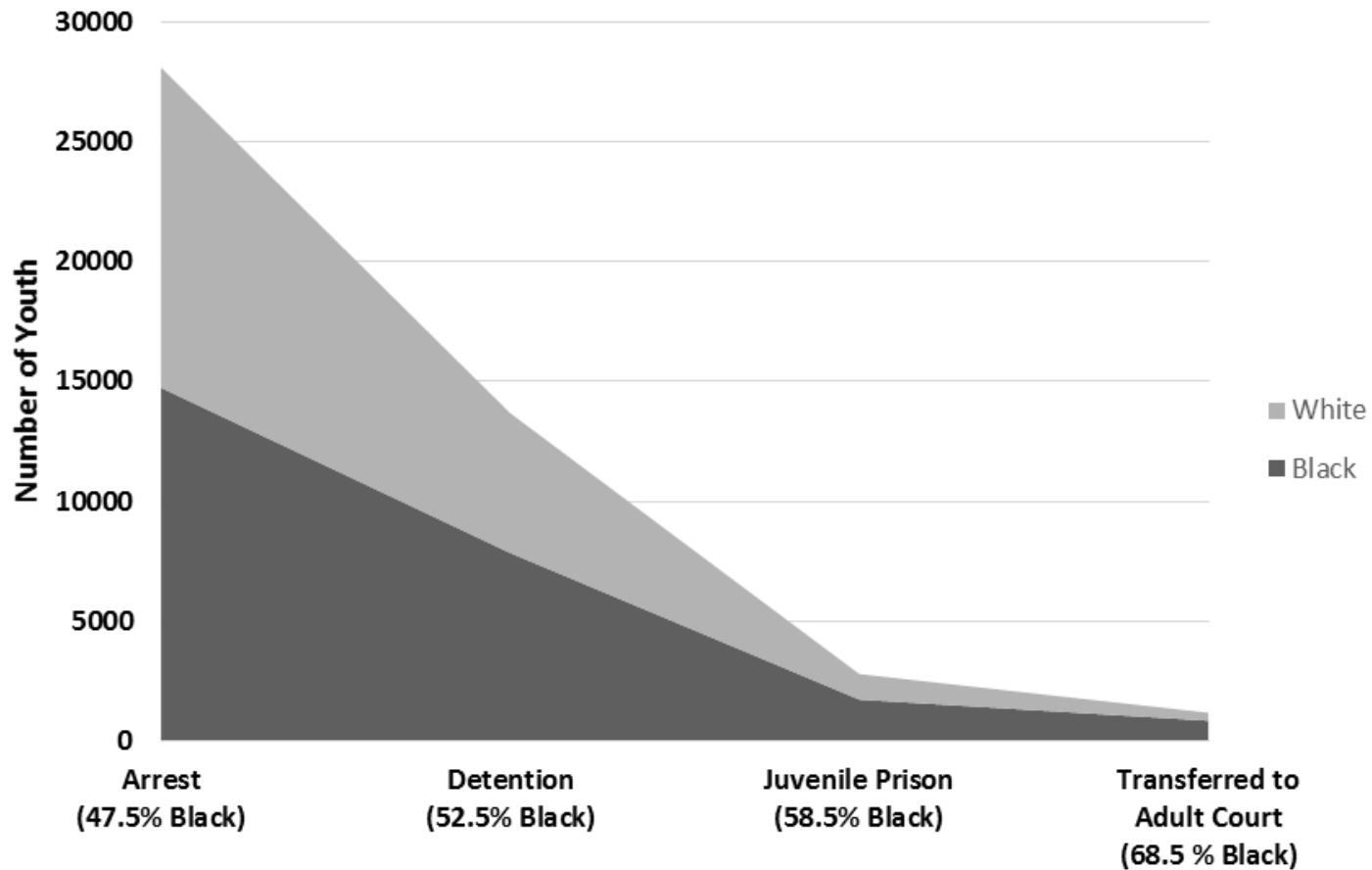


Reducing Substance Use among Justice-Involved Youth: Strengthening Community-Level Partnerships between the Behavioral Healthcare and Juvenile Justice Systems

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Figure 1. Disproportionate Minority Contact at Transitions within the Criminal Justice System: White and Black Youth



