

Specialized Treatment in JR

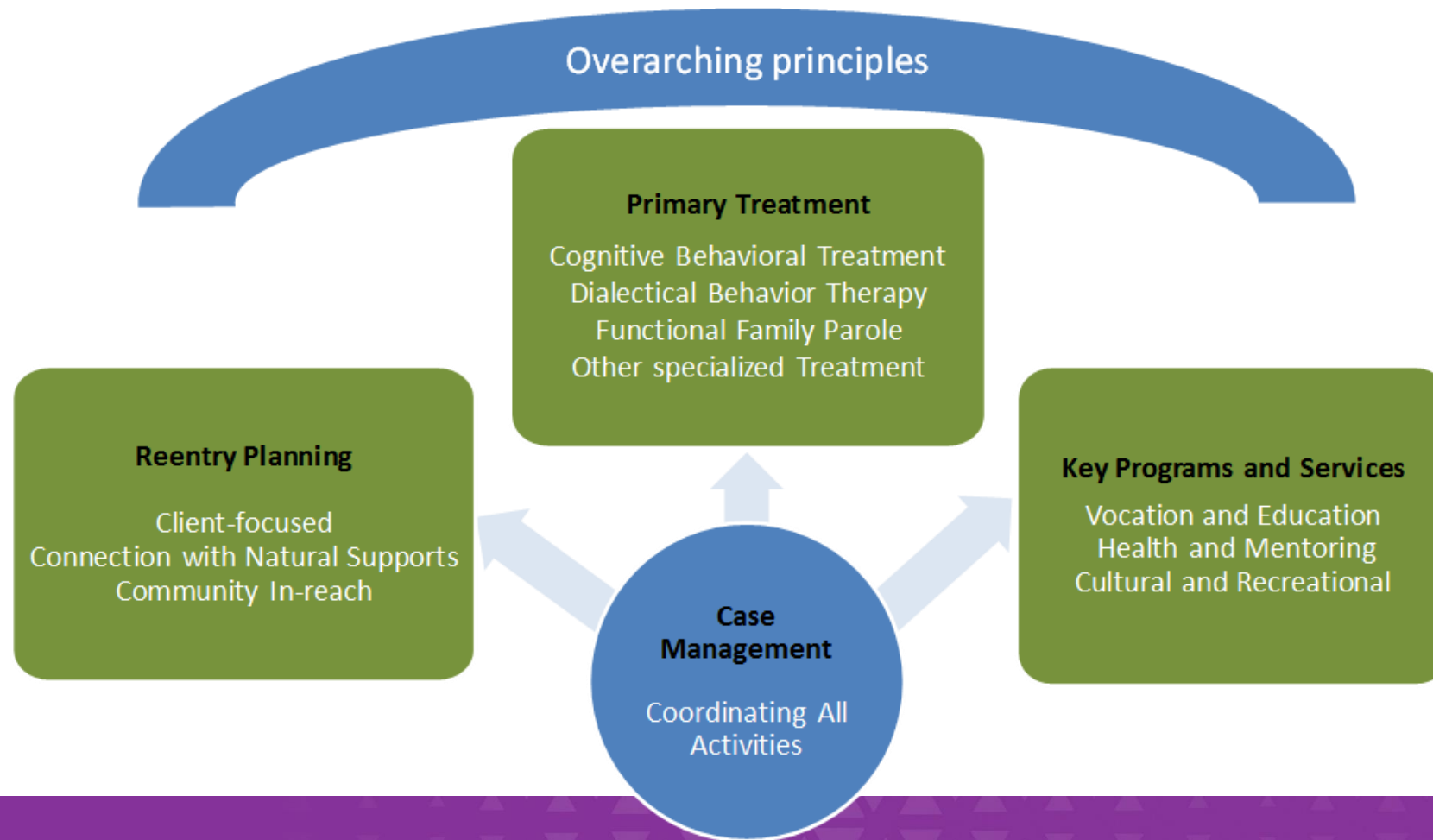
Providing a range of specialized behavioral health prevention and treatment services for youth in Juvenile Rehabilitation.

