

Meeting Substance Abuse and Mental Health Needs of Offender Youth

Best Practice Report

June 2012

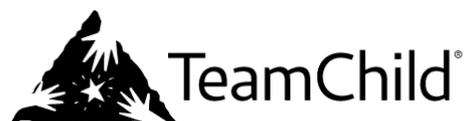
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PART OF THE LEAP COMMUNITY AWARENESS BEST PRACTICE SERIES

LEAP

Learning, Employment and Achieving Potential for
Youth with Juvenile Justice Involvement

This Young Offender program is funded by the U.S. Department of Labor from July 1, 2009 through June 30, 2012; the program received funds totally \$6,230,520 equal to 100% of the cost of operating the program.



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MEETING THE SUBSTANCE ABUSE AND MENTAL HEALTH NEEDS OF OFFENDER YOUTH

Best Practice Report

Introduction

Youth involved in the juvenile justice system in Washington State face significant barriers, especially as they are returning to the community from detention or longer-term incarceration at a juvenile rehabilitation facility. It is not unusual for these youth to face ongoing challenges in many aspects of their lives – at home, in their neighborhoods, and at school. In 2010, under a grant from the U.S. Department of Labor, Washington’s Juvenile Rehabilitation Administration (JRA) formed a multi-disciplinary partnership with community organizations in King County. The project is called LEAP – *Learning, Employment and Achieving Potential*- and is a juvenile offender reentry initiative that is connecting youth to education and employment after they are released from incarceration. LEAP is a working collaborative of youth services that provides educational, employment, outreach, and mentoring resources to King County youth who are released from the county juvenile detention center or a state Juvenile Rehabilitation Administration facility.

TeamChild’s involvement in LEAP focused on providing training and technical assistance to grant partners and raising community awareness about the barriers facing youth returning from incarceration. This best practice series discusses the major challenges faced by youth, highlights the services offered by LEAP partners to mitigate and break down re-entry barriers, and shares lessons learned in promoting the success of young people involved in the LEAP program.

Substance Abuse and Mental Needs Overview

This report will discuss the prevalence of mental illness and substance abuse disorders of youth involved in the juvenile justice system. The report will describe the systems through which young people can gain access to publicly funded mental health and substance abuse evaluation and treatment. Finally, the report will explore strategies for assisting youth being released from detention or a JRA institution in getting connected to services, including:

- 1) ensuring youth have medical coverage and know where to turn for treatment,
- 2) advocating for immediate reinstatement of Medicaid coverage for young people returning to the community after a period of incarceration,
- 3) supporting local and national efforts that smooth transitions of medical coverage for youth getting out of detention, and
- 4) whenever possible, encouraging systems to work together to meet the needs of multi-system involved youth.

What Does the Research Say?

Young people enmeshed in the juvenile justice system face tremendous challenges to ensure that their basic needs are met. Rates of mental health disorders in the juvenile justice population are 2 -3 times higher than in the general adolescent population – in fact, it is estimated that 60 – 70% or more of juvenile justice involved youth meet the criteria for a psychiatric disorder compared to just 20% of adolescents generally.¹ Of this 60 – 70%, at least one in five has a serious mental health disorder.² This prevalence of mental health issues for youth in the juvenile justice system is also reflected in local Washington State data. A November 2011 snapshot of youth incarcerated in Juvenile Rehabilitation Administration (JRA) facilities showed that 64% of youth in residential facilities and 71% of youth on parole had mental health needs.³

Additionally, national data from 2006 demonstrated that approximately 43 percent of males and 55 percent of females involved in the juvenile justice system had substance use disorders.⁴ Substance abuse disorders reflect use of alcohol or other controlled substance in a manner that clinically impairs one or more domain of functioning (such as, academic, social, or legal). Substance dependence disorders not only reflect use that is clinically impairing in one or more domains of functioning, but represent development of physical and/or psychological dependence. Local data also demonstrates the high percentage of juvenile justice involved youth struggling with substance abuse issues. Forty eight percent (48%) of youth in JRA residential facilities and 46% of youth on JRA parole need substance abuse treatment.⁵