Early End Criminal
Justice Involvement



Deep End Criminal
Justice Involvement

Mental Health of Detained Youth

- Youth in juvenile justice system have high rates of psychopathology (60-75% of detained youth)
- Young men:
 - 3% psychotic illness, 10% major depression, 11% ADHD, 52% conduct disorder
- Young women:
 - 3% psychotic illness, 30% major depression, 18% ADHD, 52% conduct disorder

Substance Use of Detained Youth

- Detained youth
 - Almost 50% of detained youth meet criteria for a substance use disorder
 - Roughly 10% have a comorbid mental health and substance use disorder
- Youth in general population
 - Roughly 10% meet criteria for substance use disorder

Mental Health of Detained Youth

- Youth released from detention centers/correctional facilities tend to be re-arrested
- Untreated mental health strong predictor of recidivism
- Effective treatment available (Multi-systemic therapy, Functional Family therapy, Wraparound)

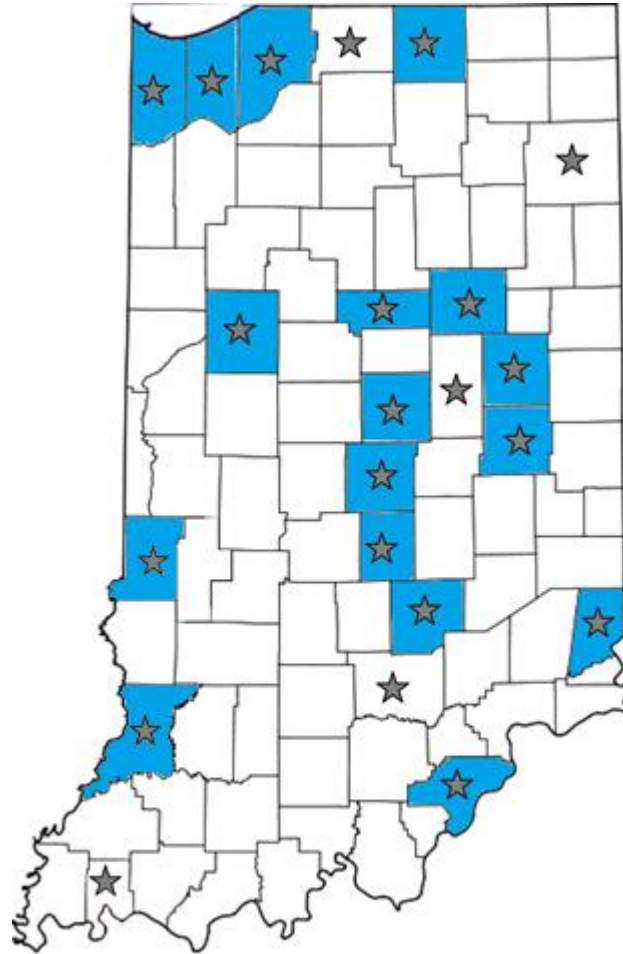
Substance Use Treatment of Detained Youth

- Generally, treatment for adolescents with SUDs has been found to be effective for reducing SU
- However, very few youth in criminal justice system utilize services

