Substance Abuse Services in Juvenile Court

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OVERVIEW

- Adolescent Substance Abuse is different:
- Adolescent Development
- Prevalence of Substance Abuse in Juvenile Justice-Involved Youth
- Co-occurring Disorders
- o Juvenile Justice Behavioral Health Initiatives
- ${\bf o}$ Adolescent Treatment Options

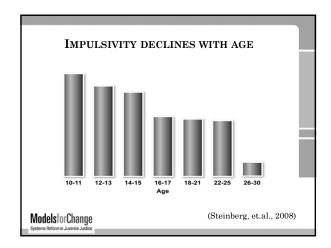
WHAT SCIENCE TELLS US ABOUT THE BRAIN

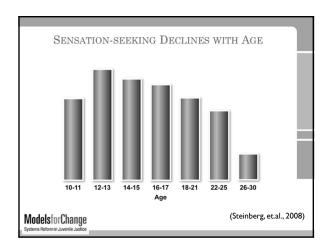
 ${\bf o}$ Functioning of the frontal lobes is not at a dult levels.

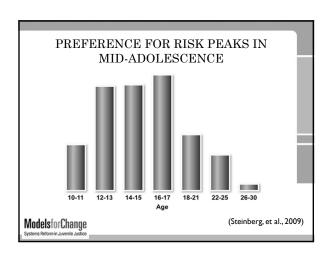


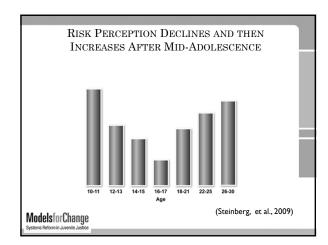
• Why is that important?

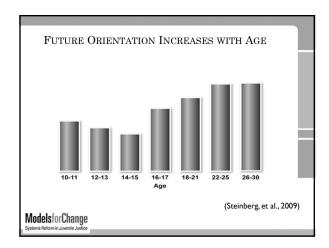
ModelsforChange

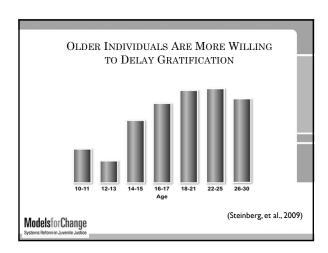


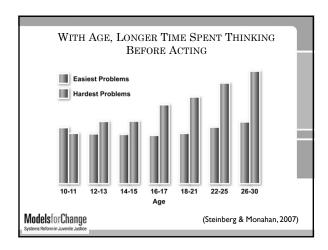


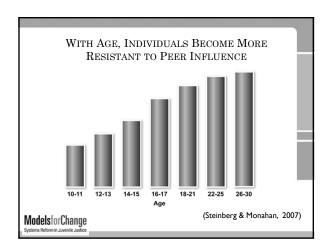






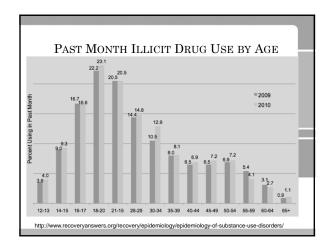


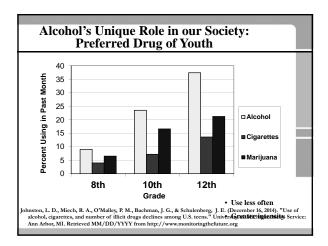




ADOLESCENT BRAIN DEVELOPMENT: DECISION MAKING AND RISKY BEHAVIOR

- Incomplete neural development leads to risky decisions.
- Presence of peers alters decision-making process.
- Strong emotions may override rational decisionmaking.
- There is a preference for risk, coupled with a limited ability to evaluate riskiness of actions.
- Short-sightedness (focus more on gains, less on loss; immediate gratification; future orientation) is typical.