Even more striking is the percentage of juvenile justice involved youth with co-occurring disorders. Over 80% of Washington State's JRA youth, in both residential care and parole aftercare, have two, three or four disorders including mental health, substance abuse, medically fragile, cognitive impairment, and/or sexually offending misconduct.⁶

All too frequently, youth get caught up in the juvenile justice system due to symptoms of untreated mental illness or drug and/or alcohol addiction. Nationally, it has been estimated that 70% of adolescents with mental health disorders do not receive needed mental health care, largely because of a lack of adequate health insurance and little access to effective, culturally competent treatment in many rural and urban areas.⁷ For youth whose mental health and substance abuse issues are at the roots of their offender

¹ Teplin, L.A., Abram, K.M., McClellan, G.M., Mericle, A.A., Dulcan, M.K., & Washburn, J.J. (April 2006). Psychiatric disorders of youth in detention. *Juvenile Justice Bulletin*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

² *Id.*

³ DSHS JRA Facts and Figures, Services Needs (November 2011) available at <http://www.dshs.wa.gov/jra/facts.shtml#jra>

⁴ Kinscherff, R. (2012). *A Primer for Mental Health Practitioners Working With Youth Involved in the Juvenile Justice System*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health, p. 10.

⁵ DSHS JRA Facts and Figures, Services Needs (November 2011) available at <http://www.dshs.wa.gov/jra/facts.shtml#jra>

⁶ DSHS JRA Facts and Figures, Services Needs (November 2011) available at <http://www.dshs.wa.gov/jra/facts.shtml#jra>

⁷ U.S. Department of Health and Human Services. (1999) *Mental health: A report of the surgeon general*. Rockville, MD: Author.

The Centers for Disease Control and Prevention collects data through a [National Health and Nutrition Examination Survey \(NHANES\)](#). These surveys show variations in whether children received treatment based on the type of disorder. In general, it found that about half (50.6 percent) of children with mental disorders had received treatment for their disorder within the past year of the survey. Children with anxiety disorders were the least likely (32.2 percent) to have received treatment and only 37.7% of youth with depression received treatment. See <http://www.nimh.nih.gov/statistics/1NHANES.shtml> (last accessed June 30, 2012)

behavior, the juvenile justice system often becomes the default mental health or drug and alcohol treatment provider.

There are a number of places before, during and after juvenile justice involvement where access to assessment, evaluation and treatment can keep young people in the community and on a path to successful adulthood. Knowledge of the health needs of youth also provides opportunities to create more front end programming that could keep youth out of the juvenile justice system as well as more effective transitions for young people with these health and wellness needs. This report also describes the publicly funded behavioral health system in Washington, as it is often a source of confusion that makes it difficult for youth, families and their advocates to access needed services.

Screening and Assessments for Behavioral Health Needs

Mental health and substance abuse needs are often difficult to identify. For young people going through the many changes of adolescence, it may be even more challenging to identify behavioral health treatment needs. Adolescent behaviors may be perceived as typical when they are actually a manifestation of a more serious health need. Because of the higher prevalence of mental health issues for youth involved in the juvenile justice system, there is a higher likelihood that youth might have underlying mental health or behavioral health needs. For these youth, there are a number of screening and assessment resources that are available to help identify underlying health issues and access publicly funded behavioral health evaluation and treatment. Screening, assessment and evaluation are terms that are often used interchangeably, but they each serve different purposes and can be found at various points within and outside the juvenile justice system process.

Screening can typically serve the purpose of identifying needs that require an immediate response.⁸ Screening also serves the purpose of identifying youth that have a higher likelihood of having a health issue that would need additional attention.⁹ Some examples of behavioral health screening tools used in Washington’s juvenile justice system include the Massachusetts Youth Screening Instrument – version 2 (MAISY-2), the Suicidal Ideation Questionnaire (SIQ), and the Global Appraisal of Individual Needs – Short Screener (GAIN-SS).

Behavioral health assessments used in juvenile justice systems are more involved than screenings and are intended to gather a more complete health profile of a young person.¹⁰ Some juvenile courts have funded specialized assessment teams. For example, King County has mental health liaisons and an assessment team that can provide a wealth of information about youth both in and out of detention and help youth connect to treatment resources.¹¹

⁸ Vincent, G. M. (2011). *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

⁹ Id.

