

Substance Abuse Services in Juvenile Court

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Overview

- ▶ Adolescent Substance Use treatment is Different.
 - Developmental needs
 - Prevalence of Substance Abuse in Youth vs. Juvenile Justice-Involved Youth
- Co-occurring Disorders
 - Co-occurring conditions
 - Treatment recommendations
- ▶ Obtaining Services for Juvenile Justice – Involved Youth
 - Publicly-funded health services
 - Juvenile Justice Behavioral Health teams (JJBH/JJSAMHP)

What Science Tells Us About the Brain

- ▶ Functioning of the frontal lobes is not at adult levels.



- ▶ Why is that important?

An Imbalance in Developing Brain Systems

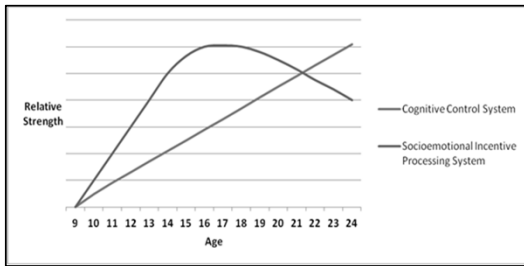
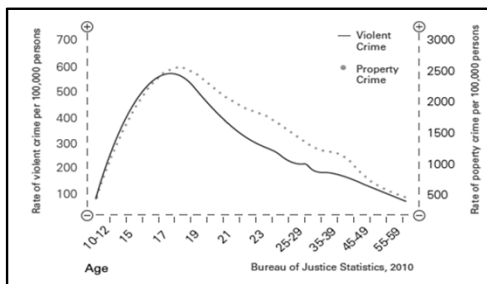


Figure 4 from Steinberg, L. (2013). The influence of neuroscience on U.S. Supreme Court decisions involving adolescents' criminal culpability. *Nature Reviews Neuroscience*, 14, 513-518

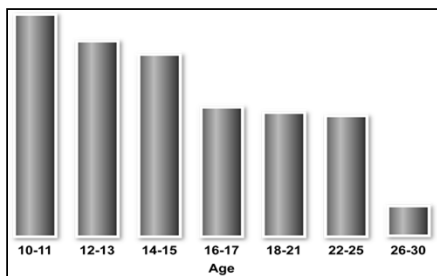
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Age-Crime Curve