Indiana and Substance Use Treatment

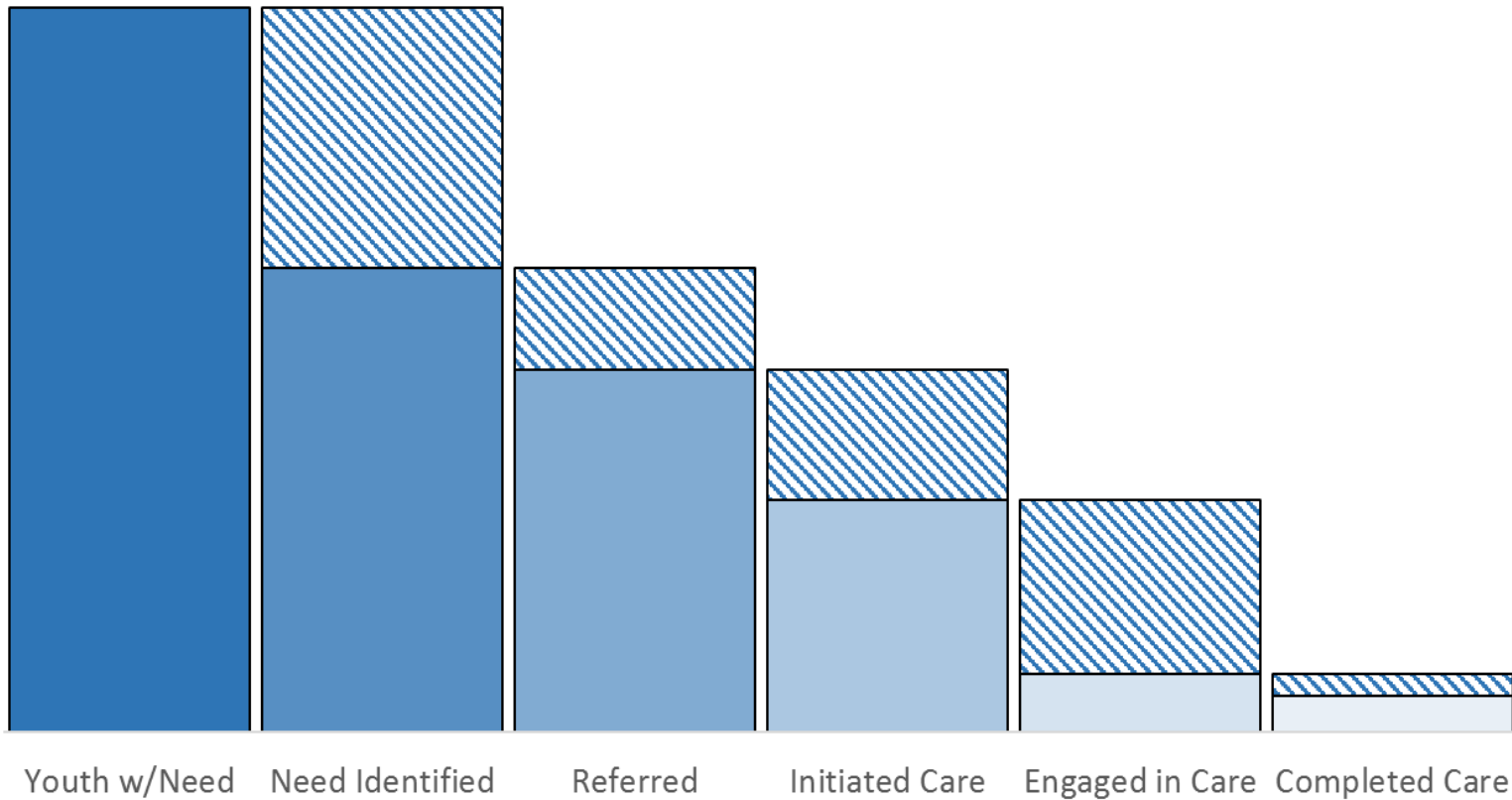
- Opioid crisis
 - Indiana 14th highest rate of drug overdose
 - More than 60% overdoses attributed to opioids
 - Rural jurisdictions have highest rates
- Indiana 46th worst for access to behavioral health/addiction care
 - Rural counties workforce development

MH Screen Participating Counties 2019



Substance Use Disorder Care Cascade:

Individuals involved in the justice system who need evidence-based (i.e., quality) addictions services are not getting access to or completing care



Results - Organizational Properties

Juvenile Justice

- High flexibility & autonomy
- “CMHCs are like battle ships. The JJ system is like a speedboat, so it’s just a difference in how we move about and navigate care and treatment.” - JJ administrator

Community Mental Health

- Formalized daily processes, little independence
- Have to adhere to funding requirements for multiple agencies
- Concern about time –
- “The therapist time, therapists are not easy to come by ... So devoting an extra hour a week [to supervision calls for the project] ... Might be a challenge.”