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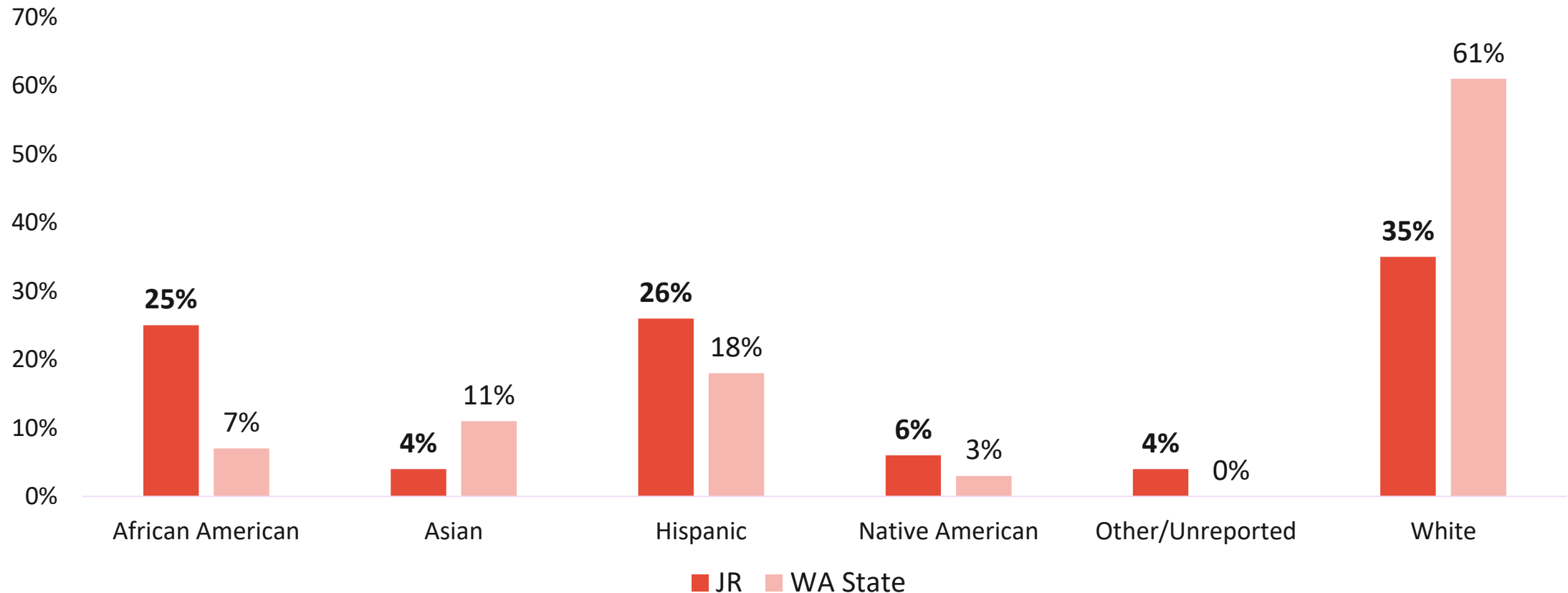


Washington State Department of
CHILDREN, YOUTH & FAMILIES

JR Rehabilitation Model



Race/Ethnicity of JR Youth Compared to WA State (ages 10-17)



