

Screening for Mental Health and Substance Abuse in JRBs

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Background

Georgetown University
Center for Juvenile Justice Reform
Juvenile Diversion Certificate Program

Capstone Project:

1. JRB manual of operation
2. Screening for MH and SA
3. Restorative practices in JRB

Screening Experience in JRB

- Is Anyone using screenings now to inform JRB?
 - Which ones?
 - For how long?
 - Experience with them?
- What do you hope to take away from this discussion?



Why Screen?

Reasons for Identifying Youths' Behavioral Health Conditions

- ***Safety***
 - Avoid self-harm or harm to others
- ***Child welfare***
 - Immediate treatment for serious disorders to reduce suffering
- ***Delinquency prevention and rehabilitation***
 - ***Behavioral health intervention to prevent further delinquency***
- ***Documentation***
 - Knowing the need so one can support policy & mgmt plans

How Does Screening Help us?

Divert to what?

Helps to inform the panel recommendations

- Identifying need for...
 - *mental health* services
 - *substance use* services
 - *family/school/community* interventions

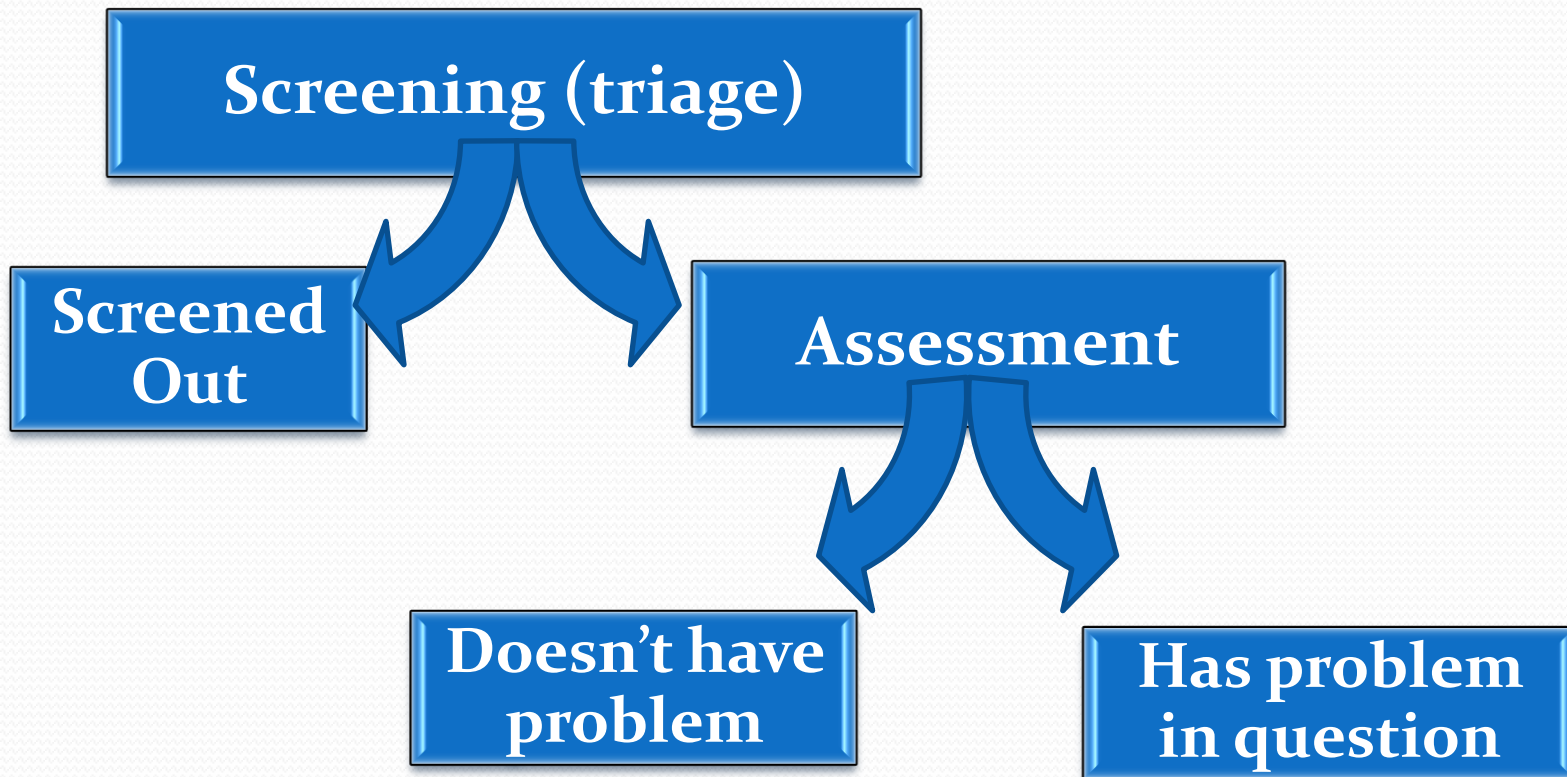
Why the Screen > Assess Strategy Is Financially Responsible