Results – Individual and Shared Perceptions

Juvenile Justice

- Reported readiness to implement screening practices (ORIC Mean = 4.1)
- Organization focused on providing EBP services (Focus on EBP Mean = 4.5)
- Expressed worry that CMHC would not have capacity to take referrals

Community Mental Health

- High sense of focus on EBP (Mean = 4.1) and sense that organization was ready to implement EBP (Mean = 4.0)
- Therapist worries about time
- Case manager excitement about being involved in more clinical work, administrator excitement about utilizing case manager time

Results – Work Performance

Juvenile Justice

- Treating youth substance use is very important –
- “If we don’t treat it now, they’re just going to keep using and that just causes more problems for them and their families.” – probation officer
- Skepticism about youth being “honest” reporting substance use during intake

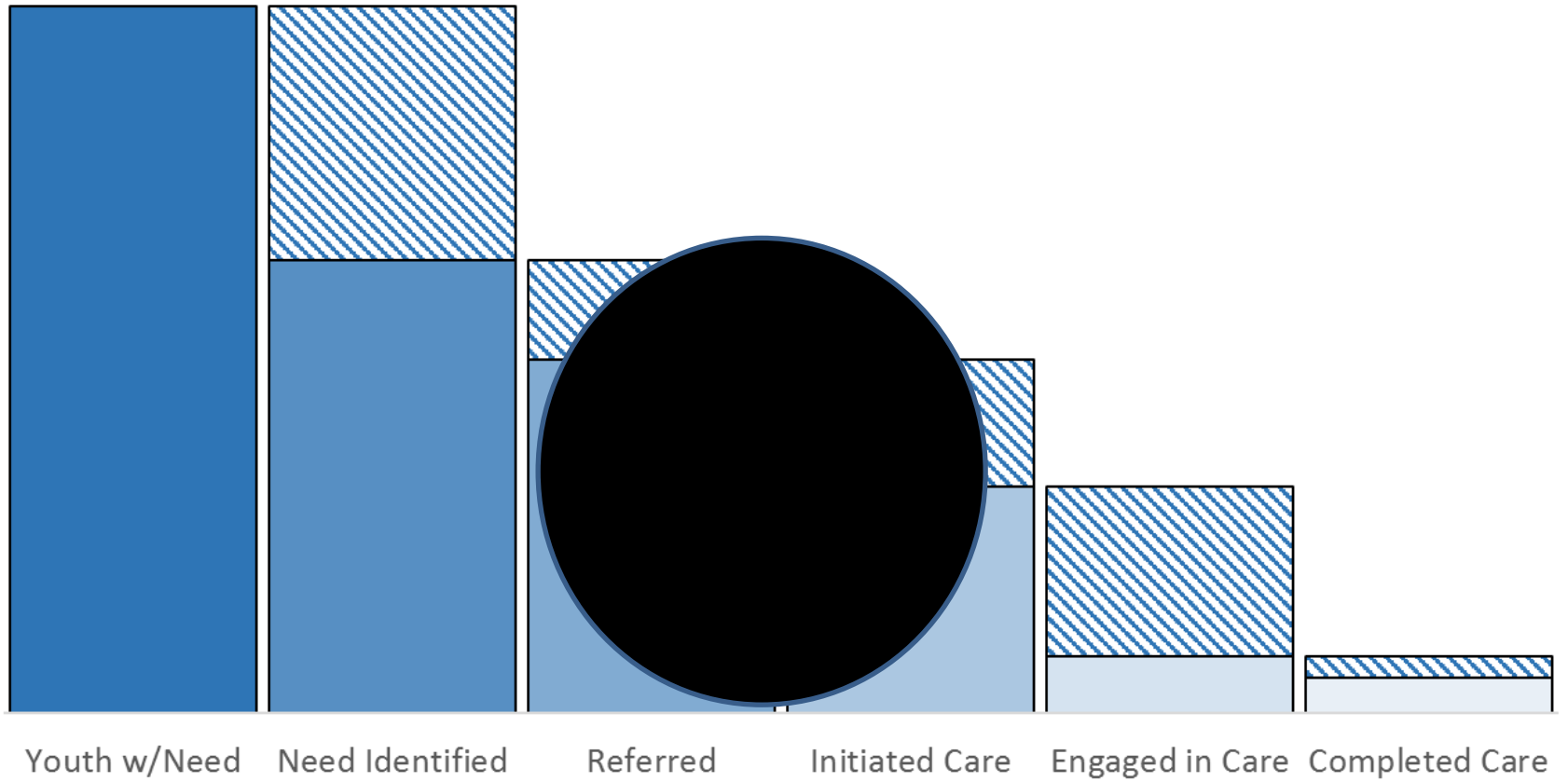
Community Mental Health

- Also a sense that treating youth substance use is very important
- Concern that staff are not prepared/trained to treat substance use disorders –
- “from a case manager perspective, we have staff, but not staff trained in substance abuse.” – clinic administrator

