ADOLESCENT TREATMENT AND PREVENTION: A CRITICAL LOOK AT THE FIELD THROUGH A PUBLIC HEALTH AND SOCIAL JUSTICE LENS

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ABOUT THIS DISCUSSION

▸ Talk about the paradigm shift in juvenile justice and the move toward treatment as the central focus

▸ Discuss the challenges and social justice implications of the JJ system’s pivot toward treatment

▸ Talk about promising strategies that have emerged and discuss some of our work at Reclaiming Futures
Imagine a hospital with only an ER and operating room...
In many communities, the Juvenile justice system is the primary purchaser, referrer and often deliverer of adolescent drug treatment

Treatment oriented diversion programming is now more the rule than the exception

Many juvenile probation departments have shifted to a social work trained workforce

Assessing treatment need is often task #1 at the entry point to JJ

Proliferation of Juvenile Treatment Courts
Let’s go back a step: Juvenile Justice Reform 101...
1980’s and 90’s

- 1980’s saw mandatory minimum sentences and automatic transfers to the adult system increase.
- 1990’s tough on crime attitudes intensified & use of confinement for minor offenses increased.
- Throughout the 1990’s, the protagonist in the youth justice narrative was the “super predator”.
- This was clearly a racialized narrative.
- “Zero Tolerance” school discipline and the birth of the School to Prison Pipeline.
- With the “war on drugs”, drug use was viewed through a criminal lens.
Mid 1990’s – Early 2000’s

Juvenile crime rates begin to plummet in the mid 90’s

Annie E. Casey Foundation and the JDAI initiative

In 1999 Reclaiming Futures developed at the Robert Wood Johnson Foundation

Macarthur Foundation’s Models for Change

Dr. Linda Teplin’s Northwestern Univ. Juvenile Project begins to offer a new behavioral health lens on justice involved youth
WHAT EMERGED IN THE WAKE OF THESE DEVELOPMENTS?

- Emergence of the evidence-based approaches to adolescent treatment
- Proliferation of treatment-focused alternatives to detention and incarceration – including treatment courts
- Use of detention and incarceration drops dramatically
- The field sensitizes itself to the role of trauma
- Schools begin to question zero-tolerance
- Adolescent brain science advances are a catalyst
JUVENILE JUSTICE BECAME A PLATFORM FOR THE DEVELOPMENT AND DISSEMINATION OF EBPs

- There was a great appetite for treatment tools in juvenile justice settings
- Juvenile Justice became an innovation laboratory
- A cottage industry of new manualized models emerged that formed the early foundation of the adolescent treatment field
  - MST, MDFT, FFT, BSFT, MDTFC, APT, MET/CBT, ACRA, 7 Challenges
- EBP’s were woven into the fabric of federal and state grants
THE REPORT CARD?

- Vulnerable youth and those with serious behavioral health problems continue to penetrate deeper into the system
- Conditions of confinement remain very poor
- Truancy and school safety policies still cause juvenile courts to be flooded with cases
- Juvenile Drug Treatment Courts generally produce poor outcomes
- None of these reforms have moved the needle on racial and ethnic disparities
Even against a backdrop of accelerated JJ reform, racial and ethnic disparities are worsening:

- As juvenile arrest rates have dropped by roughly 30%, disparities in arrest have widened by 24%.
- Risk Assessment tools have helped us reduce the use of detention but have increased relative rates of DMC in detention use.
- Youth of color 10% less likely to be diverted from formal court processing.
- As juvenile incarceration rates have decreased overall by more than 50% in many states, the racial gap increased by 15% for youth of color.
WHAT ABOUT JUVENILE TREATMENT COURTS (JDTCs)

- A recent meta analysis by Dr. Mark Lipsey and his team suggest that JDTCs are ineffective.
- One of the few exceptions is the national Reclaiming Futures evaluation that points to some key elements driving success.
  - And a roughly $80,000 per youth cost savings for Reclaiming Futures sites.
- 7 studies report with a “high quality of evidence” that JDTC’s are less effective for youth of color (Wilson, 2016).
- Our own evaluation points to the importance of culturally competent services on treatment outcomes.
Let’s return to our hospital...
BALANCING JUSTICE AND RESPONSIVENESS TO TREATMENT NEED: WEXLER’S CONCEPT OF “THERAPEUTIC JURISPRUDENCE”
MANAGING OVERLAPPING DECISION-MAKING LENSES

- Adolescent Development
- Behavioral Health
- Justice
INTRODUCING RACE INTO THE PICTURE
THE COMPLEX REALITY OF INTERSECTIONALITY

- Adolescent Development
- Trauma
- Family
- Gender & Sexual orientation
- Justice
- Behavioral Health
- Race

RECLAIMING FUTURES
Public Health, Justice, Equity
IS “THERAPEUTIC JURISPRUDENCE” A FEASIBLE CONSTRUCT FOR YOUTH?
A public health-oriented approach to juvenile justice reform

A framework or model rather than a program

Driven by a set of principles as well as a stepwise but flexible blueprint for implementation

A core practice is to help sites engineer an effective continuum of services for youth and build a network of community partners

Coach sites as they grapple with the complexities of promoting public health and treatment in a justice setting
# Our 6-Step Model

