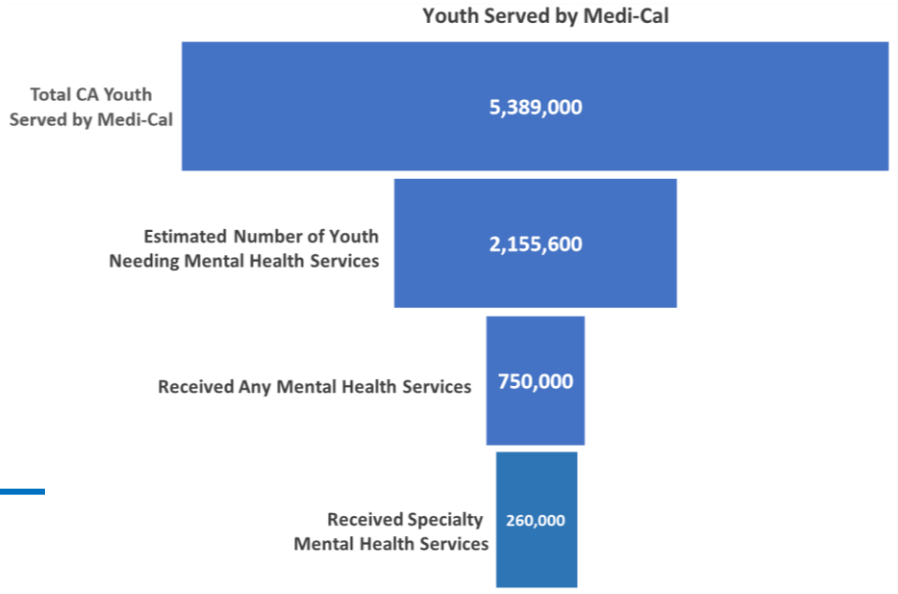
# Briefing on Mental Health Services
# November 2021
## *The Need for Mental Health Treatment for Children in the Juvenile Delinquency and Dependency Systems*

*Court-involved youth access mental health treatment through private insurance, public insurance (such as Medi-Cal), or education-based services. However, there can be a knowledge gap in determining which funding source is the most appropriate, as well as other challenges that can impact the ability for a child to access treatment.*

*This is the first in a series of briefings on juvenile mental health needs examining ways for courts to engage with partners to access necessary mental health services. The goal of this series is to help courts and system partners better bridge those gaps and challenges. This briefing provides an overview of the need for treatment and challenges in obtaining appropriate mental health services.*

## *The Need for Mental Health Treatment*

Up to 70% of youth in the juvenile court system have a diagnosed mental health condition.[1] Children in foster care have more mental health conditions than system-involved youth who have not been removed from the home by the court.[2] System-involved youth often have one or more adverse childhood experiences (ACEs), which are associated with mental and behavioral health issues.[3] More than half of these system-involved youth also have a co-occurring substance use disorder.[4] With appropriate evidence-based treatment programs, youth in the delinquency system have a decreased likelihood of reoffending and increased emotional development.[5] Unfortunately, youth are often left with no treatment primarily due to a lack of funding or other resources. Additionally, in the general population of youth served by Medi-Cal, only a small percentage of youth needing treatment receive a referral for treatment, and even if they receive a referral, there is no guarantee that treatment is obtained.[6] In 2020, only a small percentage of youth served by Medi-Cal received any services. There can be racial, ethnic, and age disparities in treatment access.[7] And sometimes, resources may be available, but court stakeholders are not aware of how to access them.




## *Challenges Accessing Treatment*

A lack of funding has been one of the reasons for the inability to provide mental health treatment services for children and youth. However, there are available federal funding sources that may be unknown to the courts. As one example, the Affordable Care Act allowed California and other states to expand Medicaid with increased outreach and enrollment efforts, creating a new funding source for many, including most foster youth who can now be covered until age 26. In addition, in 2015

California merged its "Healthy Families" program[8] with Medicaid, expanding coverage to all youth whose family earned up to 250% of the federal poverty level under the Medi-Cal program, California's Medicaid. This program requires mental health services for youth regardless of the severity of their condition and even when requested services are not otherwise covered. Two-thirds of all youth in California are now covered by Medi-Cal.[9] Youth in the juvenile justice or child welfare system may not know that they are eligible for Medi-Cal, which could cover services they may otherwise not receive from their private insurance.

The number of people eligible increased during the pandemic as so many lost their jobs.[10] The number of youth enrolled in Medi-Cal also increased.[11] Due to COVID-19, all prior authorization requirements for Medi-Cal benificiaries are waived and treatment or service authorization requests can be submitted after services have been received. In addition, the funding of telehealth has been expanded to allow out-of-state providers to apply for enrollment in the Medi-Cal reimbursement program in certain circumstances.


It is a reality that some jurisdictions have limited treatment options, and some may limit treatment availability to, or let coverage lapse for, those who are in a detention setting or residential treatment facility. Additionally, Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program entitling youth to services can lack consistent definitions across the state's subcontractors and thus the provision of services and billing varies greatly depending on where the youth resides in the state. Finally, language barriers could impact the delivery of services. Courts are discouraged from making orders for limited English proficient (LEP) youth that would require them to participate in programs and services that are not available in their language. See California Rules of Court, rule 1.300, on connecting LEP youth to programs or professionals with services in the languages they speak. For more information on rule 1.300, see the Judicial Council's Language Access Toolkit.