Lessons learned

- JJ system can implement screening/assessment practices
- CMHCs open to training in EBP, with support for billing time lost
- Alliance between JJ and CMHCs was fraught
- Unclear on who showed up for services and when

Lessons learned



Justice Community Opioid Innovation Network (JCOIN)

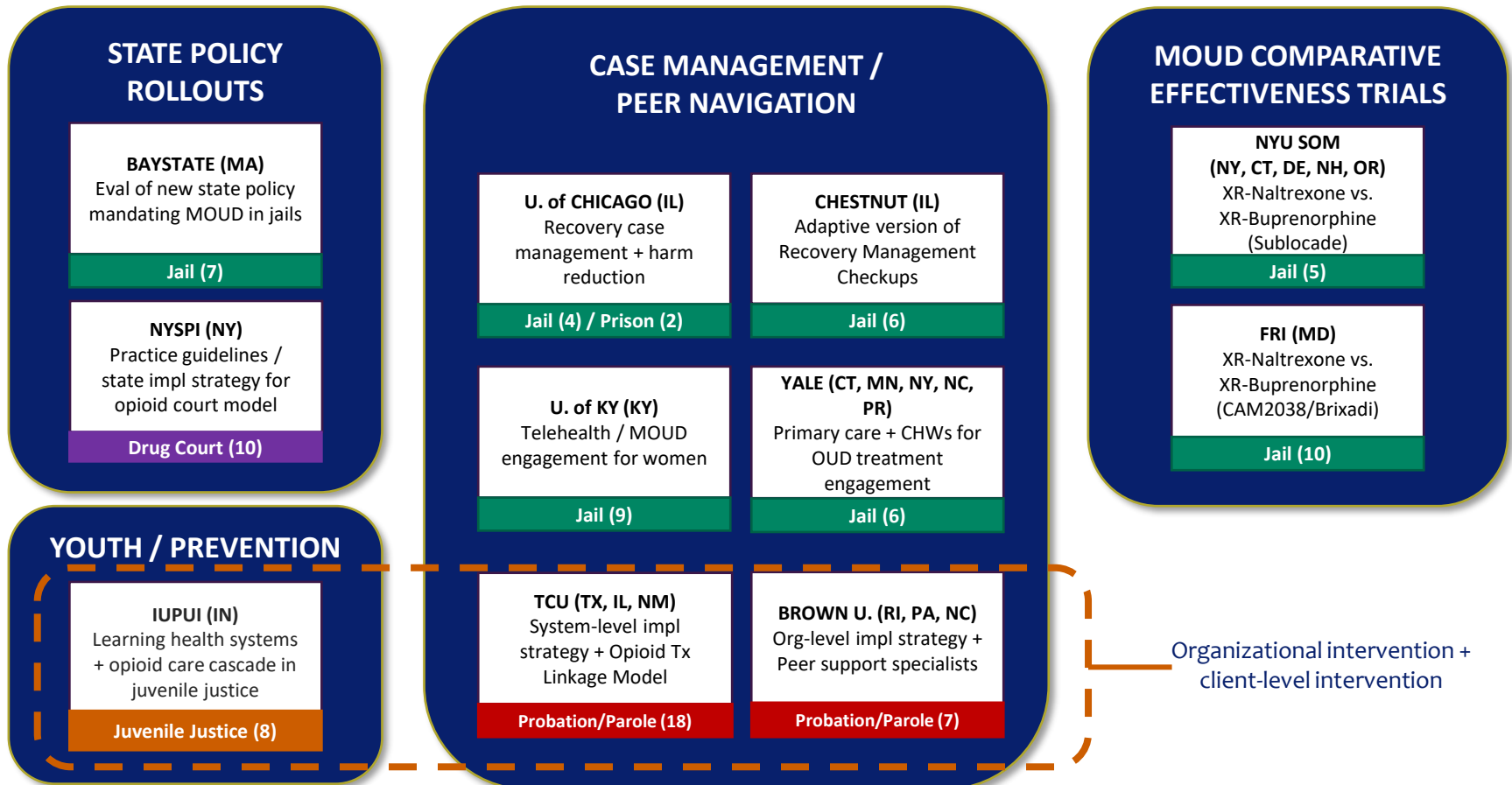
National Institute on Drug Abuse

