the NATIONAL REENTRY RESOURCE CENTER

*A project of the CSG Justice Center*

# Best Practices in Behavioral Health Treatment for Juveniles Returning from Out-of-Home Placement

Brought to you by the National Reentry Resource Center and the Bureau of Justice Assistance, U.S. Department of Justice

With support from the Public Welfare Foundation, Joyce Foundation, Annie E. Casey Foundation, and Open Society Institute

© 2012 Council of State Governments Justice Center

# Previous Webinars

- Juvenile Reentry in Concept and Practice
- Family Engagement in Reentry for Justice-Involved Youth
- Identifying and Engaging Reentry Mentors for Justice-Involved Youth
- Education and the World of Work: Anchors to a Strong Juvenile Reentry Plan

Recordings of previous webinars and other resources are available at http://nationalreentryresourcecenter.org/topics/juveniles

# Speakers

- Shay Bilchik, Founder & Director, Center for Juvenile Justice Reform, Georgetown University
- Randy Muck, M.Ed., Senior Clinical Consultant, Advocates for Youth and Family Behavioral Health Treatment
- Gina Vincent, Ph.D., Center for Mental Health Services Research, University of Massachusetts Medical School
- Susan Cycyk, M.Ed., Director, Division of Prevention and Behavioral Health Services, Delaware Children's Department
- Judge Michael Nash, Presiding Judge, Los Angeles Juvenile Court

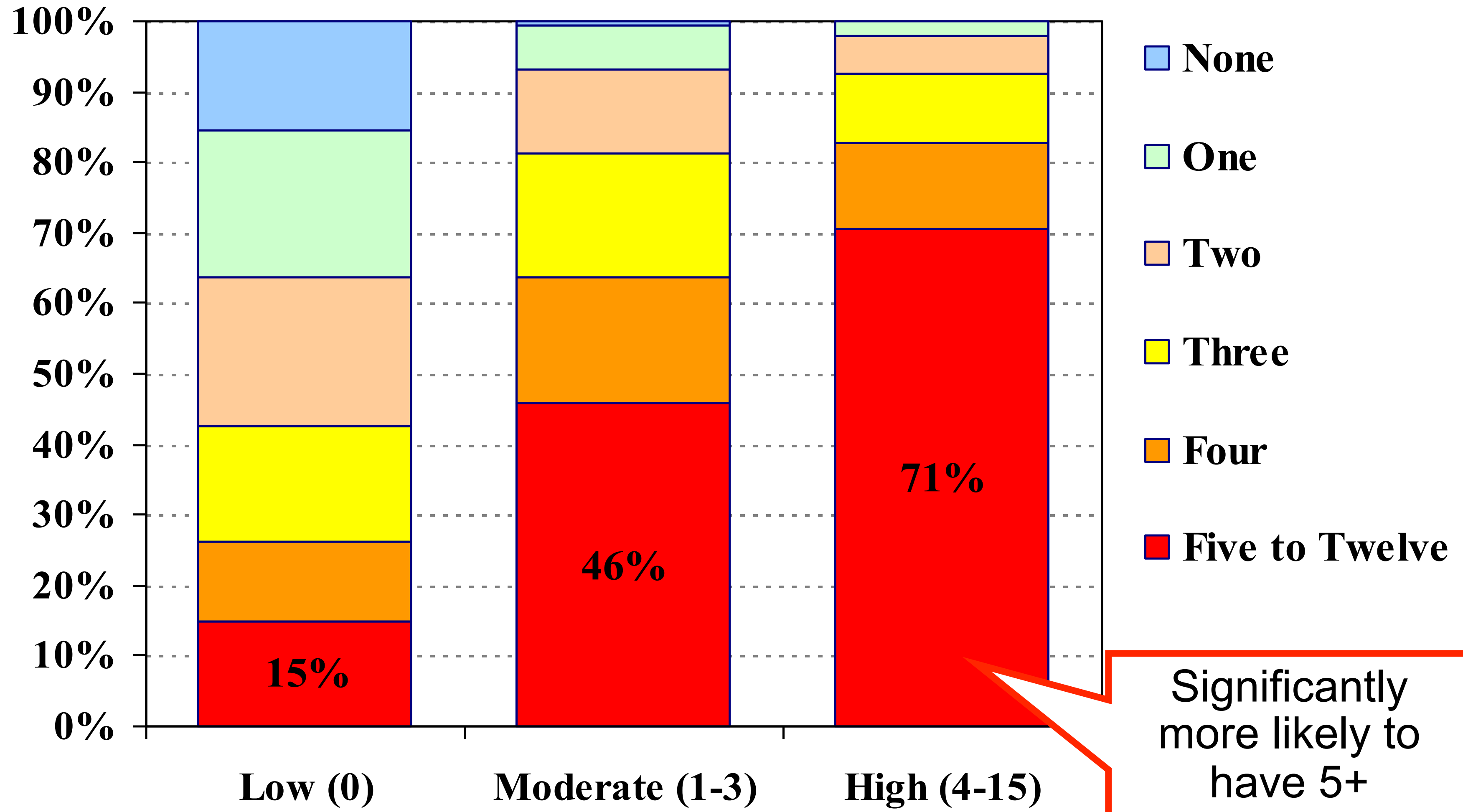
# Planning for Youth with Behavioral Health Needs: Incarceration-Reintegration-Support

Randolph D. Muck, M.Ed.

Senior Clinical Consultant
Advocates for Youth and Family Behavioral Health Treatment