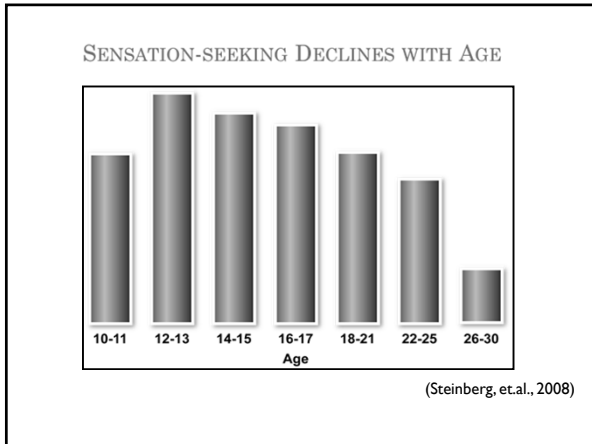


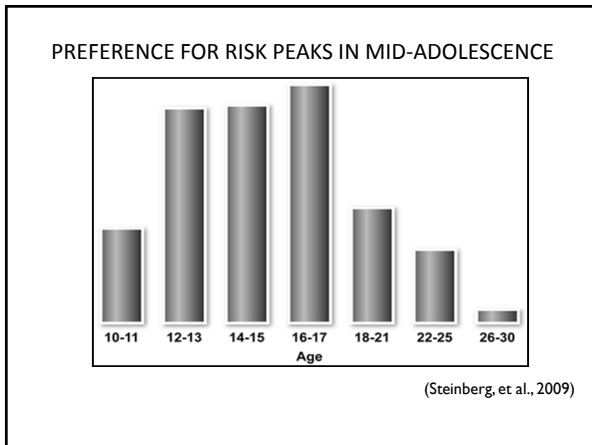
Bureau of Justice Statistics, 2010

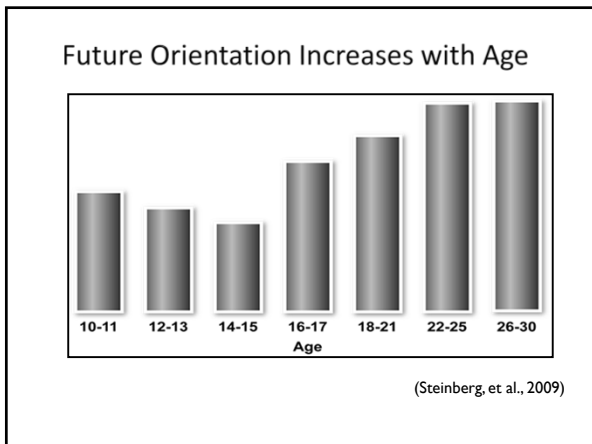
Impulsivity declines with age



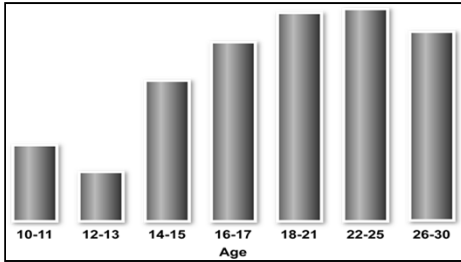
(Steinberg, et.al., 2008)





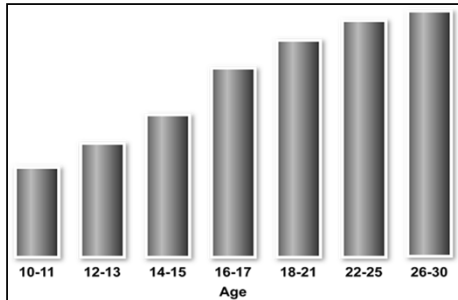


Older Individuals Are More Willing to Delay Gratification



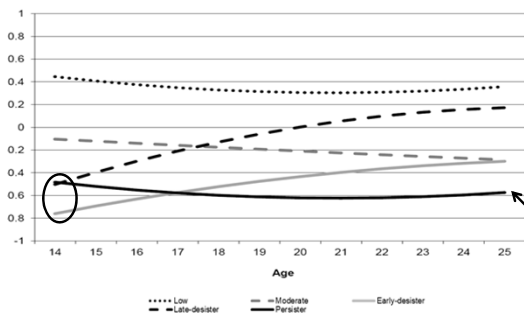
(Steinberg, et al., 2009)

With Age, Individuals Become More Resistant to Peer Influence



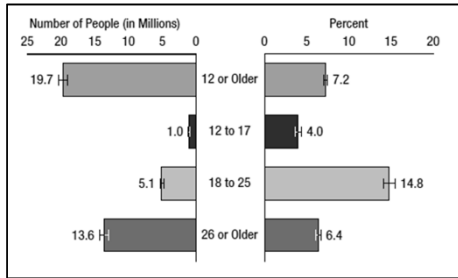
(Steinberg & Monahan, 2007)

Persistent Offenders Show Especially Stunted Development of Temperance



(from Monahan et al., 2009)

Substance Use Disorder in the Past Year among People Aged 12 or Older, by Age Group: 2017

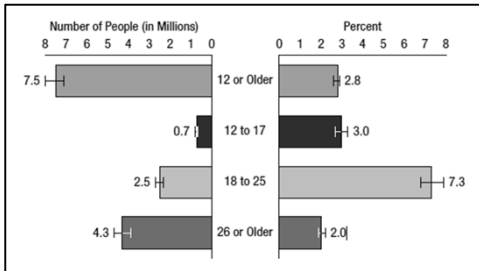


Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

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Illicit Drug Use Disorder in the Past Year among People 12 and Older by Age Group (2017)

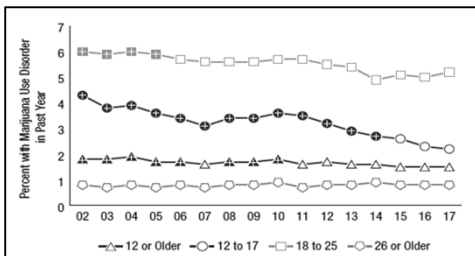


Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

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Marijuana Use Disorder in the Past Year by Age Group: Percentages, 2002-2017