- Assessment Tools
 - Are more comprehensive, taking more time
 - Typically require specialized training
 - Usually cannot afford to give to every youth
- Screening Tools
 - Brief (e.g., 10 minutes)
 - Capable of being given by general JJ staff
 - Fit well into a routine intake process

Screening Practices

- Should be used with every youth
- Identifies those youth who might have an issue
- Results in two groups
 - Very unlikely issue is present
 - Greater likelihood indicates further assessment is warranted

Screening vs. Assessment



How Screening and Assessment are Conducted

- Must be performed with standardized tools
 - Structured and manualized
- Tools must be “evidence-based”
 - “Reliable:” Same administration results in same score
 - “Valid:” Measures what is intended (Accurately predicts likelihood of issue being present)

Good Screening Practices Are . . .

- Based on a tool designed for use with the population (e.g., juvenile justice youth)
- Have research support of “reliability” and “validity” of scores/decision-rules
- Administered and scored based on standardized procedures to support uniformity in system response
- Conducted with all youth at intake
- Supported by policies that facilitate communication and protect confidentiality of results

Screening and Assessment Is More Than Selecting a Tool

Implementation - No evidence-based tool is valid unless it is implemented correctly

The implementation process—

- Determining your needs and your tool options
- Selecting tools on that basis
- Developing policies for tools ‘ use and decisions to be made based on their results
- Develop process for a data base
- Train and pilot
- The process must be monitored across time

Criteria

- Format- Paper or Electronic
- Content
- Length
- Time to administer
- Training required
- Cost
- Evidence base
 - Population served, culture/ gender, language

Most-Widely-Used MH & SA Screening Tools

10 minute tools with both MH and substance use screening features

- MAYSI-2: Massachusetts Youth Screening Instrument-Second Version
 - Used statewide in 44 states in juvenile justice probation, detention or juvenile corrections systems
- GAIN-SS: Global Appraisal of Individual Need-Short Screen
 - Used in diverse range of child services settings throughout U.S.

SAMHSA Guide

<http://store.samhsa.gov/product/Identifying-Mental-Health-and-Substance-Use-Problems-of-Children-and-Adolescents-A-Guide-for-Child-Serving-Organizations/SMA12-4700>

Potential Partners

Improving Access to Continuing Care and Treatment (IMPACCT)

- Increase access to treatment and improve service quality; workforce development, financial reform
 - 2-year Planning Grant
 - Develop strategic plan strategic treatment and communication plan
 - May lead to 3-year implementation grant

Potential Partners (cont.)

Adolescent Screening, Brief Intervention & Referral to Treatment (A-SBIRT)

- Collaboration with DMHAS adult initiative
- Demonstration project to screen adolescents for substance use problems within an existing service
- Adolescents age 12-18
- Services: EMPS
- May be linked to different screening tools.
- Project Includes: Training on CRAFFT.
 - GAIN-SS is being used by some providers

Discussion

- Needs of JRB- Is there perceived value?
- Selection & Implementation?? (slide 13)
 - One size fits all?
 - Training, fidelity, QA
 - \$\$\$
 - Sustainability
 - Other resources (who else do we bring to the table)
- Project Next Steps
 - Identify Pilot areas- survey?
 - Select tool
 - Implementation plan: policy, QA/data, training

Service Resources

For Teens—Mental Health: *Mental, Emotional, and Behavioral Disorders in Teens* (Web page)

<http://www.cumminsbhs.com/teens.htm>

For Teens—Substance Use: *Warning Signs of Teenage Drug Abuse* (Web page)

http://parentingteens.about.com/cs/drugsofabuse/a/driug_abuse20.htm

General Signs of Alcohol or Drug Use (Web page)

<http://www.adolescent-substance-abuse.com/signs-drug-use.html>