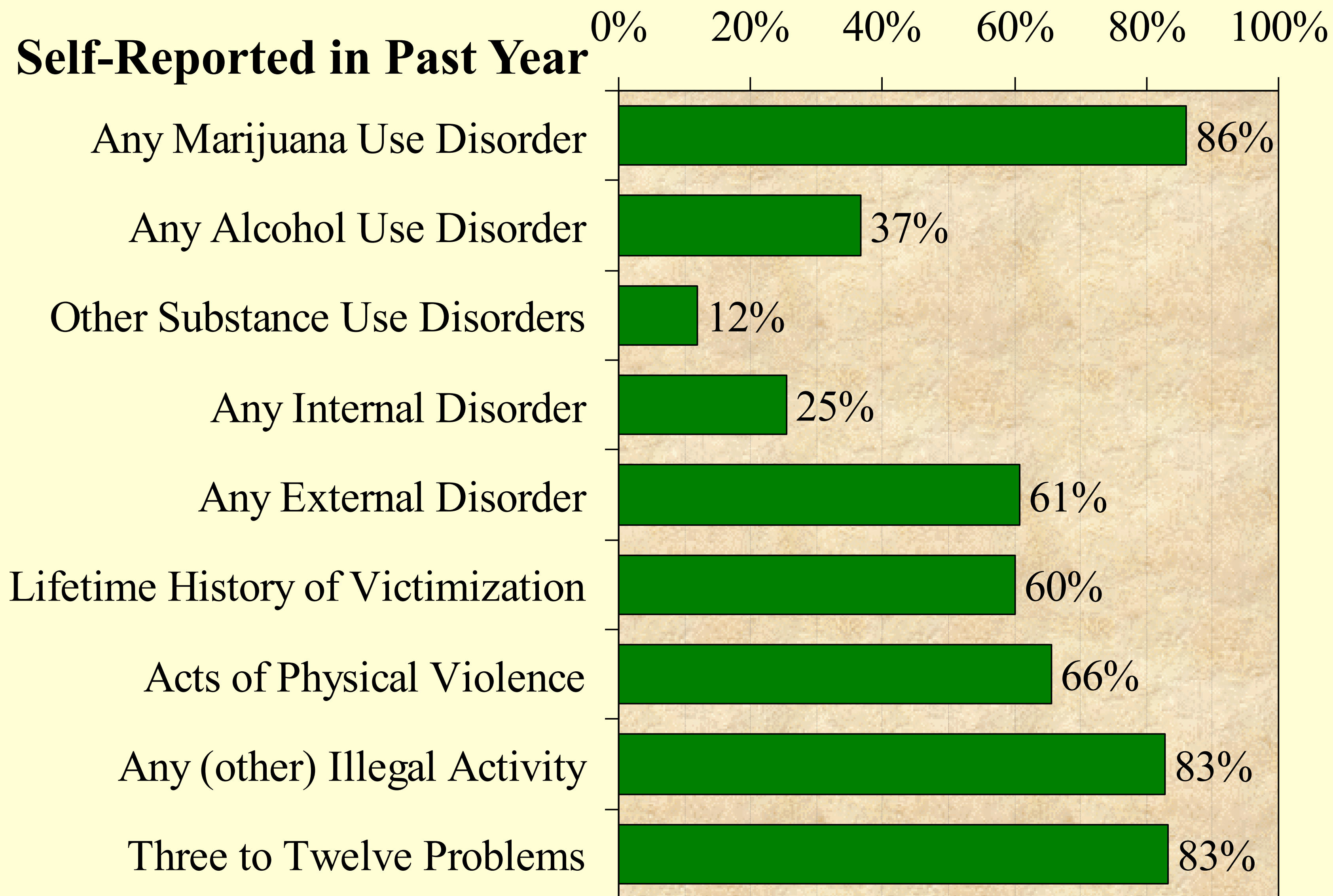
# Rapid Screening & Assessment

# The Number of Major Clinical Problems is highly related to Victimization




Source: CSAT 2009 Summary Analytic Data Set (n=21,784)

# Multiple Problems were the NORM




*Source: Dennis et al, 2004*

# Evidence Based Practice

Tested with good outcomes

Manual exists so it can be replicated/trained

A training program exists

Supervision leading to certification

Ongoing monitoring

Outcomes measurement

# Interventions that Typically do Better than Usual Practice in Reducing Juvenile Recidivism (29% vs. 40%)

- Aggression Replacement Training
- Reasoning & Rehabilitation
- Moral Reconation Therapy
- Thinking for a Change
- Interpersonal Social Problem Solving
- MET/CBT combinations and Other manualized CBT
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)
- Adolescent Community Reinforcement Approach (ACRA)
- Assertive Continuing Care
- Seven Challenges

***NOTE: There is generally little or no differences in mean effect size between these brand names***

Source: Adapted from Lipsey et al 2001, Waldron et al, 2001, Dennis et al, 2004

DrugStrategies

HOME REPORTS ORDER GUIDES TREATING TEENS INTERNET DRUGS RESOURCES

- Bridging the Gap
- Treating Teens
- Revised Making the Grade
- Safe Schools, Safe Students
- Drug Free America

**Bridging the Gap:**
**A Guide to Drug Treatment in the Juvenile Justice System**

Working with nationally recognized juvenile justice and treatment experts, Drug Strategies has developed a comprehensive guide to drug treatment in the juvenile justice system. *Bridging the Gap* helps juvenile court judges, counselors, parents and other concerned adults make more informed decisions about treatment for juvenile offenders.

***Bridging the Gap ...***

- Provides an overview of treatment in the juvenile justice system
- Identifies 11 key elements of treatment effectiveness
- Describes programs across the country that illustrate the key elements of effectiveness

**ORDERING:**

| | |
|---|---|
| 1-2 copies | $17.95 each |
| 3 or more copies | $16.95 each |

**Shipping and Handling**
1 copy@$5.05; 2 copies@$7.10; 3 copies@$9.15
4 or more copies, contact Drug Strategies at **drugstrategies@gmail.com** or **202-939-0664**

Send your order including payment (check or money order payable to Drug Strategies, or a numbered purchase order) by:

- **Mail: Drug Strategies**
  **1616 P St, NW, Suite 220**
  **Washington, DC 20036**
- **Fax: 360-287-9070**
- **email: drugstrategies@gmail.com**

PRINTABLE ORDER FORM

RETURN/REFUND POLICY

If you have further questions, please call Drug Strategies at **202-939-0664**.