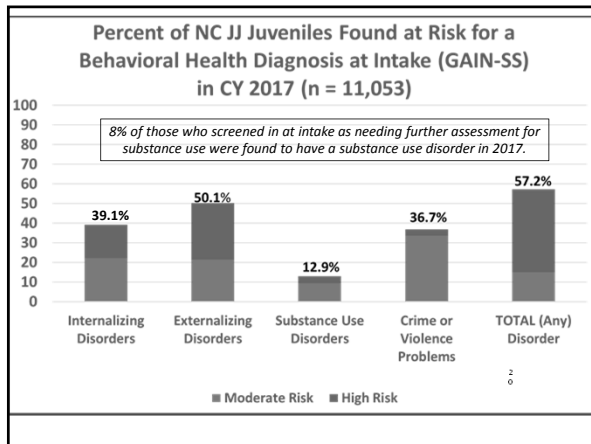


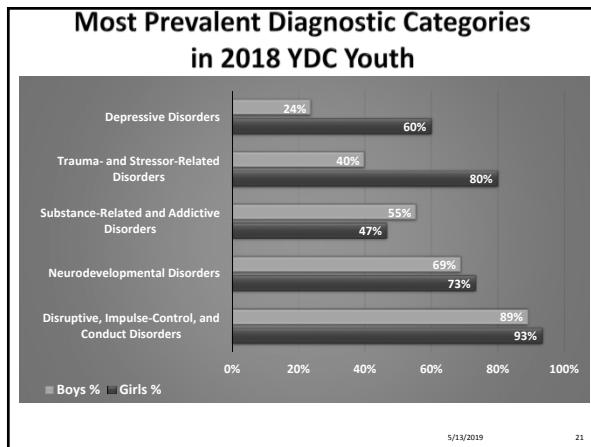
* Difference between this estimate and the 2017 estimate is statistically significant at the .05 level.

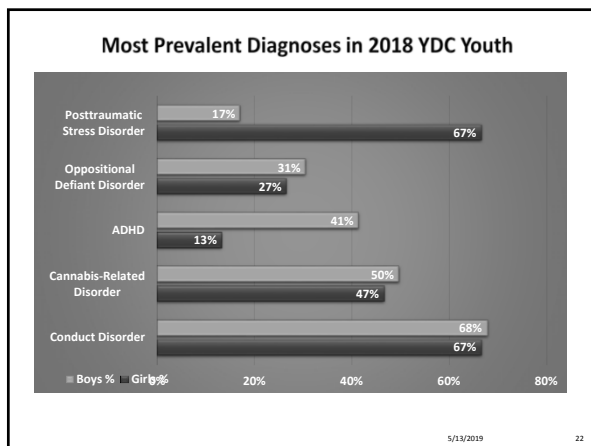
Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

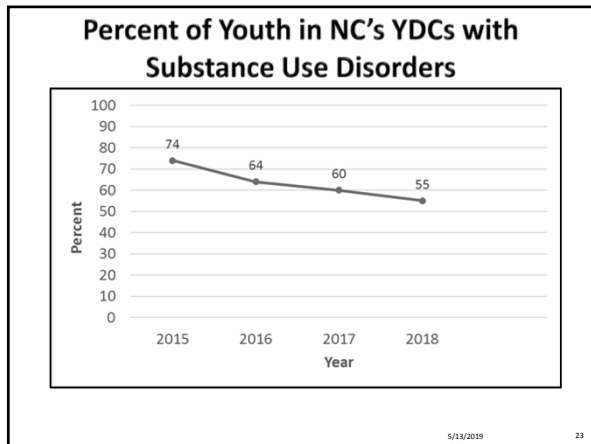
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- ### Prevalence of Co-Occurring Disorders in NC's Juvenile Justice Population
- ▶ 70% meet criteria for at least one Mental Health Disorder
 - ▶ 50% of those meet criteria for co-occurring Substance Use Disorder
 - ▶ 100% of those with a substance use disorder had a co-occurring mental health diagnosis
 - ▶ 62 – 77% of confined juvenile offenders report lifetime histories of trauma (90 – 100% of girls)