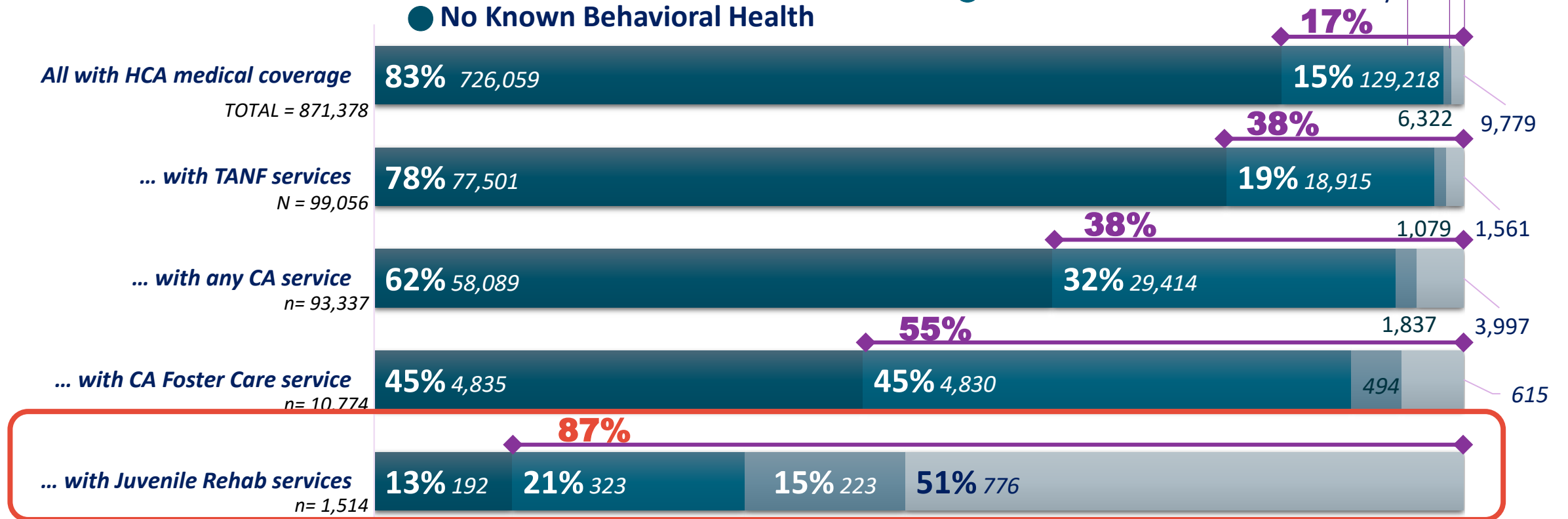
JR Source: ACT Strategic Plan Race & Ethnicity Confinement Data, CY2018, N = 989

WA Source: OJJDP Statistical Briefing Book, CY2018, N = 733,668



Behavioral Health Treatment Needs

- Co-Occurring Mental Health + Substance Use Disorder treatment need
- Substance Use Disorder treatment need only
- Mental Health treatment need only



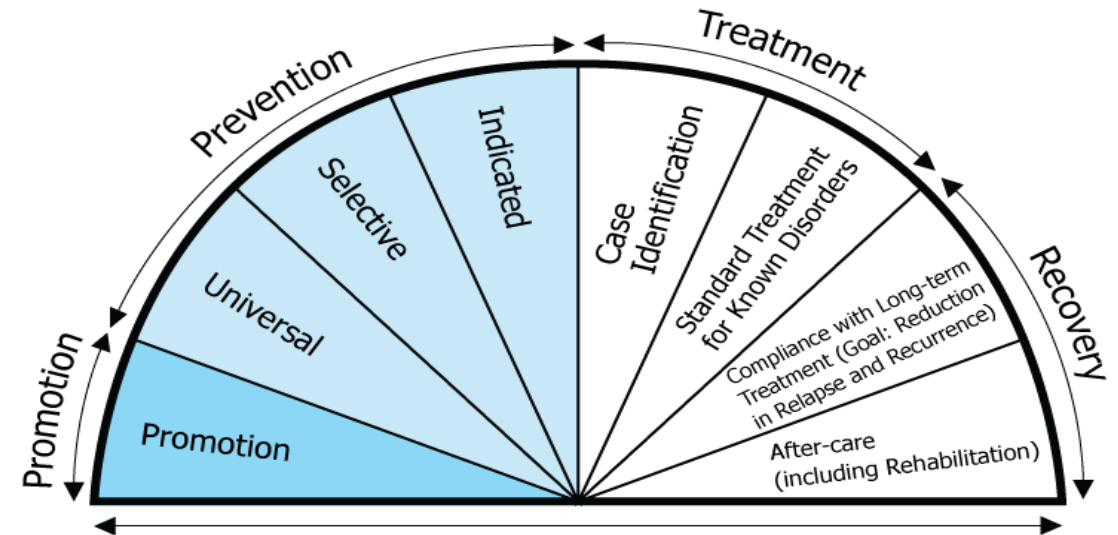
Source: Children's Behavioral Health Services in WA State Workgroup Report 6/21/2016)