¹⁰ Id.

¹¹ See <http://www.kingcounty.gov/healthservices/MentalHealth/Services/Youth/JuvenileJustice.aspx> for information about the Juvenile Justice Mental Health Liaisons.

The Juvenile Rehabilitation Administration has a diagnostic process as well as behavioral health expertise at its facilities. Look to information gleaned from JRA's programs as a resource for identifying health needs and making the case for accessing publicly funded behavioral health services in the community.

There are also a number of sources of screening and assessment outside of the juvenile justice system. A youth can ask for an assessment of behavioral health needs as part of a regular health care assessment by his or her primary health care provider. For Medicaid eligible youth, these types of health screens must happen regularly through childhood, and at least every two years for children 7 to 20 years old. Age appropriate mental health and substance abuse screening under the Early Periodic Screening Diagnosis and Treatment (EPSDT) is also available and can be done by licensed practitioners. EPSDT requires any necessary health care, diagnostic services, treatment, and other measures, described in section 1396d(a) of the Medicaid Act, to "correct or ameliorate" physical and mental illnesses and conditions, whether or not such services are covered for adults in the state's Medicaid program. In other words, under EPSDT, children up to 21 years of age may qualify for services that are not part of the state plan if they are "medically necessary". If a young person has any indicators of a mental health or substance abuse issue, he or she can be referred for an additional assessment that would be paid for by Medicaid.

Public schools are another important screening and assessment resource. If a youth has been having trouble in school and the difficulties might be related to a behavioral health need, he or she may be referred for an evaluation to determine whether there is a need for special education, related services and/or accommodations.

The Publicly Funded Behavioral Health Systems in Washington State

Many young people involved in the juvenile justice system in Washington may be eligible for free behavioral health assessment, evaluation and treatment. There are several access points for the systems of behavioral health care for youth. If eligible, youth are entitled to medically necessary services. Youth otherwise eligible may have limited access to these publicly funded services when they are incarcerated; once released, however, this barrier should be easy to overcome.

Eligibility for Medicaid and State Medical Assistance

Young people can qualify for publicly funded medical care through Medicaid or the state's children's health care program also known as Apple Health for Kids. If a young person has Medicaid or state medical assistance through Apple Health for Kids, he or she is entitled to all medically necessary health care services, including mental health and behavioral health assessment, evaluation and treatment. Medicaid eligible youth are entitled to this scope of services through age 21.

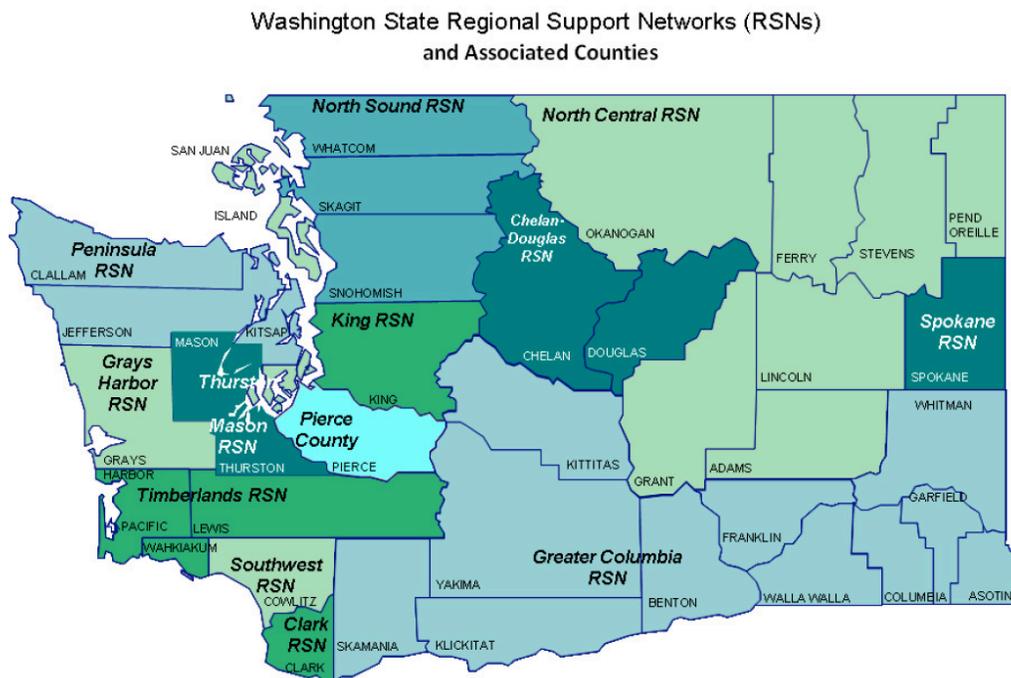
Youth may be *categorically eligible* for medical insurance (such as youth who are in foster care or relative placement, a child who was adopted and received adoption assistance, a child on SSI or a child whose family receives TANF) or youth may be *financially eligible* (limits vary by program from 40% FPL to 300% FPL). It's important to know what type of medical coverage a youth has to assist with making service requests. If you are working with a youth who already has medical insurance, you need to determine what type of