http://www.drugstrategies.com/bridginggap.html

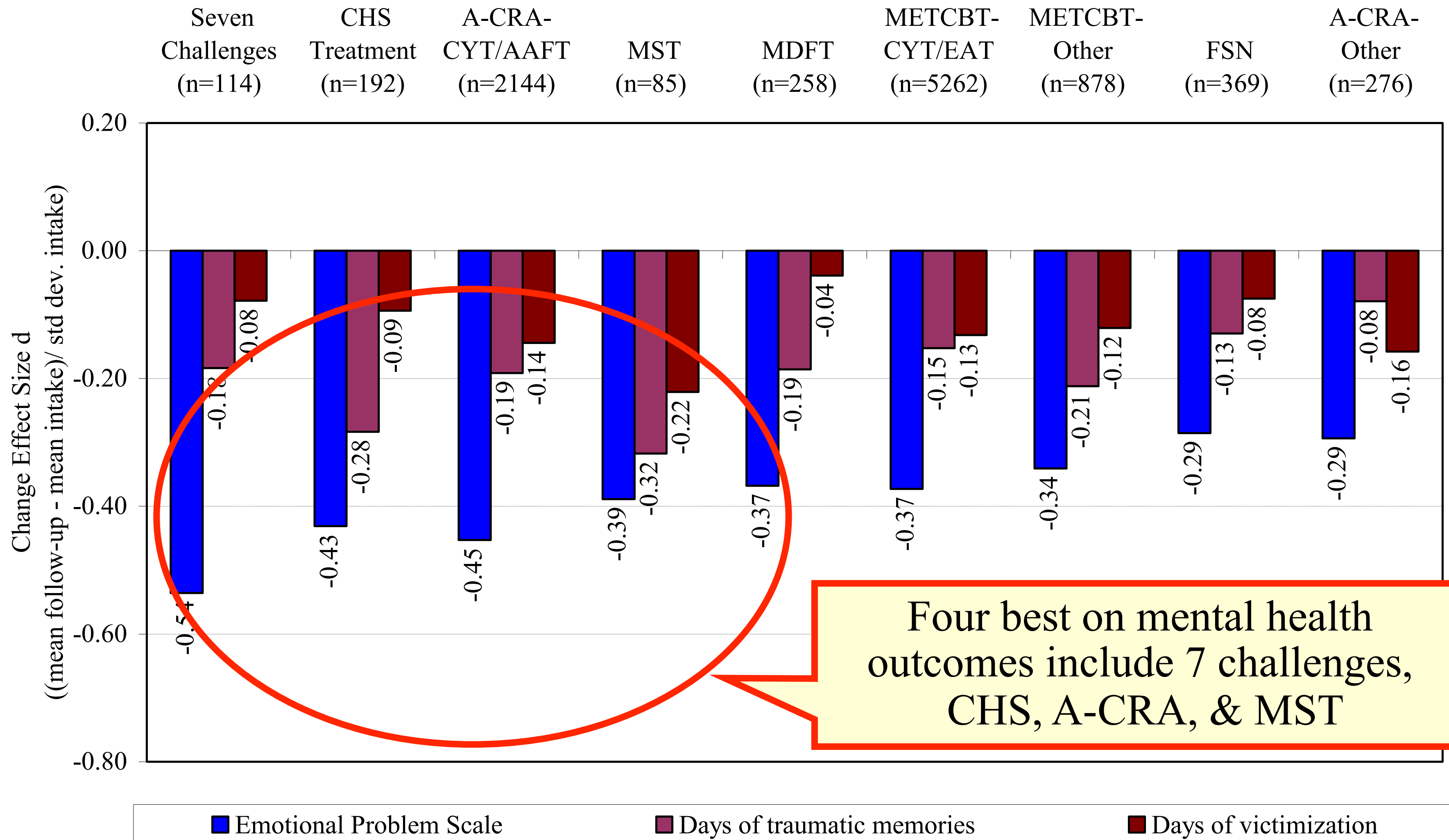
# Key Elements of Effectiveness

- Screening/Assessment and Treatment Matching
- Comprehensive, Integrated Treatment Approach
- Family Involvement in Treatment
- Developmentally Appropriate Treatment
- Engage and Retain Teens in Treatment
- Qualified Staff
- Gender and Cultural Competence
- Continuing Care
- Treatment Outcomes

# EBP Examples that Typically do Better than Usual Practice in Reducing Juvenile Substance Use/Mental Health Symptoms & Recidivism

- Motivational Enhancement Therapy/Cognitive Behavior Therapy (MET/CBT)
- Motivational Interviewing (MI)
- Multi Systemic Therapy (MST)
- Multidimensional Family Therapy (MDFT)
- Seven Challenges (7C)
- Adolescent Community Reinforcement Approach (ACRA)

# Change (post-pre) Effect Size for Emotional Problems by Type of Treatment



# Cost/Staff Education Level?

- All programs reduced **mental health / trauma problems** with 4 doing particularly well: Seven Challenges, CHS, A-CRA, & MST

- A-CRA with a mix of BA/MA did as well as MST which targets MA level therapists and family therapists that are often in short supply

- Seven Challenges, with a mix of para-professional (non-degreed), BA/MA therapists did as well as A-CRA and MST

# Implementation is Essential
# (Reduction in Recidivism from .50 Control Group Rate)

| Program Type Grouped by Rank | Program Implementation: Amount of Service, Quality of Delivery<br>Low | <br>Medium | <br>High |
|---|---|---|---|
| Group 1 (best) | 24% | 34% | 46% |
| Group 2 | 16% | 30% | 40% |
| Group 3 | 6% | 20% | 32% |
| Group 4 (poorest) | 0% | 12% | 24% |

The best is to have a strong program implemented well

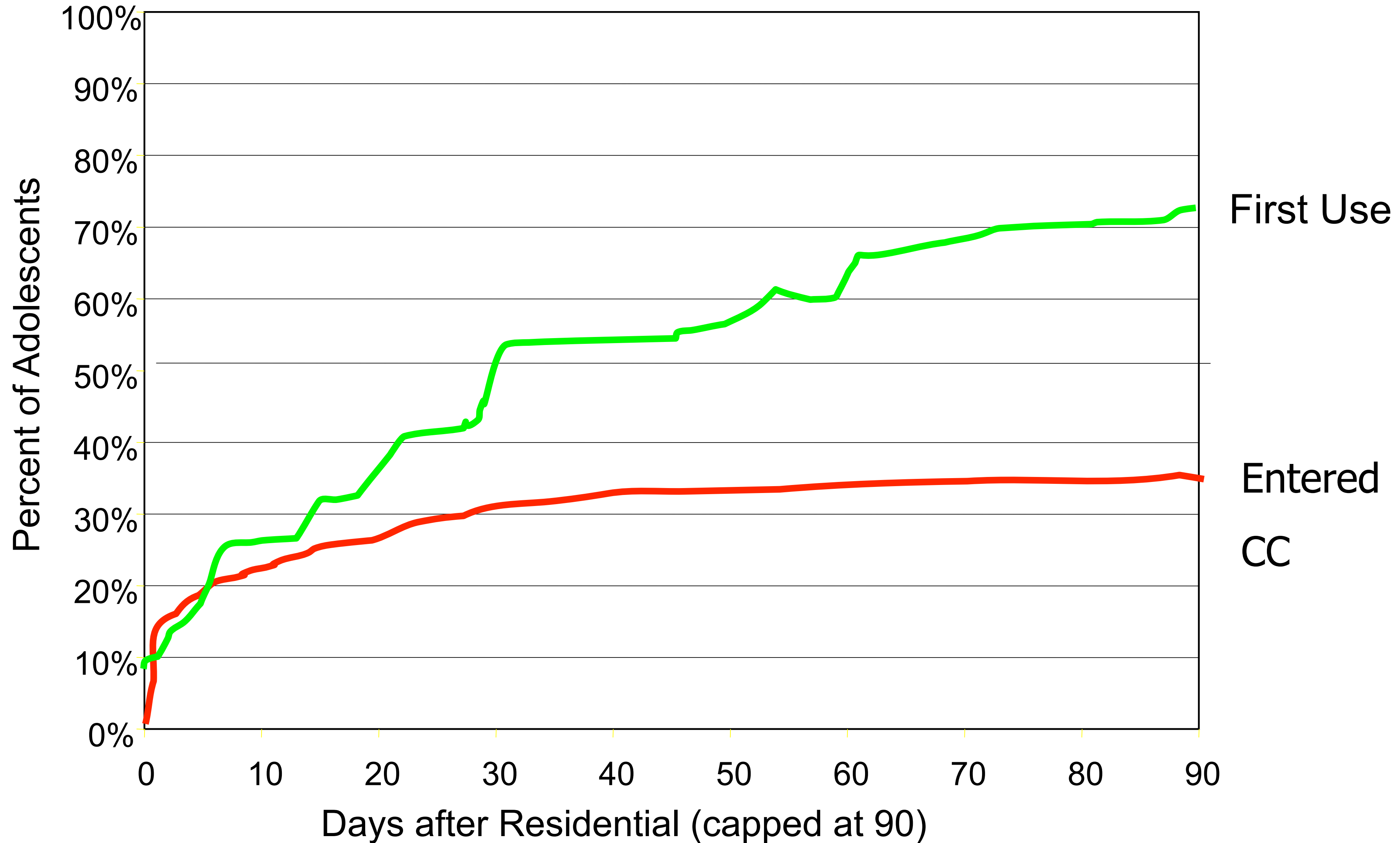
Thus one should optimally pick the strongest intervention that one can implement well

The effect of a well implemented weak program is as big as a strong program implemented poorly

Source: Adapted from Lipsey, 1997, 2005

# Continuing Care

# Time to Enter Continuing Care and First Use after Residential Treatment




*Source: DARTS 2000 and Godley et al 2002*

# Developing and Engaging a Community Network

# Ongoing Support/Cost Effective Strategies

# Technological Approaches to Ongoing Supportive Services

- **University of Arizona – pod casting, texting, geo-fencing**
  - **90 – 95% Engagement, Utilization, Satisfaction**
  - **CSAT Research Project**
- **Dick Dillon , St. Louis – Second Life**
  - **Continuing Care Participation Increased from 40% to 90% over 6 months**

# Contact Information

Randolph D. Muck, M.Ed.