Program Purpose: Behavioral Health Services

- Mental Health Treatment
 - Psychiatric
 - Psychological
 - Trauma (including education)
- Substance Use Disorder
 - Prevention and Education
 - Treatment
 - Recovery Support
- Co-Occurring Disorders
 - COD Treatment
 - Recovery Support
- Youth Who Sexually Offended (YSO)
 - Treatment
 - Community Supervision

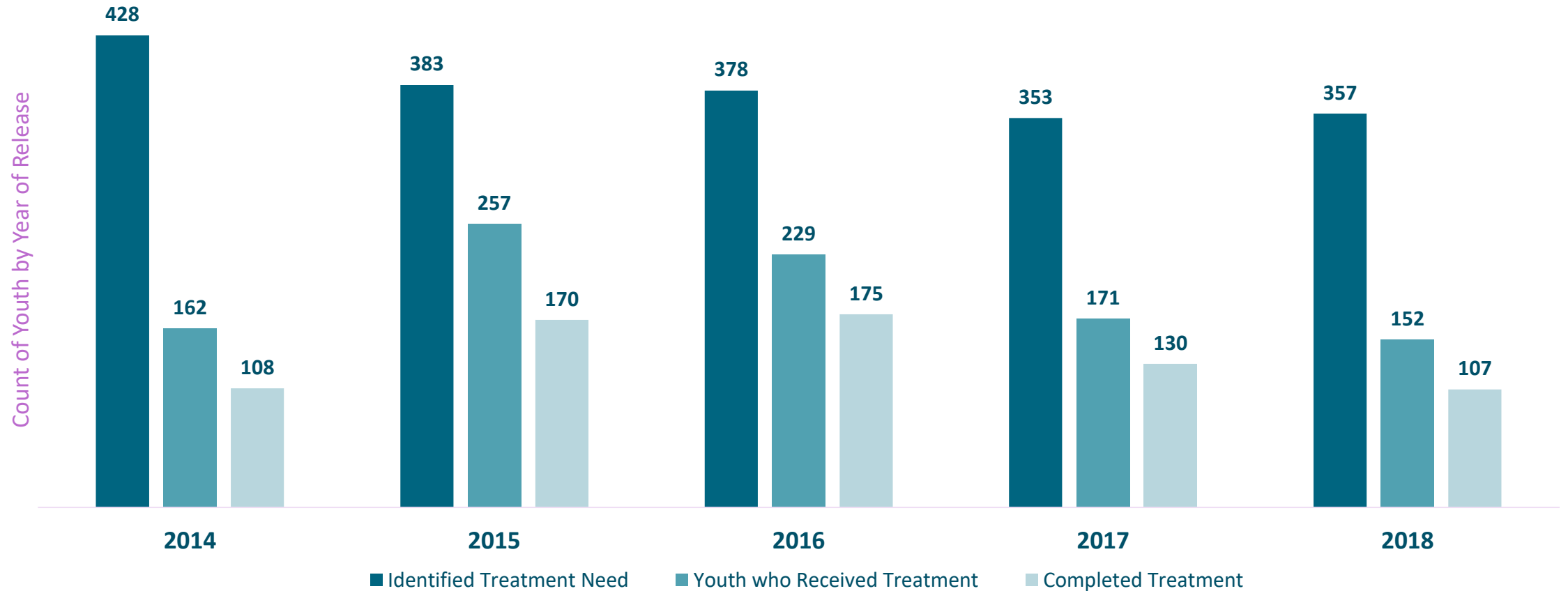
Behavioral Health Service Continuum



Behavioral health encompasses the full range of mental and emotional well-being. It includes the basics of how we cope with the day-to-day challenges of life, to the treatment of mental illness, as well as substance use disorder and other addictive behaviors.