<https://heal.nih.gov/research/research-to-practice/jcoin>



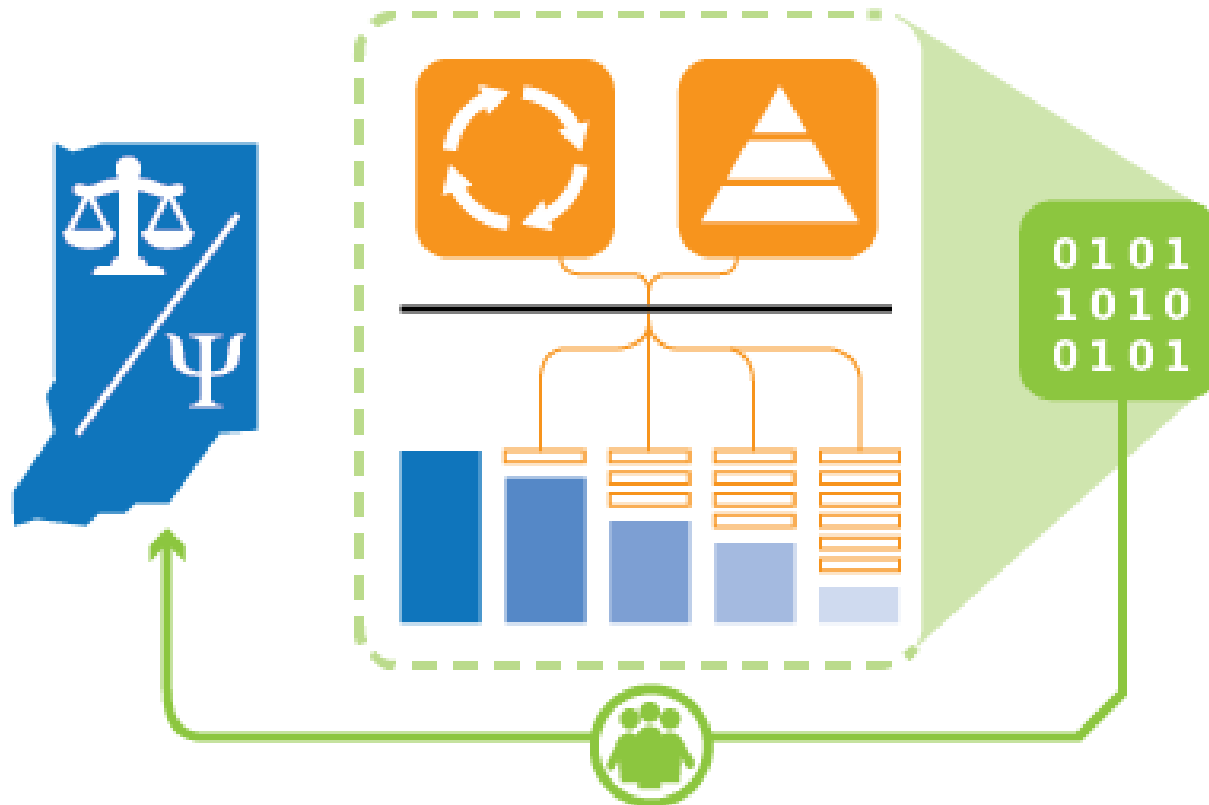
NIH • Helping to End Addiction Long-term

JCOIN Research Hubs: Protocols and Themes



Alliances to Disseminate Addiction Prevention and Treatment (**ADAPT**):

A Statewide Learning Health System to Reduce Substance Use among Justice-Involved Youth in Rural Communities



ADAPT Sites

(and intervention dates)

Group 1, 10/01/20:

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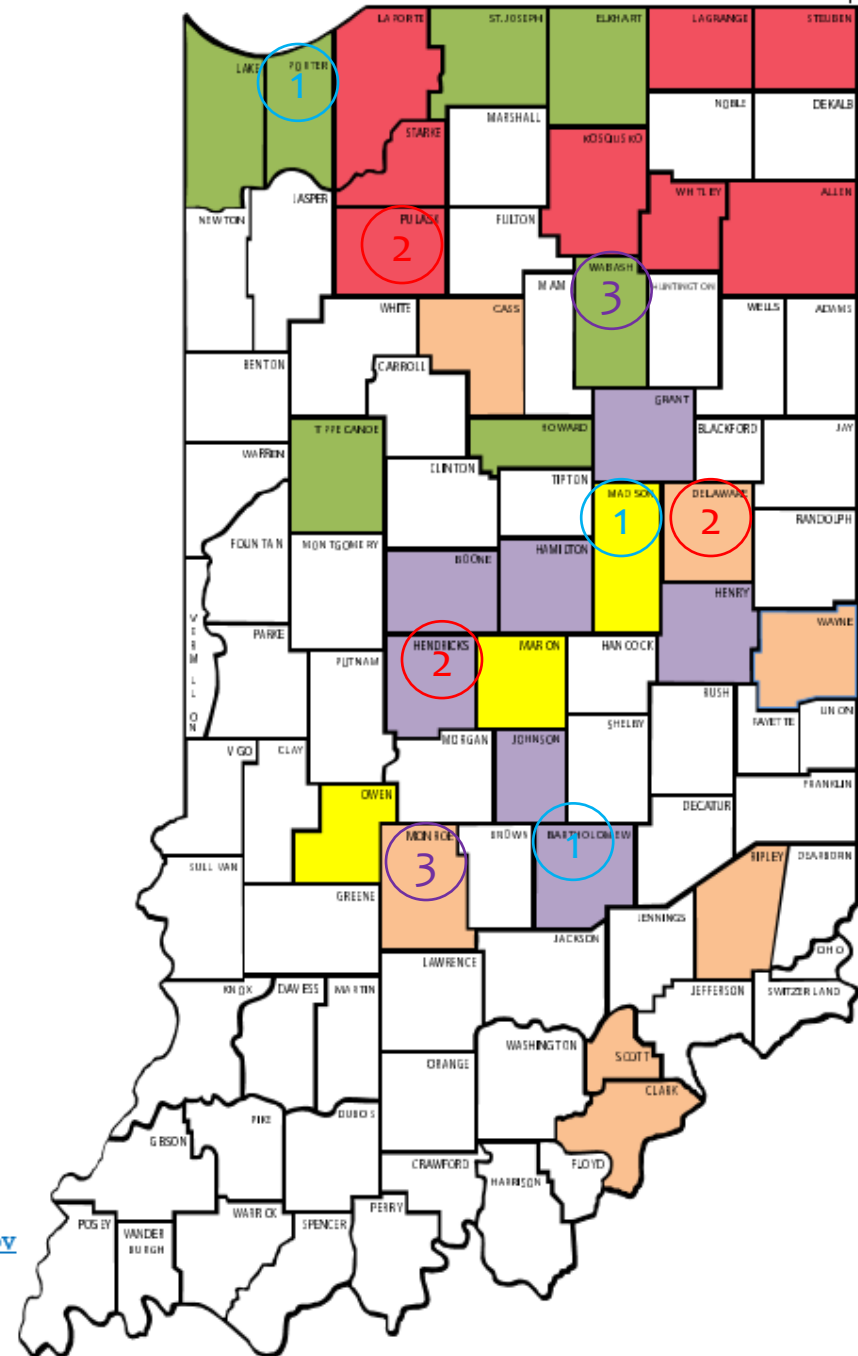
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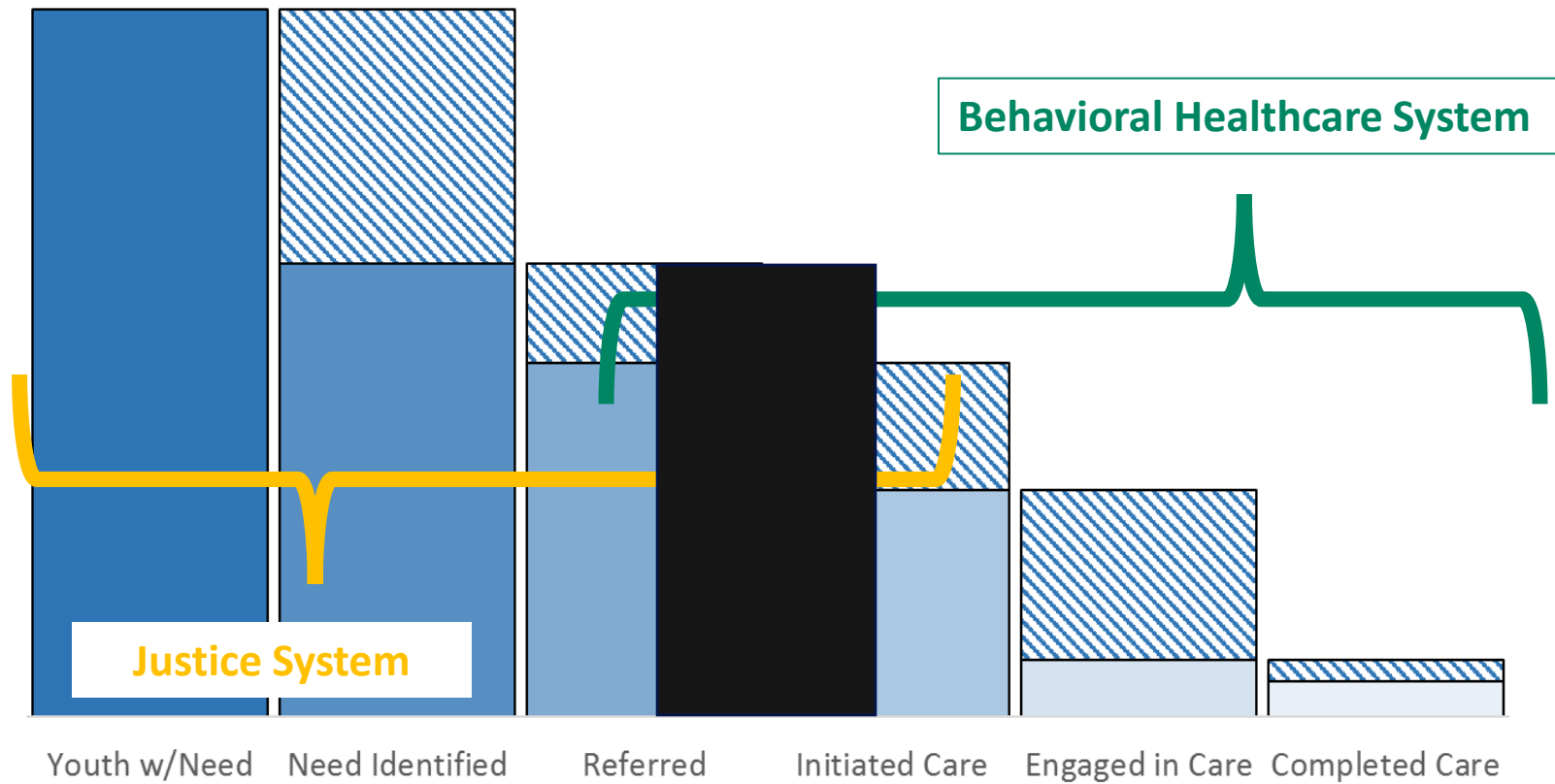
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Substance Use Disorder Care Cascade:

Justice-involved individuals navigate between two systems of care



Alliance building (JJ+CMHC)

- Generate joint local solutions to Cascade
- Communicate and address roles and goals
- Learn about “black box”

Justice System

- Flexibility & autonomy
- Focus on diversion
- “CMHCs are like battle ships. The JJ system is like a speedboat, so it’s just a difference in how we move about and navigate care and treatment.”

Behavioral Health System

- Formalized daily processes, little independence
- Emphasis on care retention
- Funding requirements from multiple stakeholders
- “The therapist time [is] not easy to come by ... so devoting an extra hour a week [to regular meetings] might be a challenge.”

Data-driven continuous quality improvement

- Review local Cascade data to visualize gaps in care
- Tailor solutions to local needs
 - Screening at intake
 - Referral processes for diversion/informal probation
 - Peer recovery coaches
 - Brief substance use interventions
- Define intervention success and failure

Conclusion

- Adolescents need access to evidence-based SUD services
- Facilitating care engagement is difficult
- Shifting landscape in JJ and CMHC systems provide opportunities for innovation
 - Role of probation officers
 - Emphasis on diversion
 - Peer recovery coaches

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