insurance they have, since it may make a difference in some cases. Youth often need assistance in determining their eligibility. You can help them by calling ProviderOne at 1-800-562-3022, the DSHS payment system for social and health services which was created in 2010 to consolidate Medicaid, medical and similar payments.

Anyone can apply for medical coverage for children and youth – even youth themselves. To apply for medical benefits for a child who does not already have medical insurance, contact Apple Health for Kids at 877-543-7669 or at <http://hrs.dshs.wa.gov/applehealth/index.shtml>. If a young person has Medicaid or state medical assistance through Apple Health for Kids, he or she is entitled to all medically necessary health care services, including mental health and behavioral health assessment, evaluation and treatment. Medicaid eligible youth are entitled to this scope of services through age 21.

Accessing Mental Health Assessment, Evaluation and Treatment

Medicaid funded mental health services in Washington are managed by the state’s thirteen Regional Support Networks or “RSNs”. These RSNs develop and manage a network of local, community mental health providers. The RSN for each region will have a list of community mental health providers that take Medicaid or Apple Health for Kids coverage (in other words, they get reimbursed by the state). Links to each of the RSNs can be found at <http://www.dshs.wa.gov/dbhr/rsn.shtml>.



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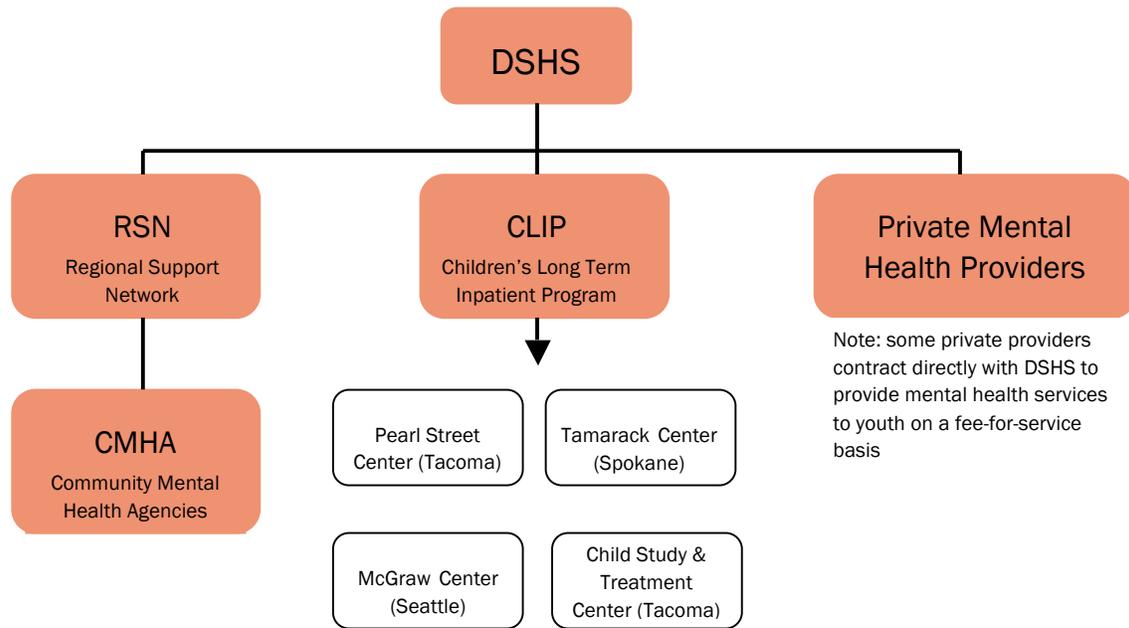
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Typically, a youth can request services directly from a community mental health provider. An intake evaluation at a community mental health agency will assess the client’s eligibility for mental health services. Intakes must occur within 10 days of the request, unless requesting crisis services. In order to receive