- ### Mental Health Disorders Most Likely to Co-occur with SUDs in Justice Populations
- **Externalizing Disorders**
 - Attention Deficit/Hyperactivity Disorder (ADHD)
 - Oppositional-Defiant Disorder
 - Conduct Disorder
 - **Internalizing Disorders**
 - Anxiety Disorders (including Post-traumatic Stress Disorder)
 - Mood Disorders

Trauma Exposure among Detained Adolescents

- 57% report witnessing a murder
- 17% report witnessing a suicide
- 72% had been shot, or shot at
- 70% report histories of physical and sexual abuse

Wood J, Foy D, W. Layne C, Pynoos R, James C. B. An examination of the relationships between violence exposure, posttraumatic stress symptomatology, and delinquent activity: An "ecopathological" model of delinquent behavior among incarcerated adolescents. *Journal of Aggression, Maltreatment, Trauma.* 2002;6:127-147.

Community - Violence Exposure

- 58% - someone has held a gun to head
- 10% - tortured or physically mutilated
- 31% - hit with object (bat, club)
- 56% - witnessed the homicide of close friend or relative
- 16% - present when close friend or relative committed suicide or accidentally killed self

Wood et al. (2002)

Comparison of Trauma Exposure

Type of Trauma	Incarcerated Adolescents	High School Students
Sexual violence (males and females)	16%	6%
Sexual violence (females only)	29%	11%
Community violence	6.8 types	3.1 types
Know someone who had been killed	92%	58%
Shot, or shot at	72%	23%

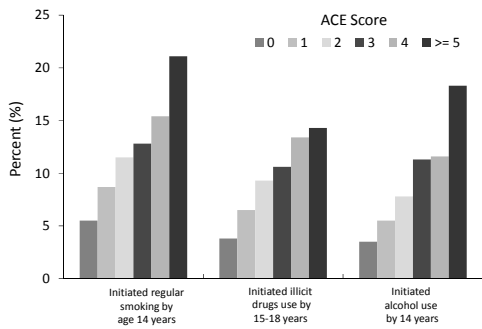
Wood et al. (2002)

ACE Study: Overall Findings

- ▶ Adverse Childhood Experiences (ACEs) are common.
- ▶ There is a dose-response relationship between ACEs and lifelong risk behaviors and poor health.

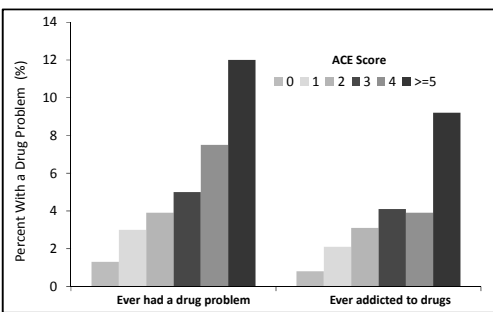
<https://vetoviolence.cdc.gov/apps/aces/#>

Relationship Between ACE Score and Initiation of Substance Use in Adolescence



<https://vetoviolence.cdc.gov/apps/aces/#>

ACE Score and Drug Abuse



<https://vetoviolence.cdc.gov/apps/aces/#>

Accessing Medicaid- and State-Funded Services

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Legal Requirements of Court Orders

When Can Evaluation and Treatment Be Ordered?

- In every case – G.S. 7B-2502
- If the adjudication involves **possession, use, sale, or delivery of alcohol or drugs**, substance abuse testing is required within 30 days.

Who Must Arrange for Evaluation and/or Treatment?

- Juvenile's Parent/Guardian must be allowed to do so.
- If parent refuses or is unable, the court must arrange.

Can the Court Order Inpatient Treatment for Mental Illness or Developmental Disability?

- No. Must refer juvenile to LME/MCO.

Navigating the Mental Health System in Juvenile Court. Johnson, R., Frison, S.L., and Powell, L. NC Association of District Court Judges' 2017 Summer Conference.

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Legal Requirements of Court Orders

Who Pays for the Evaluation and/or Treatment?

- Juvenile's Parent/Guardian
 - Court can assign medical insurance coverage (G.S. 7B-2704).
- Medicaid through LME/MCO approval
 - Child is Medicaid eligible.
 - Provider is qualified to perform requested service.
 - Service is covered by state Medicaid plan.
 - Service is medically necessary.
- The County
 - Requires a finding that juvenile's parent is unable to pay.
 - Requires a **hearing with notice** to county.
 - County DSS must arrange for services.