PREVALENCE OF CO-OCCURRING DISORDERS
IN JUVENILE JUSTICE POPULATIONS

o 70% meet criteria for at least one Mental Health
Disorder

o 60% of those meet criteria for co-occurring Substance
Use Disorder

o 62 – 77% of confined juvenile offenders report lifetime
histories of trauma

(SAMHSA Expert Panel, 2007; OJJDP, 2009)

PSYCHIATRIC DISORDERS MOST LIKELY TO CO-OCCUR WITH SUDS IN JUSTICE POPULATIONS

Among adult offenders:

- Mood Disorders
- Anxiety Disorders
- Personality Disorders
- Psychotic Disorders

Among juvenile or youthful offenders:

- Externalizing Disorders
 - ${\circ}\,\mathrm{ADHD}$
 - o Oppositional-Defiant Disorder
 - ${\tt o} \ {\rm Conduct} \ {\rm Disorder}$
- Internalizing Disorders
 - ${\sf o}$ Anxiety Disorders (PTSD)
 - o Mood Disorders

Co-Occurring Mental Health Issues Anny Che seccionality Engelshieteric Constituted Hiteoretica Addression Hediciticity Symmetric Hiteoretica Marcanille Differential Microsofter Marcanille Differential Microsofter Consonal Annology Hiteoretica Rear Marcanilly Microsofter Rear Microsofter Marcanille Microsofter Any Section Microsofter Any Section Microsofter Micros

Trauma Exposure among Detained Adolescents

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

Wood et al. (2002)

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)	
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	-
Substance abuse treatment reduces symptoms of abuse and/or dependence, as well as frequency of use, but	
usually has only an indirect impact on emotional and behavioral problems.	
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(Dennis, 2004, as cited by Graves et al., 2010)	-
Mental health treatment alone for those with co-	-
occurring mood and substance use disorders does not significantly reduce substance use, especially among	
the young.	
(Graves et al., 2010)	-
	-

THIS IS EVEN MORE COMPLICATED FOR THE JUSTICE-INVOLVED POPULATION.

Integrated treatment for co-occurring disorders, when delivered over a sufficient length of time to justice-involved persons with serious mental illness, can result in significant reductions in substance use and improvements in other areas of functioning.

(Osher, 2005)

JUVENILE JUSTICE BEHAVIORAL HEALTH INITIATIVES

- Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP)
- Reclaiming Futures (RF)
- Juvenile Justice Treatment Continuum (JJTC)

	the Re	ciaimir	ng Futu	ires mo	oaei	
Youth referred to the sends justice system for law violations	COORDIN	ATED INDIVIDUALIZED R	ESPONSE	сомм	UNITY DIRECTED ENGAGE	DEMENT
York elgible for freedoment or 100	() Initial Screening	initial Assessment	Service Coordination	Oinitiation	○ Engagement	O framition
supervision in the community	If possible substance above in indicated, refer for initial assessment.	If substance above is indicated, refer for service coordination.	Intervention plans should be designed and coordinated by community teams that are	Service initiation is a critical moment in intervention. Consisted with the	Youth and families must be effectively engaged in services. Engagement is	franction describes completion of the service plan and gradual withdrawal
	As soon as possible after being referred to the jumble jumble system, such should be assemed for substance shows professor using a regulative sovering tool.	Truth with possible substance shows problems should be assessed using a reputable text in measure that use of absolute and other drug problems, individual and stranger rate, needs, and strangers, needs, and strangers. The primary programs to measure this seeming of problems are needed to return the seeming of problems. A seeming propose is to shape an informed service plan.	family-driven, span agency bounderes, and draw upon community-based resources. Intervention should reduce whether and the create as appropriate for each power, perhaps melating should appropriate for each power, perhaps melating should exhibit and prevention services, multiwated in pro-occula politimes, and the assistance of "valural highers" forces to the pound and his or ther tendy.	braitment standards of the Mauhaptine Control Group (www.washingtoncora.org), institution is admind as at least one services controller without it does not all assessment to the controller of the plan. In the seath component of the plan, for one instation should be monitored whether or not the intervention plan included in completed or other drug treatment, other drug treatment,	defined as three auconsolul berinde controlly within 30 days of a princh's full assessment, Coppenheric on his measured for ason and our component or for all elements of the service controlled within the controlled whether or not the intervention plan rounded to the other drug treatment.	of agincyb said services. Youth and families must be connected with largh term supports (purmounly recourses and "teatural height produced by and opportantities in the community based on their unique strengths and etensitie.
If no substance above in indicated, (i)						
resume traditional juvenile justice process	Process Measures	Of all youth identified with all shell or other drug problems of an exemply love many got full assessments?	Of all youth identified with alcohol or other desg problems at assessment, how many alcohol to complete an appropriate service plan?	Of all youth who agrees to complete an agreeprishs service plan, how many solide services as designed?	Of all youth who initiate a service plan, how many become fully enginged in services?	Of all youth engaged in moving, how many com- pleted the required serving and descentified angles anguigement in audiostus and transition augusts."
	Outcome Measures	Of all youth identified with all wheel or other drug problems at an eneming who in NOT got fail convenients, how theory are exceeded for all legal rate year?"			Of all youth who initiate a service plan had FRS, to have one fully engaged, here many are necessed for at head one year?	
		Success may be defined in various reduced drug use, no subsequent ri	ways, including the absence of new a elemats for drug or alcohol freatment,	nests or new court referrists, no new or some combination of these mean	trig con, res.	