mental health services through the RSN, children must meet *Access to Care* standards. If a youth encounters a roadblock to receiving services due to *Access to Care* standards, you may want to help the youth and their family seek legal assistance.

The state’s managed health care program, Healthy Options, is another source of publicly funded mental health assessment, evaluation and treatment for Medicaid eligible youth. Accessing mental health benefits available under a Healthy Options provider may require a referral from a primary care physician or other process, depending upon the managed care provider’s rules.

WASHINGTON’S MENTAL HEALTH DELIVERY SYSTEM



A Note on the Intersection between Mental Health and Special Education Services

Special education and Section 504 services in public schools may also be an important resource to help youth manage and overcome challenges stemming from underlying mental health issues. While the services are not necessarily the same as treatment from a mental health provider, they may be critically important to improve a young person’s ability to manage his or her mental illness so that they can benefit from the educational setting. For youth 16 and older, IEP and 504 plans should be tailored to address individual needs, skills, and goals necessary for successful transition to post secondary education, independence, and/or employment. If a child’s disability stems from mental illness, these transition plans could include important services to support youth. Special education services are available to youth until they turn 21.

Accessing Substance Abuse and Chemical Dependency Assessment, Evaluation and Treatment

Chemical dependency and substance abuse evaluation and treatment programs for youth are a covered service under the Medicaid and Apple Health for Kids. The state Division of Behavioral Health contracts with counties to provide outpatient services. Some counties provide the treatment services while others have contracts with local providers to deliver those services. The Division of Behavioral Health contracts directly with residential treatment providers for inpatient services for youth. An updated directory of outpatient and inpatient treatment providers in the state can be found at <http://www.dshs.wa.gov/DBHR/DADirectory.shtml>.

Youth and their families can contact the providers directly to arrange for an assessment for outpatient services. For inpatient treatment, youth and their families can work through an outpatient provider or contact an inpatient provider directly.

Many juvenile courts provide access to chemical dependency and substance abuse assessment. Some courts use a referral system; some have qualified assessment teams on site, while others have specialty treatment courts or diversion services. Substance abuse and chemical dependency treatment may be a condition of supervision or release or part of a sanction associated with an offender matter.

Recommendations

The following compiled recommendations are based on the analysis of the research and studies on mental illness and substance abuse disorders for youth involved in the juvenile justice system.

1. Ensure that youth are covered by medical insurance and know where to turn for mental health and chemical dependency treatment, including requesting services outside of the managed care mental health system if necessary.

Both mental health and chemical dependency programs in Washington State are managed by the Division of Behavioral Health and Recovery. To learn more about where youth can access chemical dependency treatment in their local community, use this resource:

<http://www.dshs.wa.gov/pdf/dbhr/da/March2012Directory.pdf>

Publicly funded mental health care is run through a managed care system in Washington State. Youth can ask their primary care provider for a referral or can go directly to a local community mental health agency to request treatment. For a list of local community mental health agencies by community, visit: <http://www.dshs.wa.gov/dbhr/rsn.shtml>.

If a youth is on a medical plan that provides fee for service or does not meet the standards to receive treatment through the Regional Support Network, the youth can receive up to 20 outpatient mental health visits per year. To help a youth find a provider, call ProviderOne at 1-800-562-3022.

Keep in mind that youth who are transitioning out of detention or a JRA facility may need someone to talk to, even if they don't have a mental health diagnosis. Youth may be struggling with adjusting to a new school, being back at home or in a new living situation, or past trauma. Helping young people connect with community resources so they have someone to talk to can go a long way to ease the transition back into the community.