Senior Clinical Consultant

Advocates for Youth and Family Behavioral Health Treatment

240-397-3918

randy@ayftx.com

# The Importance of Risk/Needs Assessment in Reentry

**Gina Vincent, PhD**

*Associate Professor*, Center for Mental Health Services Research, University of Massachusetts Medical School

*Co-Director*, National Youth Screening & Assessment Project (NYSAP)

Center for Mental Health Services

# What is a Risk Assessment Tool?

- A *risk for reoffending* assessment tool is an instrument developed to help answer the question: "Is this youth at relatively low or relatively high risk for reoffending?"
- Some, but not all, risk assessment tools also address what is causing the youth to be at low or relatively high risk for reoffending (in other words, some identify *crime-producing needs*)

# Research Evidence: Guiding Principles

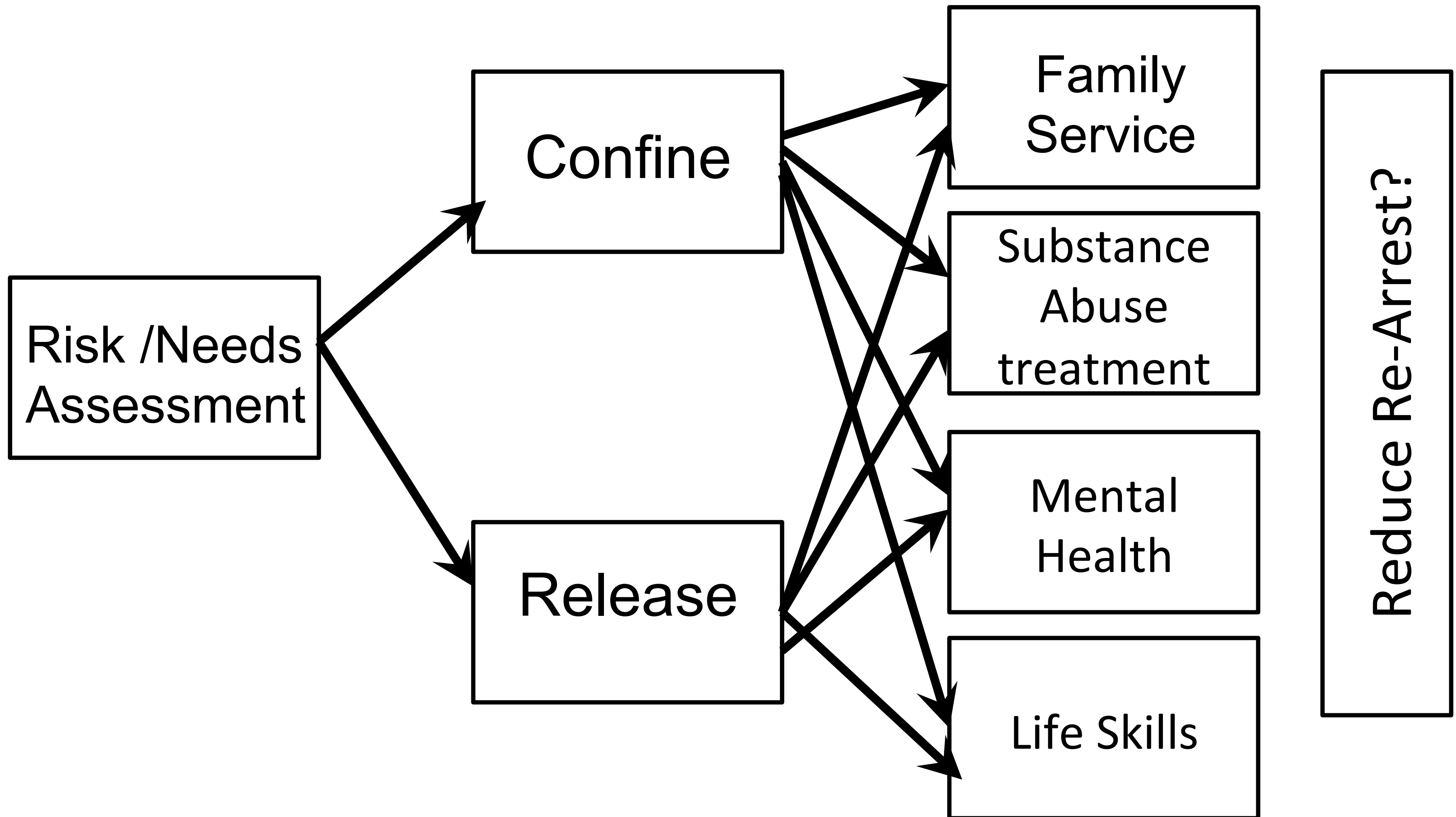
**There is emerging consensus on characteristics of effective programming for young offenders:**

- Punitive sanctions do not have a significant effect on re-offending (Gatti et al., 2009).
- Most low-risk youth are unlikely to re-offend even if there is no intervention (Lipsey, 2009). But mixing them with high risk youth can make them worse.
- When services are **matched** to youth's "crime-producing" (criminogenic) needs, the lower the chance of repeat offending.
- The goal is to have the right services for the right youth.

