

By Emily Luhrs for [The Juvenile Justice Information Exchange](#)

As California and the nation continue to struggle with budget crises, creative and cost-effective approaches in the provision of services for high-needs youthful offender populations are becoming increasingly necessary.

Leaders in California, [Georgia](#) and [New York](#) have recently called for reform or “realignment” of their out-of-date state-run juvenile justice systems. While the urgency for reform in many states is a result of strained state budgets, it serves as an opportunity to engage juvenile justice stakeholders to restructure their juvenile justice systems in a more efficient and effective manner.

One population to pay particular attention to when planning for juvenile justice realignment is the disproportionate number of youth with mental health needs in juvenile facilities, known as the “crossover caseload.”

These highest-needs youth have historically been neglected during times of reform, when in fact they are the youth most in need of quality, individualized care. As a result of 1980s mental health system reform, juvenile justice systems, in effect, replaced public psychiatric hospitals in the care of mentally ill youth; despite the fact that the juvenile justice system lacks the resources to provide adequate services for this population.

Although rates of juvenile incarceration have been declining, a disproportionate number of youth in this crossover caseload are still being confined, between [50-70 percent nationally](#) and 42 percent in California, according to conservative estimates.

Resource-strained counties in California have continued to institutionalize this crossover caseload because their probation departments do not have sufficient expertise or resources for creative alternative services, such as community supervision and therapy. However, access to treatment in state-run facilities is arguably worse.

Currently California's Division of Juvenile Facilities has very limited bed space for youth in need of intensive mental health treatment. Roughly 13 percent of all DJF beds are designated for youth with mental health needs, while 75 percent of youths at intake have serious mental health diagnoses.

Additionally, these units reserved for mental health youth have been under the most intense scrutiny, due to higher rates of use-of-force and chemical agents than general population units.

[Just under 50 percent](#)

of all use-of-force incidents in California's state-run facilities involving chemical restraints, such as pepper spray, were directed towards a youth or group of youth with a mental health designation. Prison-like environments do not have the appropriate staffing nor are they structurally designed to promote a therapeutic approach to rehabilitation. Moreover, these punitive and restrictive environments can further exacerbate symptoms associated with mental illness for youthful offenders.

In the current age of reform, states must carefully consider the specific needs of youthful offenders when developing plans for realignment and operate in a cost-effective manner. Placing youth in the most appropriate and least-restrictive interventions will be critical to the maximization of intensive placements for those who truly need it. However, with state and county budgets cut to the bone, California and other states will have to be creative not only with program options, but also with funding streams.

[San Francisco County](#), California has modeled a unique approach to serving the crossover caseload at each stage of the juvenile justice system, with a particular focus on successful re-entry, by maximizing two diverse funding streams. Tapping into underutilized federal funding, specifically Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and Wraparound funding (WRAP), San Francisco County offers a comprehensive continuum of care for the crossover caseload, without over-burdening juvenile facilities or draining state and county money.

EPSDT is a diverse funding stream that covers the costs of individual and group therapy as well

as clinical case management for Medicaid eligible youth under 21. Wraparound, a flexible funding stream that has been adopted by many states, serves the purpose of providing youth, at risk of or reentering from placement, an alternative to group home care. In California, wraparound funds are equivalent to the cost of placing a youth in the appropriate level group home, greatly expanding the availability of nonresidential care.

Other states such as [Illinois](#), Ohio, and Pennsylvania have already arrived at the realization that providing youth a continuum of care is a cost-effective way to reduce reliance on incarceration and improve rehabilitation outcomes. By making use of diverse and flexible funding streams, true reform, rather than simply transferring difficult-to-manage populations from one inadequate system to another, will be possible.

In preparation for juvenile justice realignment, jurisdictions in California and across the country must embrace this model of reform to ensure appropriate treatment for the crossover youth they will now be responsible for in their communities.