2. For youth transitioning out of detention, advocate for continuity of care and seamless transition to treatment in the community.

Returning to the community after a period of time in detention or in a JRA facility can be a difficult transition. In JRA facilities, youth are in a structured environment with access to treatment & educational services. Ensuring that young people can make a seamless transition to community-based treatment is essential to help young people stay on track to a bright future. State law recognizes the importance of medical coverage for youth leaving incarceration. WAC 388-406-0005(9) provides that if “you are applying for assistance for a youth leaving incarceration in a juvenile rehabilitation administration or county juvenile detention facility, you may apply for assistance within forty-five days prior to release. We will process your application for medical assistance when we receive it, and if eligible, we will authorize medical benefits upon the youth's release from confinement.” RCW 74.09.515 further provides that youth who are being released from confinement who were eligible for medical coverage prior to confinement have their medical coverage immediately reinstated on the day of their release. Encourage youth to talk to detention and JRA staff about ensuring that their medical coverage will be reinstated so that they can find providers in the community right away.

3. Support legislative and policy changes that allow for Medicaid suspension rather than termination for youth in confinement, further ensuring seamless transition into the community.

While Washington law provides for immediate reinstatement of medical coverage for youth who were eligible prior to confinement, there are still youth who may fall through the cracks. Nationally, other models exist to ensure seamless medical coverage for youth leaving incarceration. Federal laws do not permit Medicaid coverage for any for any individual who is an "inmate of a public institution," sometimes called the “inmate exception.”¹² Federal guidance does indicate that although states cannot bill Medicaid for inmates of public institutions, inmates can still be considered eligible for Medicaid. Washington State could take further steps to ensure seamless transition out of detention by putting in place procedures that would allow youth to stay Medicaid eligible during incarceration, rather than terminating and then reinstating on the day of release - thereby avoiding any glitches that can come up by terminating and then reinstating. Other states have explored this model, including California.¹³

¹² 42 U.S. Code § 1396d(a)(27)(A).

¹³ http://www.ylc.org/pdfs/Inmate_Exception_Paper.pdf

4. Advocate for systems serving young people, including juvenile justice, mental health, chemical dependency, education, etc, to collaborate to address all of the youth's needs.

While there is formal wrap around care in the mental health system for youth with higher needs, not all youth will have access to that type of coordinated care. Other types of collaborative partnerships between systems serving youth are essential to achieve both public safety objectives and to meet the needs of youth with mental illness and substance abuse disorders.¹⁴ Whenever possible, talk to youth about coordinating between providers so that a young person's support team is on the same page about what services are needed, what the young person's goals are, and how each adult in the young person's life can help support these goals and help keep the young person on track to a successful future. Keep in mind that there are laws that govern information sharing and that in many cases a release of information signed by the youth and/ or parent will be necessary to talk to systems serving the youth. It is always best practice to talk to the youth before reaching out to other providers or professionals working with the youth. Explaining privacy considerations and getting the youth's permission to share information and seek out collaboration is an important conversation to have with the young person.

Best Practice Checklist

- Talk to youth about their health and wellness needs. Recommend a health screen or assessment to identify whether a more in depth evaluation might be needed to access care and treatment.
- Talk to youth about how medical care will be paid for. Have a list of where to refer youth to apply for medical coverage or insurance.
- Have a list of local agencies where youth can turn for help with mental health and chemical dependency related issues, including:
 - Local community mental health agencies
 - Local chemical dependency treatment providers
 - Contact information for primary care doctors who accept Medicaid or other state insurance and who can refer youth to other resources if needed
 - Local school district contacts for special education and school district offered resources
 - Local churches or religious groups that may offer counseling or other youth activities
 - Local mentoring organizations that can work one on one with youth and help facilitate connection to additional community resources

¹⁴ Kinscherff, at p 2-3.

- ❑ Advocate for young people returning to the community after a period of time in detention to have their medical coverage immediately reinstated the day of release.
- ❑ Support local and national efforts that smooth transitions of medical coverage for youth getting out of detention.
- ❑ Whenever possible, encourage systems to work together to meet the needs of multi-system involved youth.

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