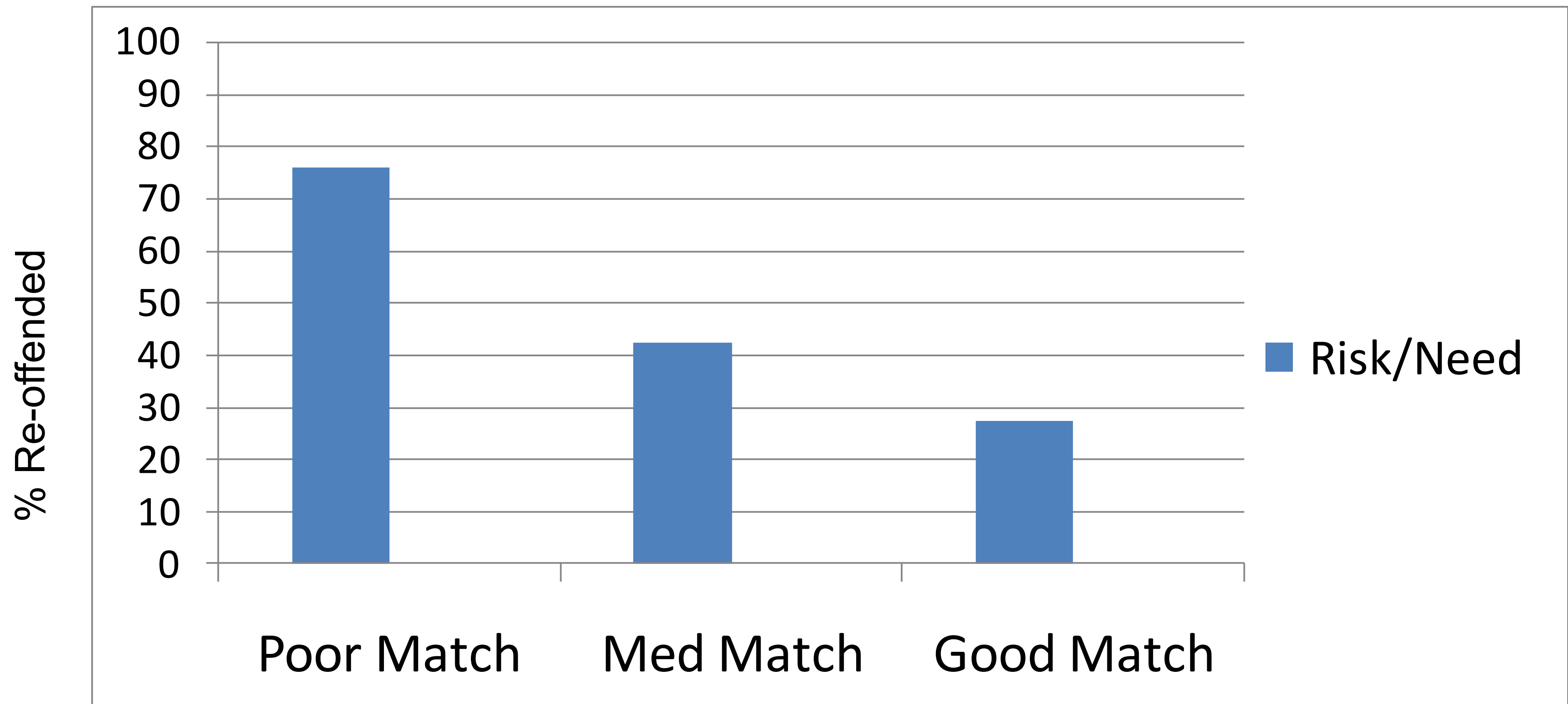
# The First Step is Valid Identification

- Risk/needs assessment, if properly implemented, can identify youth at highest risk for re-offending and *guide intervention* efforts (e.g., level of supervision, services received, placement) that could:
  - *Prevent* re-offending
  - *Reduce risk of future harm* among youth who have recently engaged in harmful aggressive behavior
  - *Reduce costs* to victims, service providers, and the juvenile justice system

# Matching the Right Youth to the Right Interventions and Services



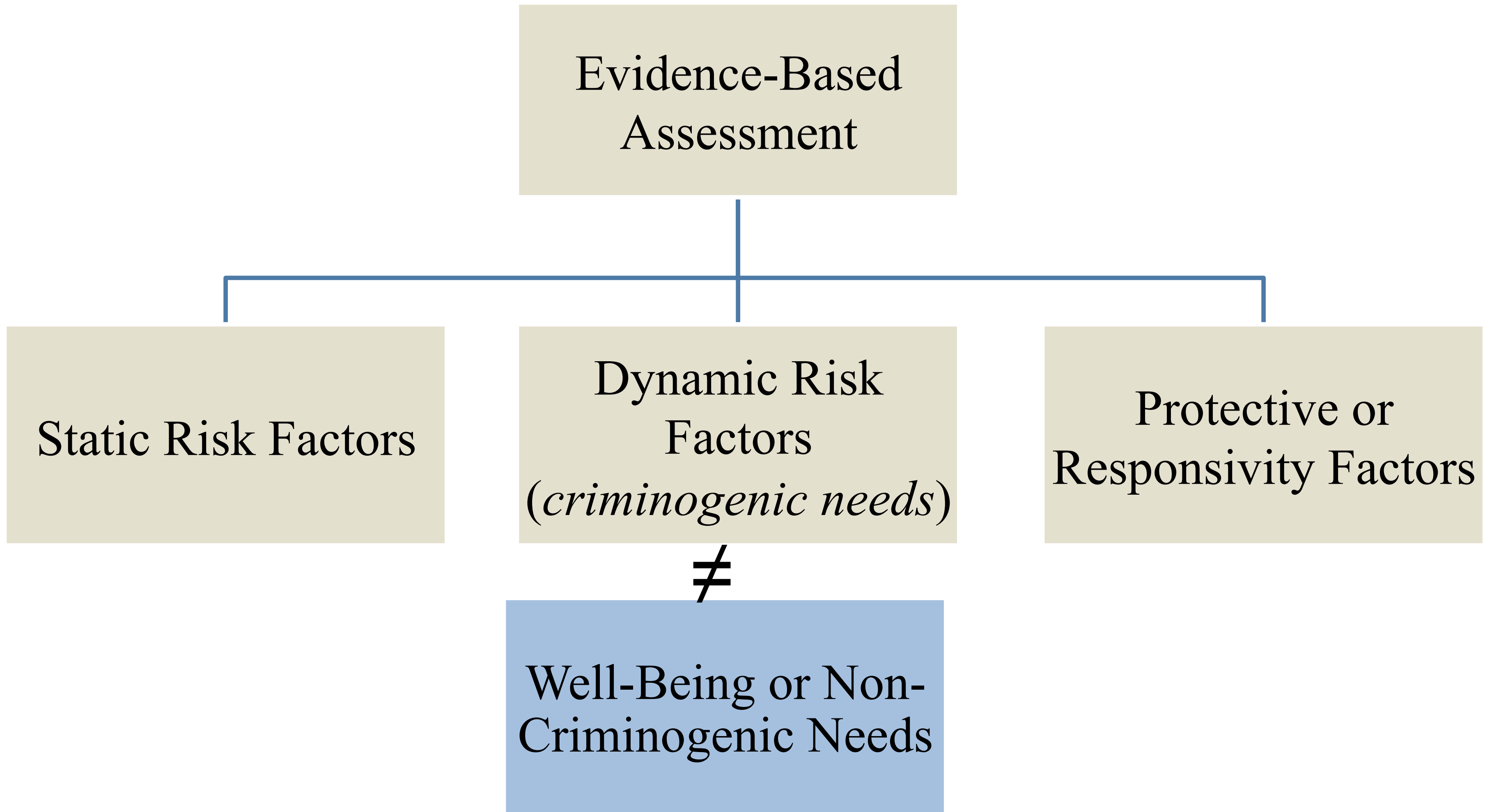
# Potential for Case Management If Assessment is Implemented Properly (Vieira et al., 2009)




Match based on # of Services Given in Response to a Youth's Criminogenic Needs

# Risk Assessment Concepts

# Elements of a Comprehensive Risk for Re-Offending Assessment



# Some Terms

- **Risk:** likelihood of future offending
- **Risk factor:** anything that increases the probability that a person will re-offend:
  - Static Risk Factors – do not change
  - Dynamic Risk Factors (criminogenic *needs*) – changeable, targets for services and intervention
- **Protective factor or strength:** decreases the potential harmful effect of a risk factor
- **Responsivity factor:** characteristics of the individual that can affect intervention success

# How to Select a Risk Assessment

# How to Pick an Evidence-Based Risk Assessment Tool (Vincent et al., 2009)

- Purports to assess “risk” for re-offending
- Has a manual
- Was developed for, or validated on, juvenile justice youth in the right setting
- Is feasible
- Dynamic - Permits re-assessment
- Demonstrates <u>reliability</u> - two independent raters would reach similar conclusions – at least 2 studies
- Demonstrates a strong relation to re-offending (<u>predictive validity</u>) – at least 2 studies

# Examples of Evidence-Based or Promising Risk-Needs Assessment Tools

- **SAVRY** (Structured Assessment of Violence Risk in Youth): Violence and general re-offending for ages 12-17.
- **YLS/CMI** (Youth Level of Services/Case Management Inventory): General re-offending for ages 12 – 17.
- **RRC** (Risk and Resiliency Checklist, aka SDRRC or LARRC): General re-offending.
- **WSJCA (aka YASI or PACT):** (Washington State Juvenile Court Assessment): General re-offending. Contains a pre-screen and an assessment.