In re D.R.D., 127 N.C. App. 296 (1997) (affirmed court order requiring county to pay \$124K for inpatient sex offender treatment program)

Navigating the Mental Health System in Juvenile Court. Johnson, R., Frison, S.L., and Powell, L. NC Association of District Court Judges' 2017 Summer Conference.

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Juvenile Justice Behavioral Health Teams

<http://ncjbbh.org/>

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North Carolina: Juvenile Justice – Behavioral Health Initiatives

Reclaiming Futures Sites

- Reclaiming Futures – Catawba County
- Reclaiming Futures – Cherokee, Clay, Graham, Swain, Macon, Jackson & Haywood counties
- Reclaiming Futures – Cumberland County
- Reclaiming Futures – Forsyth County
- Reclaiming Futures – Halifax, Hargett, Hatteras, Hertford & Bertie counties (July 2013)
- Reclaiming Futures – Gaston County
- Reclaiming Futures – Guilford County
- Reclaiming Futures – Iredell, Yadkin & Surry counties
- Reclaiming Futures – Johnston County
- Reclaiming Futures – Wayne & Columbus counties
- Reclaiming Futures – Rockingham, Stokes & Davidson counties
- Reclaiming Futures – Transylvania & Henderson counties

Juvenile Justice Substance Abuse Mental Health Partnerships

Albemarle – Central Piedmont	Eastpointe – Goldsboro
Albemarle Behavioral – Durham	Eastpointe – Lenoir County
Albemarle Behavioral – Wake	Eastpointe – Rocky Mount
Cardinal Innovations – Albemarle/Carrald COC	East Carolina Behavioral Health (ECBH)
Cardinal Innovations – Forsyth County COC	ECBH North East
Cardinal Innovations – Guilford COC	Pharmas – Greensboro
Cardinal Innovations – Rutherford COC	Southwell – Swain County
Cardinal Innovations – Wayne County	Southwell – Swain County
Central Piedmont	Western Highlands

JJSAMHP Service Domains

- JJSAMHP
• JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP DOMAINS
- Screening/Referral
• Screening from Juvenile Justice and Referral to Identified Provider(s)
- Assessment
• Usage of a Valid, Reliable and Comprehensive Assessment for MH, SA and Co-Occurring Disorders
- Engage/Meet
• Utilization of System of Care Principles to Engage Families and Assist in Completion of Treatment
- Evidence Based Treatment
• Usage of Evidence Based Treatments to Address Substance Use and/or Mental Health Issues
- JJC
• Involvement of Juvenile Crime Prevention Councils in programming including developing Recovery Oriented Systems of Care

Service Coordination

- Coordinate development of a service plan that encompasses multiple domains and youth's involvement in multiple systems, if applicable.
- Identify and address barriers to youth and family initiating and engaging in services.
- Utilize Child and Family Teams to develop plan, monitor services, and adapt as necessary.



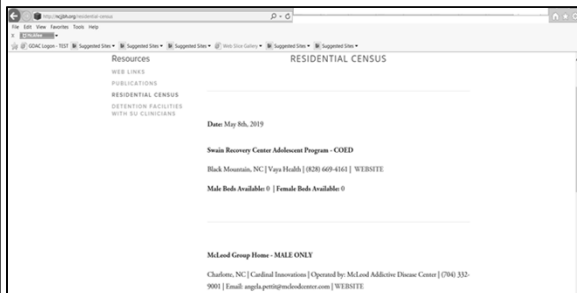
reclaimingfutures.org

Evidence-Based Treatments for Adolescents

- MET/CBT 5 and 12
- Family Support Network
- Adolescent Community Reinforcement Approach (A-CRA)
- Multidimensional Family Therapy (MDFT)
- Trauma-Focused Cognitive Behavior Therapy
- Motivational Enhancement Therapy (MET)
- The Seven Challenges Program
- Brief Strategic Family Therapy (BSFT)
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Relapse Prevention Therapy (RPT)
- Seeking Safety (SS)

SUD Residential Treatment Center Census

<<http://ncjibh.org/residential-census>>



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Questions? Need Help?

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