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

SCREENING

- ${\bf o}\,$ Purpose: To identify youth in need of further assessment for substance use and/or mental health
- $\boldsymbol{\mathsf{o}}\$ When: At multiple points in the system, including:

 - Consultation
 Intake
 Probation/Monitoring
 Detention Center
 Youth Development Center
 Juvenile Crime Prevention Council (JCPC) Programs
- ${\bf o}\ \ {\rm Re}\mbox{-screen}$ every 3 months or if not responding to interventions

SCREENING

- ${\bf o}$ Strategies for identifying youth with substance abuse
- ${
 m SA}$ related offense/charge
- Juvenile and family history
- Reports and observation
- Urine drug screens
- Risk and Needs Assessments
- Valid, reliable screening instruments

GLOBAL **A**SSESSMENT OF **I**NDIVIDUALIZED **N**EEDS – SHORT SCREENER

- Valid, reliable screening tool for ages 12+
- · 5-minutes to administer
- Integrated into NC-JOIN (Juvenile Justice online data system)
- Identify juveniles in need of full assessment as well as evaluation tool
- Areas addressed by the GAIN Short Screener:
 - · Internalizing Disorders
 - Externalizing Disorders
 - Substance Use
 - Crime/Violence

MASSACHUSETTS YOUTH SCREENING INSTRUMENT (MAYSI-2)

- · Self-report inventory of 52 questions
- For use in facilities with youth ages 12-17
- + 10-15 minutes to administer
- · Integrated into NC-JOIN (Juvenile Justice online data system)
- · Areas addressed by the screener:
 - Alcohol/Drug Use
 - Angry-Irritable
 - Depressed-Anxious
 - Somatic Complaints
 - Suicidal Ideation
 - Thought Disturbance
 - Traumatic Experiences

SCREENING DATA ON JUVENILE JUSTICE YOUTH N=6,651 Substance Use Disorder Co-Occurring (SD and ID/ED) Mental Health (ID/ED) None

Assessment

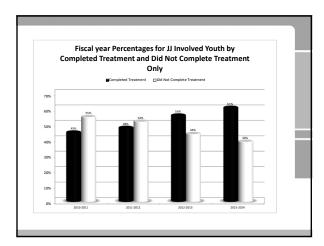
- •If identified via screening as possibly needing MH and/or SA treatment, a full assessment is completed.
- •The partnerships encourage the use of standardized, psychometrically sound assessment instruments that help capture strengths and needs to provide an accurate diagnosis and recommendations.
- •The assessment determines the type and level of services/treatment needed.

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



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)

MULTI-SYSTEMIC THERAPY

- Family- and home-based treatment geared toward SUDs and justice involvement
- · Uses individual, family, and peer interventions
- Outcomes include decreased substance use, associations with negative peers, disruptive behavior, re-arrests, and depressive symptoms.

ADOLESCENT COMMUNITY REINFORCEMENT APPROACH (A-CRA)

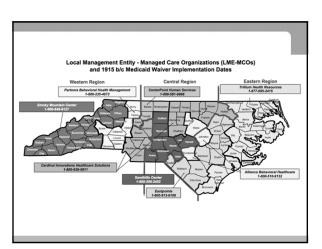
- Home and community environment have great influence on discouragement of drug use
- Involve youth in activities that discourage drug use and utilize strengths of home and community
- Individual adolescent sessions, caregiver sessions and community work

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ACCESSING TREATMENT

- Local Management Entity-Managed Care Organizations (LME-MCO)
- Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP)
- Juvenile Crime Prevention Council (JCPC) Programs
- Level II Disposition Alternatives
- Substance Abuse Regional Residential (CASP) Programs



JUVENILE CRIME PREVENTION COUNCIL Programs

- · Ensure that appropriate dispositional options are available in the community
- · Assess needs of juveniles in the community
- · Assess resources available in the community to meet the needs identified
- \bullet Develop or propose ways to meet those needs
- · Evaluate programs for effectiveness

Statewide Level II Dispositional Alternatives: Residential Programming

Statewide Evidence-Based Residential Alternatives deliver short-term/staff-secure residential services as a dispositional alternative as defined in NCGS 7B-2506 for Level II adjudicated males and female youth.