# Some Points About Implementation: Risk for Re-offending vs. Mental Health

# What Risk Assessments Do NOT Do

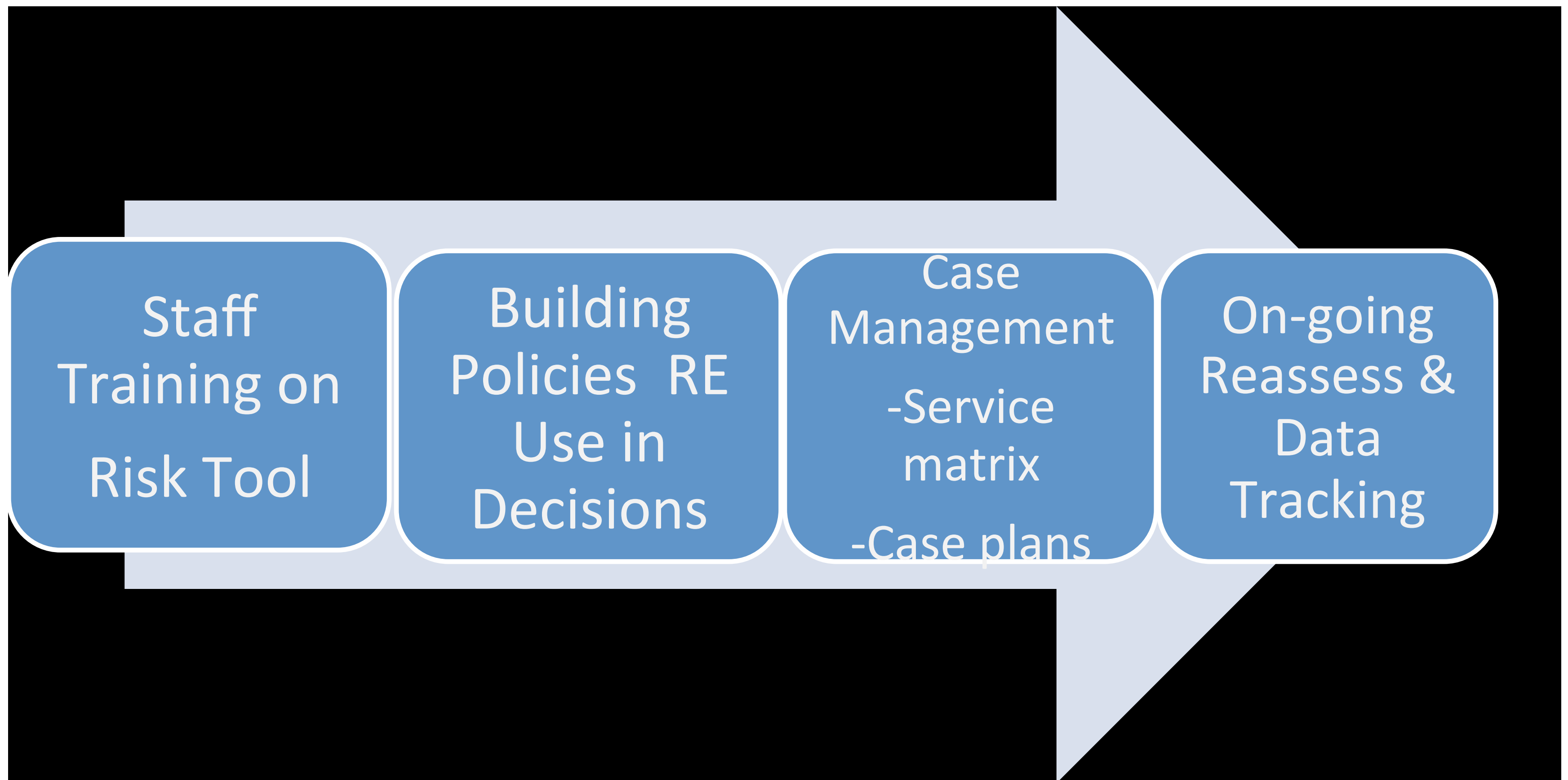
- NOT prescriptive
- NOT appropriate for identifying risk for sexual offending
- NOT mental health assessments
  - They also do not identify potential mental health problems in need of an assessment
- Typically do NOT include **items** that are unrelated to future offending, like "well-being needs" (e.g., special education, depression, trauma)

Therefore, should be supplemented with other assessment tools

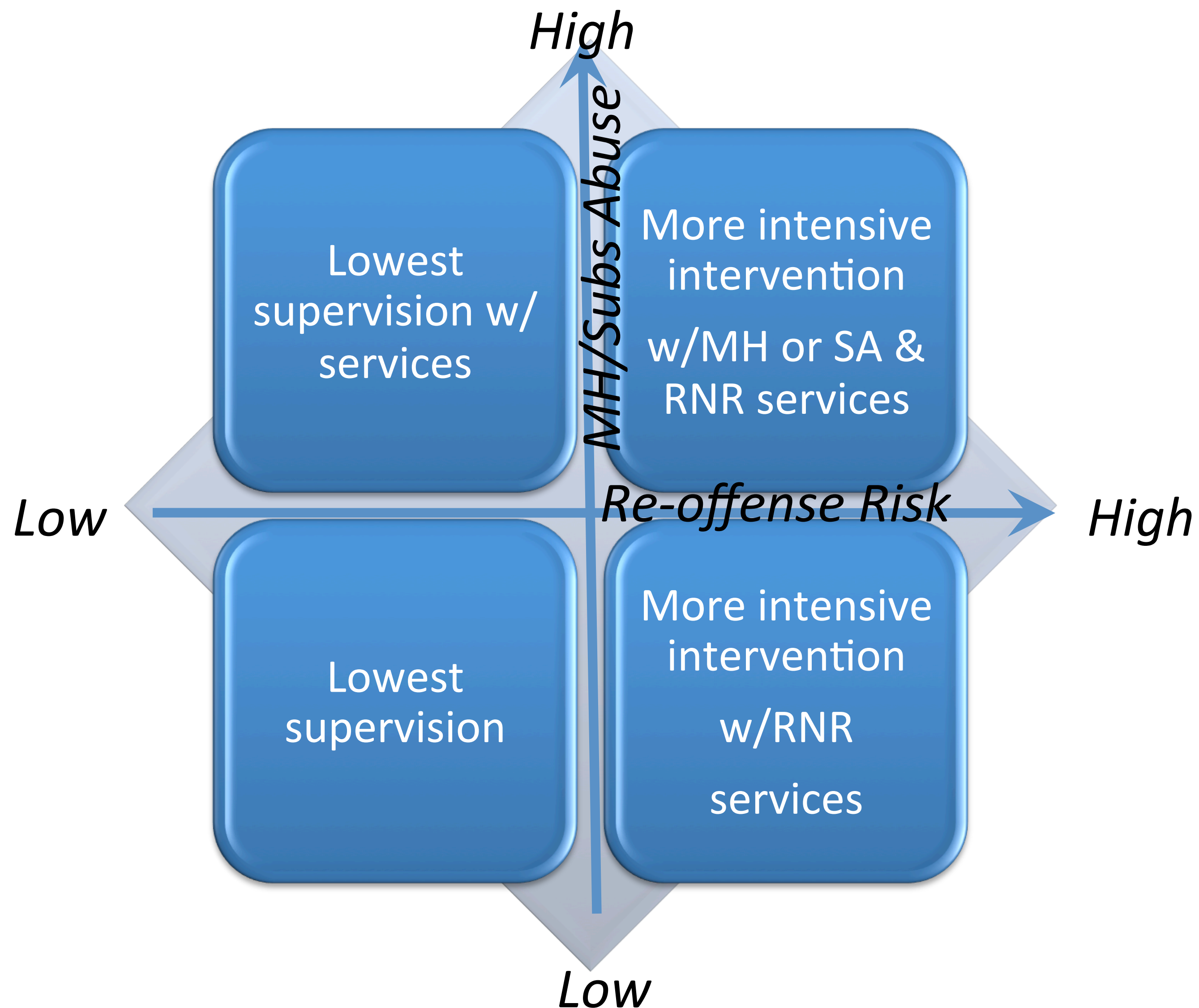
# Screening Tools that May Accompany Risk Assessment

