Addressing the Mental Health and Substance Abuse Needs of Juvenile Justice Involved Youth Through Systems of Care

www.neglected-delinquent.org
Introductory Remarks
Simon Gonsoulin
Director, NDTAC
About NDTAC

- **Neglected-Delinquent TA Center (NDTAC)**
- **Contract between U.S. Department of Education and the American Institutes for Research**
  - John McLaughlin, Federal Coordinator, Title I, Part D Neglected, Delinquent, or At Risk Program

**NDTAC’s Mission:**
- Develop a uniform evaluation model
- Provide technical assistance
- Serve as a facilitator between different organizations, agencies, and interest groups
I. **Sharon Hunt**, Deputy Director of Operations, Technical Assistance Partnership for Child and Family Mental Health

II. **Liz Doyle**, Clinical Director, McHenry County Mental Health Board

III. Sharon Hunt

IV. Question and Answer Session
Addressing the Mental Health and Substance Abuse Needs of Juvenile Justice Involved Youth Through Systems of Care

Sharon Hunt
Deputy Director of Operations, Technical Assistance Partnership for Child and Family Mental Health
A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person’s cultural and linguistic needs. A system of care helps children, youth and families function better at home, in school, in the community and throughout life.
Mental Health and Substance Abuse

- An estimated 4.5 to 6.3 million children and youth in the US face mental health challenges.
- National survey findings show that 11.5% of youth aged 12–17 received mental health services in an educational setting.
- National survey findings show that 5.4 percent of adolescents had past year dependence on or abuse of alcohol and 4.3 percent past year dependence on or abuse of illicit drugs.


Values and Principles for a System of Care

- Family driven and youth guided
- Home and community based
- Strength based and individualized
- Culturally and linguistically competent
- Integrated across systems
- Connected to natural helping networks
- Data driven, outcomes oriented

Families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.
Family driven means that families take the lead on....

- Choosing supports, services, and providers
- Setting goals
- Designing and implementing programs
- Monitoring outcomes
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth
Youth guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a sustainable voice and the focus should be towards creating a safe environment enabling a young person to gain self sustainability in accordance to the cultures and beliefs they abide by. Further, through the eyes of a youth-guided approach we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength based change process. Youth guided also means that this process should be fun and worthwhile.
• Reduce disparities and enhance cultural and linguistic competence among policy makers, administrators and service providers.
• Enhance organizational capacity for cultural and linguistic competence.
• Increase awareness and knowledge of factors that contribute to disparities.
• Develop specific approaches that contribute to the goal of eliminating disparities.
Family–Driven, Youth–Guided Systems of Care Look Like
## Characteristics of Systems of Care as Systems Reform Initiatives

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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</thead>
<tbody>
<tr>
<td>Fragmented service delivery</td>
<td>Coordinated service delivery</td>
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<tr>
<td>Categorical programs/funding</td>
<td>Blended resources</td>
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<tr>
<td>Limited services</td>
<td>Comprehensive service array</td>
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<tr>
<td>Reactive, crisis-oriented</td>
<td>Focus on prevention/early intervention</td>
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<td>Focus on “deep end,” restrictive</td>
<td>Least restrictive settings</td>
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<td>Children/youth out-of-home</td>
<td>Children/youth within families</td>
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<td>Centralized authority</td>
<td>Community–based ownership</td>
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<tr>
<td>Creation of “dependency”</td>
<td>Creation of “self–help”</td>
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Untreated Mental Health and Substance Abuse Issues
Impact of Mental Health and Substance Abuse on Youth

- Sixty to eighty percent of youth entering substance abuse treatment have co-occurring disorders (substance abuse and mental health)
- Untreated mental health and/or substance abuse issues may create the following problems for youth:
  - Increase in criminal behavior
  - Decrease in school attendance
  - Increase in mental health and substance abuse symptoms
Co–Occurring Psychiatric Problems

- Any Co–occurring Psychiatric: 66%
- Conduct Disorder: 50%
- Attention Deficit/Hyperactivity Disorder: 42%
- Major Depressive Disorder: 35%
- Traumatic Stress Disorder: 24%
- General Anxiety Disorder: 14%
- Ever Physical, Sexual or Emotional Victimization: 63%
- High severity victimization (GVS>3): 45%
- Ever Homeless or Runaway: 31%
- Any homicidal/suicidal thoughts past year: 22%
- Any Self Mutilation: 9%

Source: CSAT AT 2007 dataset subset to adolescent studies (N=15,254)
Past Year Violence & Crime

- Any violence or illegal activity: 80%
- Physical Violence: 68%
- Any Illegal Activity: 63%
- Any Property Crimes: 48%
- Other Drug Related Crimes*: 45%
- Any Interpersonal/ Violent Crime: 43%
- Lifetime Juvenile Justice Involvement: 85%
- Current Juvenile Justice involvement: 71%
- 1+/90 days In Controlled Environment: 39%

*Dealing, manufacturing, prostitution, gambling (does not include simple possession or use)
Source: CSAT AT 2007 dataset subset to adolescent studies (N=15,254)
The Majority of Adolescents Cycle in and out of Recovery

Source: Dennis et al, forthcoming
High Risk Recovery Environments

Regular alcohol use
- In home: 29%
- Among work/school peers: 52%
- Among social peers: 61%

Regular drug use
- In home: 17%
- Among work/school peers: 67%
- Among social peers: 79%

Source: CSAT AT Common GAIN Data set
An Integrated Co-occurring Treatment Model in a System of Care

Liz Doyle
McHenry County Family CARE
NDTAC Webinar
December 14, 2009
History of Family Child and Adolescent Recovery Experience (CARE) Integrated Co-occurring Treatment (ICT) Program

- Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant awarded in October 2005
  - Targeted population: Youth with co-occurring mental health & substance abuse disorders (one of four populations targeted by Family CARE)
  - Family and youth involvement - exposed to Integrated Co-Occurring Treatment (ICT) Model at SAMHSA Conferences

- SAMHSA planning grant awarded in October 2007
  - Established a collaborative community group
  - Partners: Court Services, Law Enforcement, Psychiatric Inpatient, Mental Health Agencies, Crisis Program, Special Education
  - Reviewed different models of treatment

- ICT Model Selected - June, 2008
  - Training started - July 2008
  - Goals for ICT Program:
    - Specialized treatment for mental health & substance abuse
    - Treatment option for youth being served by Screening, Assessment and Support Services Program
    - Prevent youth from entering the juvenile justice system; reduce arrests
    - Reduce hospitalizations and at-risk behaviors
Definition of ICT

- Integrated Co-occurring Treatment (ICT) Program is an Evidence-Informed home-based 24/7 treatment model developed to address the specific issues of youth with both mental health and substance abuse issues.

- Major Goals: Prevent JJ contacts, decrease substance abuse, and increase positive school, home and community interactions.
Components of Family CARE ICT Program

- Development of ICT Screening Committee
  - Subset of the Planning Committee Members - Weekly meetings to review admissions and discharges and program challenges; responsible for evaluation.
  - Screening Committee meetings began in September, 2008

- ICT Team
  - 3 ICT Therapists; 2 (.25) ICT Supervisors (1 Mental Health and 1 Substance Abuse)
Participants

- September 2008 to March 2009
- 18 youth were enrolled
- **Gender:**
  - 56% Male
  - 44% Female
- **Ages:**
  - 11% were 12 years old
  - 44% were 15 years old
  - 44% were 16 years old
- **Ethnicity:**
  - 72% White
  - 28% Hispanic
Discharge Data

- Average length of participation in program: 185 days
- Number of discharges in first year: 18
  - 15 (83%) successful discharges
  - 3 (17%) unsuccessful discharges
Positive Outcomes

End of First Year:

- 67% decreased their substance use from intake to discharge
- 67% had more positive interactions in their home/family
- 28% had more positive interactions in the community
- 17% made positive changes in peers
- 55% had more positive interactions in school
Lessons Learned

- Older youth with more chronic substance abuse
- Youth involved with gangs
- Engagement of Schools
  - Did not understand the Reduction Theory of the ICT Model - wanted total abstinence
- Buy-in of psychiatrists
Future Directions

- Treating 45 - 60 adolescents in the ICT program per year
- Sustaining 4 full-time therapists
- Recruiting a Spanish speaking ICT therapist
- Soliciting more community referrals
- Collecting data and evaluating outcomes
On the Horizon

- Further developing:
  - Family Resource Developers
  - IFF (Illinois Federation of Families) Parent Group
  - Peer Leadership Support Group
  - Peer to Peer Mentoring
Financing/Sustainability Plan

- Blended Funding
  - State Authorized Funding for SASS
    - Program participants
  - Medicaid Clients/IL Rule 132
  - Private Insurance (if available)
  - Non Medicaid Billable Services (IL Department of Human Services)
  - Local Tax Dollars
Contact Information

Liz Doyle, LCPC
Clinical Director
McHenry County Family CARE
Crystal Lake, IL (45 miles northwest of Chicago)
Telephone: 815-788-4360
Email: ldoyle@mc708.org
Recovery, Resilience and Transformation

What is involved?
- Rethinking traditional approaches
- Strengths-based
- Family driven & youth guided
- Embracing culture

Who is involved?
- Youth
- Adults
- Families
- Providers
- Communities

Fulfilling Potential
Youth in SOC – Positive Education Outcomes

- Only 8% of youth in SOC for 12 months had repeated a grade, compared to 15% in the general public.
- Youth receiving passing grades (C or better) increased from 55% upon entry into services to 66% after 12 months of services.
- Within one year of entering SOC services, the percentage of youth attending school regularly increased from 75% to 81%.

Youth in SOC – Positive Education Outcomes (Continued)

After receiving SOC services for 12 months:

• There was a 22% reduction in the percentage of youth who changed schools due to emotional and behavioral reasons
• Expulsions from school decreased by 2/3 (from 15% at intake to 5%)
• Sixteen percent of youth reported significant lower levels of depression and 21% reported significant lower levels of anxiety than when they entered services
• Five percent of youth had reported suicide attempts (62% reduction after starting services)

US Department of Health and Human Services (www.samhsa.gov)

System of Care Communities of the Comprehensive Community Mental Health Services for Children and Their Families Program
Currently Funded Communities

Funded Communities

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<tr>
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<td>2005–2006</td>
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<td>2008</td>
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System of Care Communities of the Comprehensive Community Mental Health Services for Children and Their Families Program

Graduated Communities

Funded Communities

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<tr>
<td>2002–2003</td>
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How to Engage SOC

- Go to TA Partnership website (www.tapartnership.org) or SAMHSA’s website to see list of SOC grantees (http://mentalhealth.samhsa.gov/cmhs/childrenscampaign/grantcomm.asp)
- Contact your state children’s mental health director to get contact for the SOC.
- Contact the project director at the SOC to discuss ways to collaborate.
- Bring your resources to the table.
SOC Resources

Technical Assistance Partnership for Child and Family Mental Health website: www.tapartnership.org


Youth Involvement in Systems of Care
http://www.tapartnership.org/docs/Youth_Involvement.pdf