## Coordinated Individualized Response

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initial Screening</td>
<td>Of all youth identified with substance use or mental health concern at screening, how many get full assessments?</td>
<td>Of all youth identified with a substance use or mental health concern at screening who get full assessments, how many have improved indicators for at least six months?</td>
</tr>
<tr>
<td>2. Initial Assessment</td>
<td>Of all youth identified with substance use and/or mental health concerns at assessment, how many receive a service plan?</td>
<td>Of all youth who receive a service plan and initiate services/supports, how many youth have improved indicators for at least six months?</td>
</tr>
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## Community Directed Engagement

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<td>3. Service Coordination</td>
<td>Informed by the youth, family, and assessment, services and supports are coordinated by multi-sector teams.</td>
<td>Of youth who initiate services and become engaged, how many have improved indicators for at least six months?</td>
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<tr>
<td>4. Initiation</td>
<td>Within 14 days of service plan development, initiate services and supports.</td>
<td>Of all youth who are engaged in services and/or demonstrate ongoing engagement in individualized transitional supports, how many have improved indicators for at least six months?</td>
</tr>
<tr>
<td>5. Engagement</td>
<td>Within 30 days of initiation, engage youth and families in services and supports, defined as three contacts.</td>
<td>Of all youth who do not engage in services and/or demonstrate ongoing engagement in individualized transitional supports, how many have improved indicators for at least six months?</td>
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<tr>
<td>6. Transition</td>
<td>Reduce formal services and supports, while increasing community supports and other strength-based activities/ opportunities.</td>
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* Improved indicators may be defined in various ways, including the absence of new arrests or new court referrals, reduce substance use, improvements in mental health symptoms, family functioning, academic or vocational training, or some combination of these measures.

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If no substance use or mental health concern is indicated, resume juvenile justice process.

Youth eligible for treatment or supervision in the community.

Youth referred to the juvenile justice system for law violations.
RECLAIMING FUTURES’ NATIONAL WORK

[Map of the United States with states shaded in different colors to indicate states with and without Reclaiming Futures' work.]

- States with Reclaiming Futures: [List of states marked with stars]
- States without Reclaiming Futures: [List of states indicated in different color]

Legend:
- Dark blue: States with Reclaiming Futures
- Light blue: States without Reclaiming Futures
PROMISING PRACTICES ON THE HORIZON

- New Guidelines for JDTCs that reflect a stronger blueprint for effectiveness
  - An apparent openness to innovation in JDTCs in realizing the blueprint
- Adaptation of Family Treatment Court for youth as a JDTC alternative
- Tribal “Healing to Wellness” Courts and other restorative models
- SBIRT in JJ settings
- Behavioral Health Decision making and Racial Bias project
SBIRT in Juvenile Justice Settings
GOALS OF RECLAIMING FUTURES SBIRT INITIATIVE:

- Engineer a viable public health screening and referral function linked to JJ diversion decision making
- Focus on decision makers and decision making
- Foster system’s use of “off-ramps” to community supports (treatment or not) and empowers youth and families
- Engage caregivers and other community supports in the brief intervention
- Equal weight to the engagement and detection function of screening
WHERE WE ARE IMPLEMENTING SBIRT:

• 9 sites including:
  • A School-based arrest diversion program
  • Pre-adjudication court diversion programs
  • School truancy programs
  • Tribal youth adaptations for healing courts
  • All 106 middle schools in King County WA
Racial Disparities and the anatomy of behavioral health decision-making Project (BH-RED)
BH-RED PROJECT

- Targets the anatomy of behavioral health decision making
- Working hypothesis is that decision points in BH are vulnerable to racial bias
- Replacing discretion with structured, validated tools doesn’t always address bias
- Focus is on team dynamics and consensus building in treatment courts
- Goal is to establish and track data indicators at target points
WE DEVELOPED A STRATEGY FOR JJ BUT WITH AN EYE TO JUVENILE TREATMENT COURTS...

▸ All of the RED work to date has focused on justice decision points (arrest, detention, sentencing)

▸ The generic focus on implicit bias, while positive, has not been a data driven effort

▸ Addressing RED at behavioral health decision points seems to be a “stone left unturned”

▸ JDTCs seemed an ideal place to intervene
“Your normal is not my normal”: Screening tools are based on population norms

Screening is about warning signs that require follow up: do we magnify or minimize?

Screening tools are over-relied on as short cuts

Assumptions and lessons from SBIRT
ASSESSMENT, DIAGNOSIS & TRIAGE

▸ Does clinical assessment follow screening and drive severity assumptions level of care decisions (or in/out in JDTCs)

▸ Level of care and restrictiveness should follow strictly from assessment and dx

▸ Do we look to root causes behind symptoms and trauma?: Trauma symptoms, more prevalent for youth of color can skew a diagnosis
REFERRAL & ENROLLMENT

▸ Are we looking at relative rates of enrollment?

▸ Is enrollment based on severity or…

▸ Are there other factors that drive enrollment in JDTCs and other treatment focused alternatives
ENGAGEMENT, COMPLIANCE AND RESPONSE

▸ Do we uniformly go the extra mile to ensure engagement across race and ethnicity?

▸ When and why do we deploy the term non-compliance and/or sanction treatment engagement issues?

▸ Tracking frequency and type of incentive and sanction by race

▸ Equity in deployment of tx resources
TREATMENT SUCCESS AND JDTC GRADUATION

- Careful examination and tracking of relative rates of graduation
- Do we deploy uniform definitions of success and progress for all youth
- Are we willing to change our approach to help certain youth succeed and not others
I WILL CONCLUDE WITH A QUESTION?

- Under what circumstances can juvenile justice continue to be a viable partner in achieving public health goals around adolescent substance use?
QUESTIONS AND TAKEAWAYS?