Despite these and other challenges, research has shown a clear need to address trauma, mental health, and substance use disorders in all youth in the delinquency and dependency systems. The wheel at left displays the various services and funding streams available.[12]

## *What Can Courts and Partners Do?*

To maximize the ability for children and their families to receive services, it is important for courts to examine ways to improve referrals and coordination of services using these funding streams. One way to do that is by creating memoradums of understanding and information-sharing agreements across agencies working with these youth. Innovative approaches can help expand access to treatment and early intervention.

***Case Study Spotlight***

The California Children's Trust has been working with the Los Angeles County court to connect Medi-Cal beneficiaries engaged in juvenile proceedings to their existing Medi-Cal benefits. This includes collaborating with L.A. Care[13] and its subcontractors to create a directory of their provider networks. The next phase of that project will be to conduct technical assistance trainings with Los Angeles probation and child welfare staff to streamline referrals and access to mental health services by partnering with Medi-Cal managed care organizations in Los Angeles. The California Children's Trust has a webinar available on understanding and navigating the Medi-Cal system.

Jurisdictions may also consider providing joint training to probation and child welfare staff about available funding streams and how to access them. A prior similar project to educate juvenile justice stakeholders about Medi-Cal funding for treatment services resulted in improved knowledge about funding and barriers to treatment and improved ability to leverage federal resources for Medi-Cal–eligible youth in the juvenile justice system.[14]

***What's Next?*** Watch this space for more briefings on juvenile mental health needs. We will continue to examine ways to engage the courts to work with partners to access necessary mental health services to meet those needs.

## *Resources*

- An Advocate's Guide to Medi-Cal Services
- National Health Law Program Medi-Cal Resource List
- Behavioral Health and California's Foster Youth, Part 1: Understanding the Need
- Behavioral Health and California's Foster Youth, Part 2: Meeting the Need
- MHSA Information Sheet: A Guide for Courts to Access Funding
- Directories for Substance Use Disorder Services
- Medi-Cal Managed Care Organizations by County
- Medi-Cal Specialty Mental Health Services

[1] As cited in Office of Juvenile Justice and Delinquency Prevention (OJJDP), *Intersection between Mental Health and the Juvenile Justice System* (2017). Retrieved from *https://ojjdp.ojp.gov/mpg/literature-review/mental-health-juvenile-justice-system.pdf*.

[2] K. Turney and C. Wildeman, "Mental and Physical Health of Children in Foster Care" (2016) 138(5) *Pediatrics*. Retrieved from *https://pediatrics.aappublications.org/content/138/5/e20161118*.

[3] J. B. Folk et al., "Adverse Childhood Experiences Among Justice-Involved Youth: Data-Driven Recommendations for Action Using the Sequential Intercept Model" (2021) 76(2) *American Psychologist*, 268–283.

[4] L. Callahan et al., "A National Survey of U.S. Juvenile Mental Health Courts" (2012) 63(2) *Psychiatric Services*, 130–134.

[5] Mental Health America, *Position Statement 41: Early Identification of Mental Health Issues in Young People* (2016). Retrieved from *www.mhanational.org/issues/position-statement-41-early-identification-mental-health-issues-young-people*.

[6] See OJJDP, note 1.

[7] *Ibid.*

[8] California's Children's Health Insurance Program (SCHIP) is named "Healthy Families" and is designed to provide insurance coverage for children whose families earn too much to qualify for Medicaid but who cannot afford private coverage.

[9] KidsData, *Medicaid (Medi-Cal) and CHIP Yearly Enrollment* (2019). Retrieved from *https://www.kidsdata.org/topic/1998/medicaid-yearly-enrollment/table#fmt=2510&loc=1,2&tf=124&ch=1305,1304,1306*

[10] B. Corallo and A. Mehta, "Analysis of Recent National Trends in Medicaid and CHIP Enrollment" (2021). *Kaiser Family Foundation*. Retrieved from *www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment*.

[11] California Dept. of Health Care Services, *Medi-Cal Children's Health Dashboard* (2021). Retrieved from www.dhcs.ca.gov/services/Documents/Childrens-Health-Dashboard-March-2021.pdf.

[12] Judicial Council of Cal., *Supporting the Mental Health of Youth in Juvenile Court: Resource Guide* (2019). Retrieved from www.courts.ca.gov/documents/kkis-mentalhealth-juvcourt.pdf.

[13] L.A. Care is the local Medi-Cal managed care health plan for Los Angeles County. The program covers the vast majority of Medi-Cal beneficiaries in the county.

[14] A. Bussiere and S. Burrell, "Improving Access to Medi-Cal for Youth in the Juvenile Justice System" (2006). *Youth Law Center*. Retrieved from *www.ylc.org/wp-content/uploads/2018/11/ImprovingAccesstoMediCal1.pdf*.