STATEWIDE LEVEL II DISPOSITIONAL ALTERNATIVES: RESIDENTIAL PROGRAMS

o Eckerd Residential Programs (2)

- Short-term residential treatment facility; 48 bed capacity
 Males ages 13-17 years of age
 Intensive, short-term services; 3 to 6 months (Avg. 90 days)
 Cognitive Behavioral TherapyTreatment (CBT) Model
 Program located in Montgomery County (Candor) & Wilkes County (Boomer)

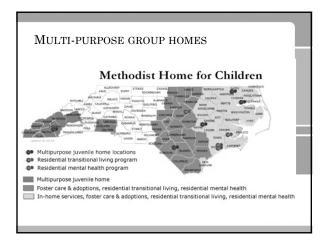
- Short-term residential treatment facility; 16 bed facility
 Females ages 13 to 17 years of age
 Length of Stay 4 and 6 months
 Gender Responsive Treatment Model; Trauma-Informed Care
 Program located in Vance County

o Craven Independent Living Program

- Home located in Craven County (New Bern)
 Independent Living Transition Program from YDC or Residential Placement

o North Hills Independent Living Program

- Home located in Wake County (Raleigh)
 Independent Living Transition Program for girls leaving a YDC or Residential Placement.



STATEWIDE LEVEL II DISPOSITIONAL ALTERNATIVES: COMMUNITY-BASED PROGRAMS

Community-Based Dispositional Alternatives are evidence-based programs designed to provide effective intermediate sanctions and reentry services as a dispositional alternative for high-risk Level II adjudicated youth.

These services serve high-risk youth between the ages of $10\ \mathrm{and}\ 17$ and include the following:

- •Youth returning from a youth development center
- $\textbf{\cdot} Youth \ transitioning \ out \ of \ some \ other \ residential \ placements$
- $\textbf{\cdot} Youth \ returning \ home \ from \ a \ detention \ center \\$
- -Dispositional option for Level II adjudicated youth

NON-RESIDENTIAL CONTRACTUAL SERVICES

o Eckerd Community Program

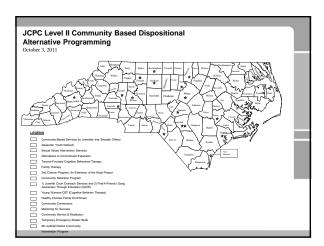
- Cognitive Behavioral Therapy/Treatment (CBT)
- Wraparound Services
- Transitional/ Re-entry Services

o AMIKids

- Functional Family Therapy (FFT)
- In-home family and community-based model

JCPC-ENDORSED LEVEL II DISPOSITIONAL ALTERNATIVES PROGRAMS: COMMUNITY BASED

JCPC-Endorsed Level II Programs were created to address localized gaps in services for Level ${\rm II}$ adjudicated youth under the supervision of the court while filling gaps in the communities' juvenile justice continuum.



GRADUATED RESPONSES & REWARDS

o Research-Based Strategy

- $\bullet~$ Shown to increase success rates and reduce recidivism
- Increase effectiveness by ensuring sanctions and incentives are certain, immediate, fair, of the appropriate intensity, and individualized to the youth

o Rewards Grids

- Rewards Grids
 Developed by local districts to reinforce positive short- term and long-term behaviors in domains related to positive youth development (i.e. education/vocation, personal accountability, social competency, etc.)
 Includes opportunities for youth to earn recognition, incentives, such as scholarships for pro-social activities, or specialized learning opportunities upon achieving goals in their service plan.

o Responses Grids

- Provide a wide array of responses to non-compliance with the terms of probation depending on the level of violation and the risk level of the youth.
- Ensures youth has an immediate response or consequence to non-compliance.



RE-ENTRY SYSTEM REFORM GRANT

- · Unified service plan
- Enhanced matching of criminogenic needs to services
- Workforce and academic development
- Family strengthening and engagement
- Data analytics and NC's Government Data Analytics Center (GDAC)



Questions?

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