



## **County Officials Sharply Refute Flawed Report on Mental Health Services for Foster Youth February 2010**

The California Mental Health Directors Association (CMHDA) sharply refutes the conclusions of a flawed report issued by the Children's Advocacy Institute (CAI) regarding mental health services for Transition Age Foster Youth (TAFY).

"The report issued by the Children's Advocacy Institute draws false conclusions about counties' efforts to meet the mental health needs of foster youth after looking at only one piece of a complex puzzle. Californians deserve to see the whole picture," said Patricia Ryan, Executive Director of the CMHDA. "While this report provides well-founded reasons why mental health services are needed for transition age foster youth, it ignores the important progress California counties have made in serving the needs of our communities, including transition age foster youth, through Prop. 63 (the Mental Health Services Act) and other funding sources – just as the voters intended when they passed the initiative five years ago."

The Children's Advocacy Institute report, "Proposition 63: Is the Mental Health Services Act Reaching California's Transition Age Foster Youth?" presents an incomplete and incorrect view of the efforts counties have made to serve the Transition Age Youth (TAY) and Transition-Aged Foster Youth (TAFY) populations. Among the most egregious errors and misrepresentations are the following:

***FALSE:*** Needs of TAFY have not been met through Prop. 63.

**Fact:** The Mental Health Services Act requires counties to exhaust other resources before expending MHSA funds, and specifically requires that funds be used to serve individuals who are not covered (or not fully covered) by private insurance or public mental health programs. Many foster youth are served by Medi-Cal and other services until age 21. The CAI report makes no attempt to assess counties' performance or penetration rates in using Medi-Cal to provide entitlement services, including traditional individual therapy, family therapy and medication services, to foster youth. Foster youth can also receive Therapeutic Behavioral Services when medically necessary, which provides specialized 1:1 behavioral services and behavioral coaches for each child and their foster parents. Services can be delivered in a variety of settings, including at school and in-home.

Once these entitlement services are exhausted, counties can use MHSA funds to fill in the gaps. In fact, MHSA funds are quite effectively serving transition age youth ages 16 to 25 in many counties. In Contra Costa County, after one year, a TAY program has decreased homelessness by 95%, hospitalization by 70%, incarceration by 80% and arrests by 79%. In San Mateo County, programs serving transition age youth have been effective in improving educational outcomes. For example, no program participant was suspended from school and students' grades increased by nearly 40%.

**FALSE:** *Counties have not treated TAFY populations separately from other TAY.*

**Fact:** Counties have recognized the unique needs of TAFY populations. For example, **several counties have put in place "graduated foster youth" programs** so that TAFY can transition between traditional mental health care (provided to foster children under Medi-Cal) and MHSA-funded Full Service Partnership programs that serve individuals across their life span, and provide intensive "do whatever it takes" services to keep individuals from homelessness, hospitalization and institutionalization.

**FALSE:** *County Mental Health Services Act plans ignore the needs of TAFY.*

**Fact:** The MHSA requires that counties conduct an extensive community planning process where the community, not the county mental health department, determines what services and programs are funded under broad guidelines. Despite this, **the majority of county MHSA plans significantly target TAY populations, and many others have identified TAYF populations for specific programs.** For example, in Sonoma County, 25% of all TAY funds are dedicated to TAY transitioning out of the foster care system. Services include mental health treatment, support and education, supportive housing and housing services, transportation assistance, employment services, support in pursuing educational goals, linkage to community resources such as drug and alcohol abuse services, peer mentoring, and peer support.

**FALSE:** *Counties can be mandated to provide specific services to only TAFY.*

**Fact:** The CAI report recognizes that core funding for county mental health programs is eroding due to the ongoing budget crisis and reduced state general funding. Since the Act was passed in 2004, the state has reduced its general fund obligation to support community-based mental health services by eliminating community programs like AB 2034 (Integrated Services for Homeless Adults) and Children's System of Care, slashing Medi-Cal Specialty Mental Health Managed Care funds, and deferring hundreds of millions of dollars in payments owed to counties for providing mental health services to special education students. Despite these reduced services that affect all populations, the CAI would have counties set aside funding to only TAFY, which in the current fiscal environment would mean shifting funding away from other community-identified priorities. Even with the funding provided by Prop. 63, severe underfunding of mental health services over several decades means only an **estimated 67%** of the nearly 1 billion California residents in need of public mental health services are being served under the current system (according to the most recent data available from the

- Not suggesting shifting  
funding from other priorities  
- that would be supplantation

CA Department of Mental Health). Furthermore, the report calls upon the Mental Health Services Oversight and Accountability Commission to go outside its statutory authority by imposing mandates on counties.

"Unfortunately, CAI researchers did not work with county mental health departments to better understand county services, or counties' overall efforts to reach the TAFY population before presenting this flawed report," said Ryan. "At a time when the state's staggering economic woes have increased the need for mental health services, and amidst severe budget shortfalls at the state and county levels, county mental health departments are working to meet the needs of everyone in their communities. Rather than jumping to conclusions that are not based on facts, we invite the CAI to work with counties to better understand and address the unique challenges facing transition aged foster youth."

- County mental health Depts  
Were contacted 3 times
  - (1) PRA - 2007
  - (2) Follow up email 2008
  - (3) Email / Phone Contact 2007