- Mental Health Screening
  - MAYSI-2
- Trauma
  - TSCC
  - UCLA PTSD
- Substance Abuse Screening
  - GAIN-SS
  - SASSI
- Needs Screening (well-being needs)
  - JIFF

# The Implementation Process is Crucial



# Decision-making Model: MH Screening + Risk Assessment



# Take Home Messages: Risk-Needs Assessment……

- Is key for selecting the right services/ programming for the right youth
  - Matching services to criminogenic needs can reduce reoffending & save resources
  - May be helpful for release decisions to the extent these are based on public safety
- Must be reliable and valid
- Should be accompanied by mental health screening and other tools as needed
- Must have quality implementation with policies RE its use in decision-making in order to be effective

# State of Delaware Children's System: Department of Services for Children, Youth & Families

Susan Cycyk, M.Ed.

Director, Division of Prevention and Behavioral Health Services

Delaware Children's Department

**State of Delaware Children's System:**
**Department of Services for Children, Youth & Families**
*Our children - Our future - Our responsibility.*

**Department**

**Youth Rehabilitative Services**
- Juvenile Justice

**Management Support**
- Education
- Personnel
- Contracts
- Info Mgmt

**Family Services**
- Child Protection
- Foster Care
- Child Care Licensing
- Institutional Abuse

**Prevention & Behavioral Health**
- Prevention
- Early Intervention
- Treatment

# Behavioral Health Services within Youth Rehabilitative Facilities

**2005 - Department Cabinet Secretary assigned responsibility to PBH for treatment of youth in rehabilitative facilities.**

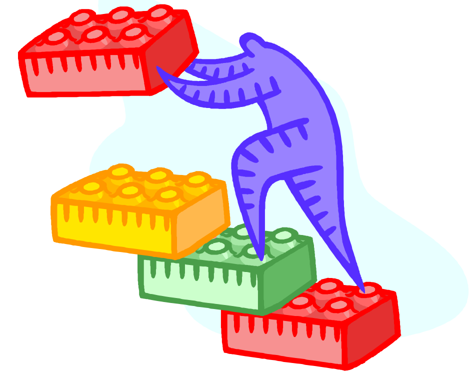
- No MOU or official document. Success was relationship dependent.

**2005-06 processes and resources reviewed.**

**2006 - PBH invested resources into our YRS facility-based work.**

- Strengthened direct services for youth
- Added positions – increased skill in assessment & intervention
- Increased psychiatry hours across all facilities
- Coordinated treatment

# Building a Behavioral Health Infrastructure within Youth Rehabilitative Facilities



**Reallocated a management position**

**Improved coordination across facilities**

- to assure continuity of care and cross coverage

**Developed close working relationship with medical provider**

**Built relationship with educators**

**Focused on partnerships with line staff and juvenile justice advocates**

# Psychiatric and Medical Care within YRS Facilities

**Nursing and Physical Healthcare:**

**C**ontracted, across all YRS facilities, to a local hospital/healthcare system.

**Psychiatry:**

Each facility has a board-certified contracted psychiatrist on site one day/week

Cross coverage

Evaluation to clarify diagnosis and make recommendations regarding continuing or initiating medication

Psychiatric quality assurance review conducted by a PBH psychiatrist who does not work within YRS.

- Formally, on annual basis
- Per youth, as needed

# Expanding Assessment within Youth Rehabilitative Facilities

**Expanded screening and assessment of youth**

- MAYSI is now self-administered via computer with staff
- Additional MAYSI scales

**Introduced evidence-based screening and assessment**

- UCLA PTSD Reaction Index to assess for post traumatic stress
- Global Appraisal of Individual Needs for substance abuse
- Reliable & valid measures: Connor's Ratings Scales, Beck Depression Inventory.

**Coordinate complex assessments through PBH**

# Expanding Treatment and Consultation within Youth Rehabilitative Facilities

**Brought evidence-based treatment** to youth in the facilities:

- Cognitive-behavioral focus for treatment intervention
- Trauma Focused Cognitive Behavioral Therapy
- Motivational Interviewing

**Expand behavioral consultation services** to staff in the facilities:

- Identify triggers for problem behavior
- Develop individualized behavior plans
- Specific populations (e.g. youth with developmental disabilities)
- Confidentiality - Need to Know

**Expand individual and group counseling**

- Focus on skill development: stress, relapse, coping

# Identifying Behavioral Health Service Needs at Re-entry

**PBH staff**

**Lead role in all the YRS residential programs**

- Identify behavioral health needs for re-entry
- Coordinate with youth, family, YRS & Education staff
- Outpatient or more intense services
  - Outpatient: assist with linkage
  - More intense: PBH managed care

# Assessment in YRS Community Services – Probation

**YRS Community Services Redesign**

- Evidence-based risk/needs assessment & case planning tool needed
- Court requirement: risk could not be counteracted by protective factors

**Positive Achievement Change Tool (PACT)** was selected to:

- Determine a youth's risk for re-offending
- Target resources to youth with higher risk
- Identify protective factors, tailor case planning & interventions
- Reduce risk and increase protective factors
- Determine if targeted factors change as a result of interventions chosen

# PACT Implementation - 2011

**Stakeholders approved**

**Focus:**

- Youth new to YRS
- Returning if they have had more than a year without probation/ community services.

**Process:**

- Adjudicated, sentenced, assessed.
- YRS Assessment & Monitoring unit located at Family Court.
- Assessment determines services

# PACT Implementation - 2012

**PBH staff provide consultation and support to YRS staff** conducting assessment with the PACT.

**PBH staff have access to PACT** and review as part of the admission process.

PACT information will be incorporated into other information to guide assessment and treatment services for youth while in YRS residential facilities.