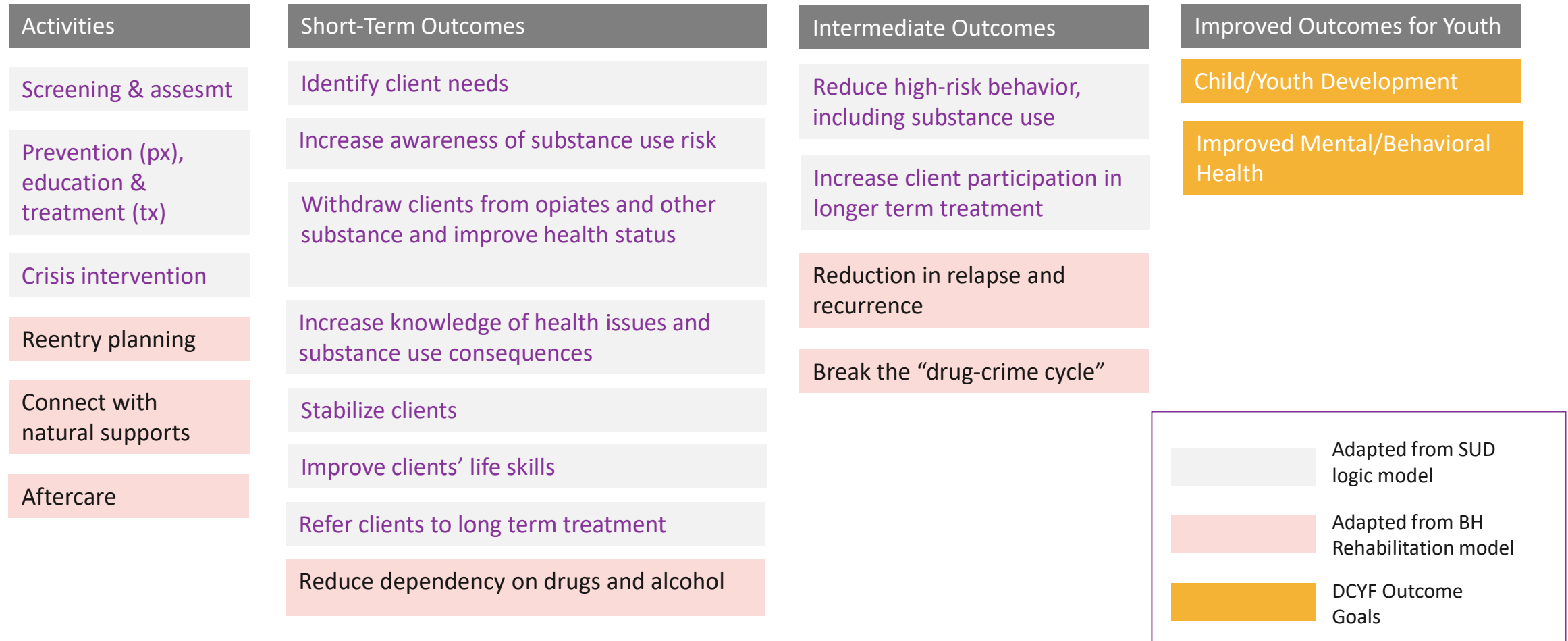
Treatment Access and Completion Among Youth with an Identified Substance Use Need



