medi-Cal eligibility upon release from detention.

- Develop funding guidelines and highlight innovative funding strategies to sustain mental health and substance services to detained youth
- Monitor the impact of DJJ Realignment and its effect on local detention facilities
- Improve data reporting standards of “open mental health cases” resulting in consistent data about the number of youth who use mental health services.

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The Costs of Incarcerating Youth with Mental Illness: Policy Briefs

- #1 Study Objectives, Methods and Findings**
- #2 Policy Implications and Recommendations**

Copies of these Policy Briefs and the full report are available at <http://www.cpoc.org> and at <http://www.calendow.org/>