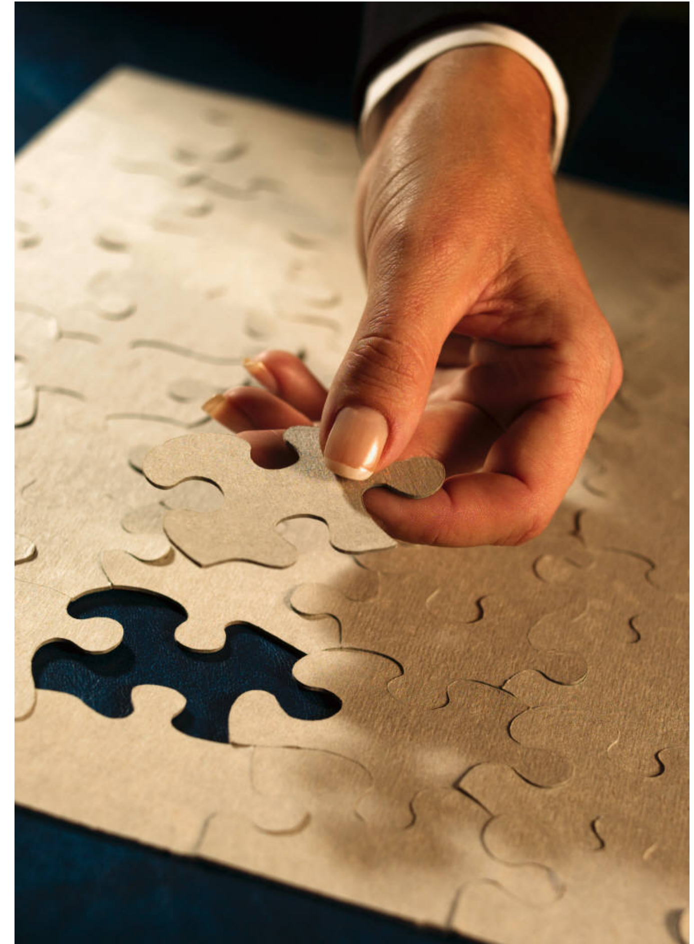
# Benefits of the Integrated Approach in Delaware

**Two systems (YRS & PBH) are partners in multiple efforts**

- Outcomes for youth
- Family engagement.
- Family Court
- Shaping MH/SA community treatment – co-train providers & staff
- Youth in out-of-state facilities
- ACA accreditation

**PBH has generated resources for YRS-facility-based services:**

- NCTSN within SAMHSA - TGCT-A
- Garrett Lee Smith Suicide Prevention grant - Lifelines
- National Center for Mental Health and Juvenile Justice – front line workers



# Challenges

- Expectations, especially those of Court, exceed community capacity.
- Youth return to challenging environments.
- Developmental, cognitive, learning challenges – school problems.
- Few youth or families are motivated to participate in treatment.
- Stigma continues to be a challenge.
- Family engagement
- Environment that is culturally comfortable
- Healthcare system
- Wait lists for specific services, especially Intensive Outpatient and Day treatment.
- *All PBH community-based services are currently out for bid. We hope to address some of these challenges in the awarding of contracts.*

**PBH Vision:**

*Resilient children and families living in supportive communities.*

*Our Children - Our Future - Our Responsibility*

# Thank you!

Susan A. Cycyk, M.Ed., CRC, Director
Division Prevention & Behavioral Health Services
State of Delaware
1825 Faulkland Road
Wilmington, DE 19805
302-633-2600
Susan.Cycyk@state.de.us
http://kids.delaware.gov/

# Court Oversight

*Judge Michael Nash*

*Presiding Judge*

*Los Angeles Juvenile Court*

# Issue

- How does Juvenile Court exercise oversight in re-entry process?

# Los Angeles Juvenile Court

- **Re-entry from state institution – Department of Juvenile Justice (DJJ)**
  - Supervision by Juvenile Court and local Probation Department
  - Legal vehicle is disposition hearing by Juvenile Court after youth returned from DJJ
  - Violations of probation (parole) handled by juvenile court

# Re-entry from Camps

- Los Angeles has 15 camps with 1000-1500 youth
- Juvenile Court has established progress report schedule to monitor
- Development of individual case plan
- Implementation of case plan including
  - Service provision
  - Youth's behavior
  - Education

# Re-entry from Camps
## (Cont'd)

- Psychotropic meds
- Family contacts
- Reintegration (re-entry) plan

Reports include pre-release and post release progress reports to verify specifics of re-entry plan

# Re-entry from Juvenile Halls

– 3 Juvenile Halls in Los Angeles housing an average of 1000 youth each day
– Juvenile Court has worked with agencies to create formal discharge process so that youth leaving halls have --
    - **Personal property**
    - **School records**
    - **Mental health records**
    - **Health records**

# Re-entry from Juvenile Halls

(Cont'd)

- **Medications, including psychotropic meds, or immediately fillable prescriptions**

Probation must file report with Juvenile Court within seven court dates of release

# Psychotropic Medications

- California Law – Welfare and Institutions Code sections 369.5/739.5

**Definition**

- Court approval required for youth removed from home and placed in foster care
- Delinquent youth in institutions require court approval when parents are unavailable or refuse consent
- Court approval must occur within 7 days from receipt of request by court

# Psychotropic Medications (Cont'd)

- **Request must be from physician and include**
  - Reasons for request
  - Description of diagnosis
  - Description of youth's behavior
  - Expected results of medication
  - Description of side effects of medication

# Psychotropic Medications (Cont'd)

- **Other considerations for Court**
  - Recommended minimum daily dosage
  - Length of time for course of treatment
  - Other meds youth is taking and possible effects of interaction of meds
  - Additional therapeutic services to be provided
  - Way youth informed (age appropriately)
  - Response of youth

# Psychotropic Medication

(Cont'd)

- **Other considerations for Court (cont'd)**
  - Was information given to youth's attorney, social worker, probation officer, caregiver
    - **Did they have an opportunity to provide input or even object**

**Judges' Role in Decision**

- medical decision
- factual decision
- rubber stamp

# Monitoring

- **Court Needs to Know**
  - Is youth taking medication
  - How does youth feel on medication
  - Does youth feel it is helping
  - Is medication working
  - Where does info come from
    - **Youth**
    - **Caregiver**
    - **Doctor**

# Monitoring (Cont'd)

- **Social worker**
- **Probation officer**
- **Other**

- Does youth have followup appointments with doctor
- When youth returns home or changes placement, is there a process to maintain continuity of medication regimen

# QUESTIONS AND ANSWERS

# the NATIONAL REENTRY RESOURCE CENTER

A project of the CSG Justice Center

[www.nationalreentryresourcecenter.org](http://www.nationalreentryresourcecenter.org)

- The resource center is continually updating its website with materials relevant to the reentry field.
- Sign up for the monthly NRRC newsletter to receive news about upcoming distance learning and funding opportunities.

the NATIONAL REENTRY RESOURCE CENTER

*A project of the CSG Justice Center*

(877) 332-1719

www.nationalreentryresourcecenter.org

This presentation was prepared by the National Reentry Resource Center, in partnership with the speakers. Presentations are not externally reviewed for form or content. The statements reflect the views of the authors and should not be considered the official position of the CSG Justice Center, the members of the Council of State Governments, or the U.S. Department of Justice.