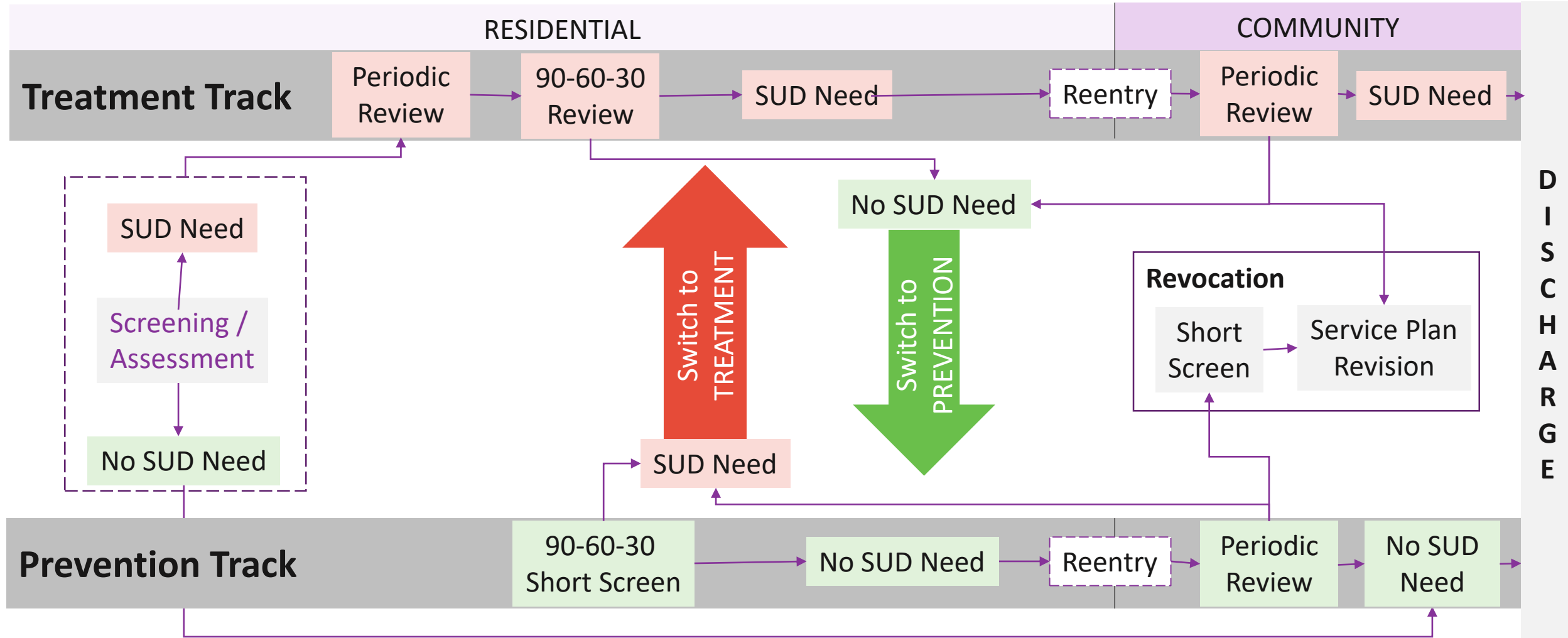
JR Source: Residential Substance Use Treatment Access in Juvenile Rehabilitation in Washington State Report, OIAA, Draft September 2019



Logic Model: SUD Prevention and Treatment



Substance Use Disorder (SUD) Flowchart



JR Available Substance Use Disorder Models

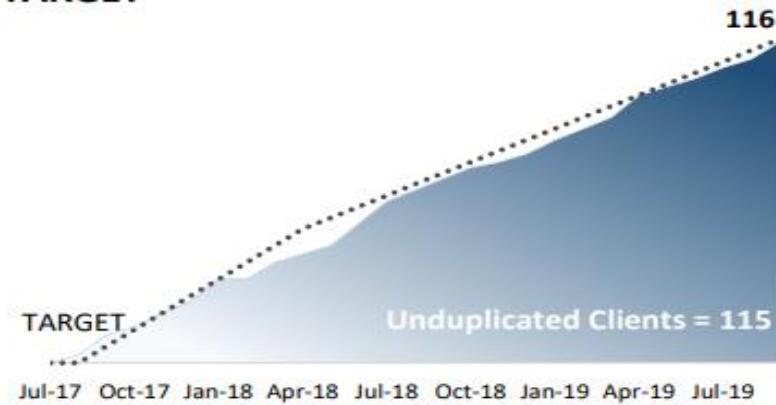
Model	Matrix Model	DBT-SUD	ODJ Project	ACRA/ACC (PX/TX)
Duration	12-16 weeks	12-16 weeks	4 mos. prior to release (Aftercare – piloting)	4 mos. prior to release (Aftercare)
Location(s)	Green Hill - 32 slots Naselle - 27 slots	Echo Glen - 32 slots (per year)	Institution, CF, Parole	Institution, CF, Parole Service Navigators
Standardized QA	Yes	Pending	Pending	Yes
Pharmacological	N/A	N/A	Medication Assisted Treatment (MAT)	N/A
WSIPP Standing	Promising Practice	Promising Practice		Research-based Benefit-cost

SOURCE: Washington State Institute for Public Policy (WSIPP) Report - Updated Inventory of Evidence-Based, Research-Based, and Promising Practices

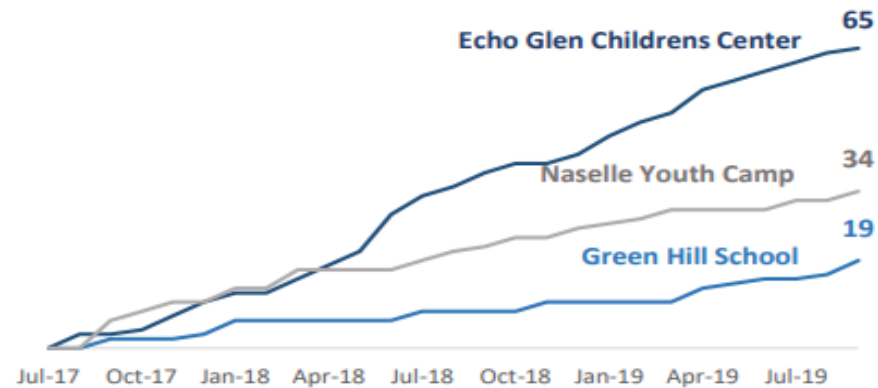


Opioid Treatment Grant: Bridges to Recovery

JR TARGET



UNDUPLICATED CLIENTS BY SITE

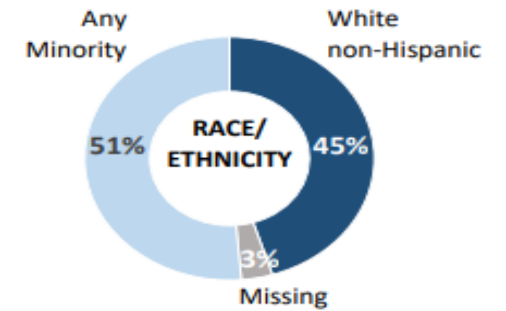
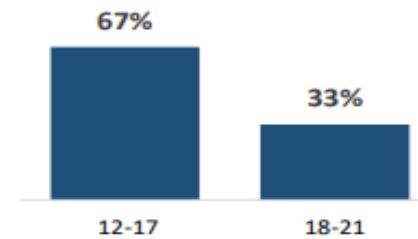


DEMOGRAPHICS

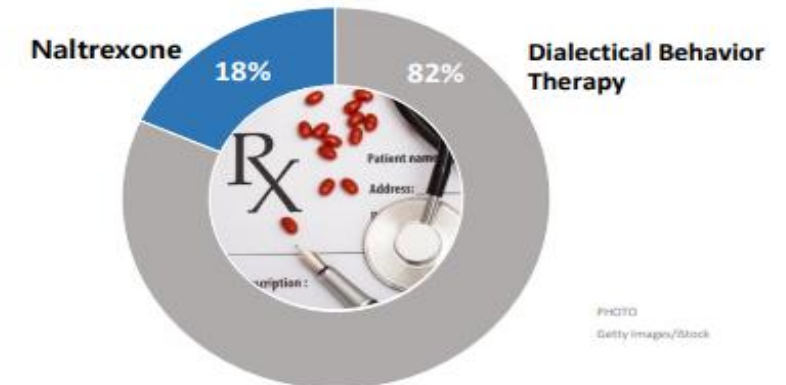
GENDER



AGE DISTRIBUTION



TREATMENT OPTION



Source: DSHS RDA STR Monthly Summary Report, October 2019



Opioid Prevention Grant



- **National Institute of Drug Abuse (NIDA) HEAL Grant**
 - 5 Year, \$1.9 Million (2 years planning, 3 years trial)
- **Primary Investigators**
 - Seattle Children's Hospital
 - UW School of Social Work
- **Preventing Opioid use for non-users and users of non-opioid substances**
 - Psycho-education or ACRA plus TARGET (Trauma psy-ed) for non-users
 - ACRA or enhanced ACRA plus TARGET for substance users

Impact of Access to Substance Use Disorder Treatment

- Increases overall youth health and resiliency
- Decrease illicit drug use and other criminal activity among youth with substance use disorders (*Gossop 2005*)
- Decreases risk of infectious diseases (HIV, Hepatitis C, Sexually Transmitted Infections)
- Increases retention rates in school

References: Gossop M, Trakada K, Stewart D, Witton J

Drug Alcohol Depend. 2005 Sep 1; 79(3):295-302.



CQI Process: Clinical Supervision and Program Oversight

Clinical Supervision in JR

- Chemical Dependency Providers (CDPs)
 - Five Clinical supervisors who also provide treatment
 - Five CDPs
- Follows Department of Health (DOH)/SAMHSA model for clinical supervision

Program Oversight

- DOH certified program requirements align with national standards
- Annual reviews



Program Challenges and Improvement Goals

Challenges

- Staffing level/model
- Training for staff
- Staff readiness for changes

Barriers to Success

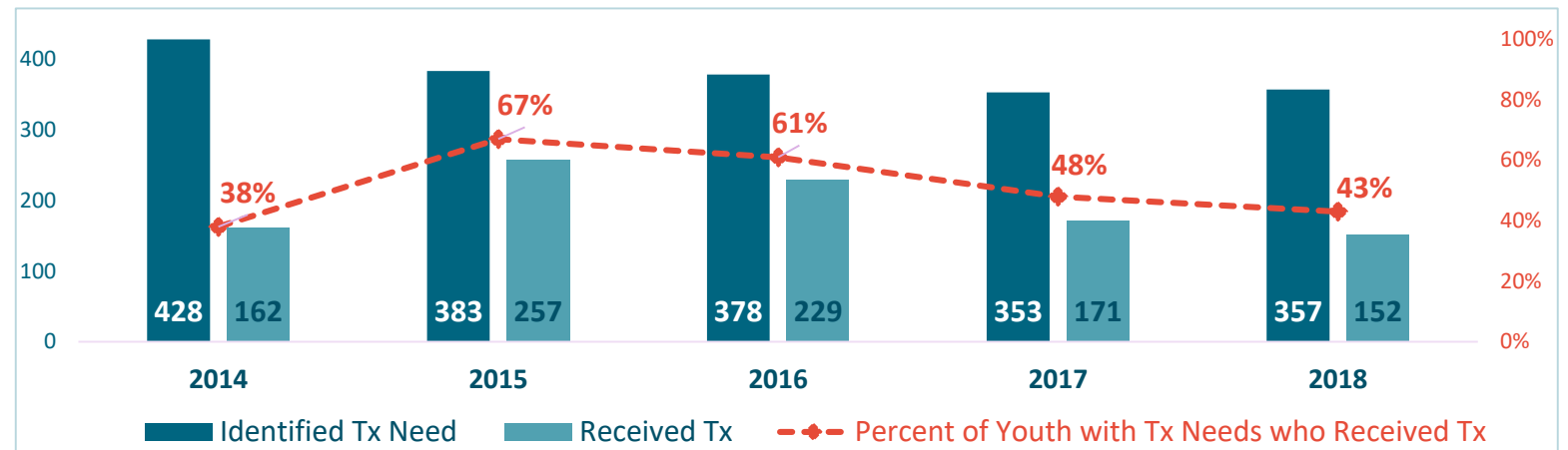
- Inadequate funding
- Qualified Behavioral Health Professionals

Gaps in Knowledge

- Effectiveness of EBPs on minority population

Program Improvement Goals

- Priority 1: Increase treatment capacity



- Priority 2: Standardize models and implement QA
- Priority 3: Validated tools

Thank you!

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