

Enhancing Substance Use Treatment and Juvenile Justice Partnerships Within a System of Care

Reclaiming Futures within the System of Care

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History

System of Care was first introduced by Stroul & Friedman in 1986 as a framework in which to develop a comprehensive, inclusive, coordinated, caring system for children and youth diagnosed with severe emotional problems and their families. Since that time, and with the participation of over 174 communities throughout every state and territory, the values and principles found within the System of Care have become more clearly defined and have expanded to better understand the meaning and importance of family driven and youth guided.

The wraparound process recognizes the importance of having knowledgeable, caring members on the team chosen by the family and youth. Dr. Lenore Behar of North Carolina is credited with coining the term “wraparound” in the early 1980s. Wraparound has since become institutionalized as a best practice and is now guiding the practice of individualized service teams across the country.

In 1992 the federal Comprehensive Community Mental Health Services for Children and Their Families Program (or the Children’s Mental Health Initiative, CMHI) invested resources in implementing the System of Care approach in communities across the nation. In 2000 the Robert Wood Johnson Foundation established Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol & Crime, in recognition of the fact that a large portion of the youth within the juvenile justice system were abusing alcohol and other drugs, and in need of effective treatment, coordinated services and continuing care. Many of the crimes that they committed were linked to, directly or indirectly, the use of substances. The youth needed the support of their community to become and remain successful. Reclaiming Futures provided a framework that guided behavioral health treatment providers, juvenile justice, other child serving agencies, and the community towards best practice and improved outcomes for these youth. The larger community was called upon to provide supports, resources and mentoring. Individual service teams assisted the youth and their family in developing and implementing coordinated service plans. Some sites adopted wraparound as a process to conduct the team meetings.

Until recently, adolescent substance use treatment was usually based on adult models and failed to give much consideration to social and developmental challenges and milestones. As late as 2005, the substance use treatment field was still finessing measures to be used to identify best practices for adolescents. (“Defining success in the treatment of adolescent substance users..” *The Free Library*. 2005 Vendome Group LLC 13 Sep. 2014

<http://www.thefreelibrary.com/Defining+success+in+the+treatment+of+adolescent+substance+users.-a0132528143>)

Early Silos, Collaboration, Integration - Mental Health, Substance Use and Juvenile Justice

Early attempts in developing relationships between juvenile justice, mental health and substance use treatment networks were often strained. Behavioral health (mental health and substance use) and juvenile justice networks were frequently tasked with different responsibilities and sometimes disparate goals. The treatment provider networks were either underutilized or they refused to provide services to youth involved in the justice system. Providers offering substance use treatment lacked evidence based practices for adolescents, so often used modalities that were designed for adults which proved mostly ineffectual with youth. Behavioral health treatment providers assisted youth with exploring, identifying and addressing their emotional and/or behavioral issues, while the juvenile justice system focused on public safety, required behavior change, and administration of sanctions when needed.

The System of Care values and principles were promoting meaningful family involvement at all levels of the mental health system while juvenile justice, and often times substance use treatment providers, were focused on the importance of holding the family and youth accountable for their actions. Mental health was promoting strength-based language and treatment planning while juvenile justice and substance use treatment providers were better versed with deficit-based language. The requirements of multiple funding streams often prohibited the possibility of providers working together. The early days of HIPAA, in spite of noble intentions, often brought attempts at information sharing and cross-agency coordination to screeching halts.

A new approach: Three of the original 10 Reclaiming Futures sites were in communities already working to develop a local System of Care. The national program office of Reclaiming Futures also had several staff and consultants on board who were familiar with system of care work. Those individuals who were steeped in this work promoted the inclusion of the values and principles as the Reclaiming Futures framework was being developed and implemented. This resulting framework guides the coordinated provision of effective individualized services and supports to youth involved with the justice system, and their families.

This rare blend of creative and committed work between mental health, substance use treatment providers and juvenile justice required a mix of supportive leadership, strong agency partnerships, meaningfully involved family and youth members, and insightful community participants. Together they developed shared principles, values, and beliefs, with dedication to good outcomes for our youth and families.

Challenges to Integration of Reclaiming Futures and System of Care

1. **System silos.** In many Reclaiming Futures sites the court-involved youth received treatment from clinicians and counselors hired, or contracted, by the juvenile justice system. While community treatment providers would report that the courts did not refer youth to them for services, the concerns and complaints heard from juvenile courts and probation officers across the country was that the community based mental health and substance use service providers were ignoring, or worse, refusing to serve the youth who were court involved. In response, the juvenile justice system began to set up parallel programs providing treatment to youth within their custody or oversight. As the juvenile justice system became more sophisticated in their treatment delivery, the divide

between the justice system and community treatment providers widened to form a large chasm.

- 2. Reclaiming Futures and System of Care had different target populations.** System of Care promoted a focus on youth with severe emotional disabilities and Reclaiming Futures focused on youth with substance use disorders. States defined severe emotional disability in various ways, but a common agreement was that the youth or child had a level of severity and complexity attached to a mental health diagnosis within the current Diagnostic and Statistical Manual (DSM). Each Reclaiming Futures site defined their population of focus within the juvenile justice system. While every site addressed youth with substance use disorders, some, for example, identified a specialized court that addressed youth who had multiple offenses, and others focused on several jurisdictions and defined their juvenile justice focus population in broader terms.

Youth within the System of Care were most often involved in “deep end” services of hospitals, residential and out-of-home placements. Youth identified within Reclaiming Futures were, with a few exceptions that included first time offenders, also involved in “deep end” interventions including incarceration, placement in residential facilities, or on supervised probation.

Some System of Care sites have expanded to include youth with co-occurring emotional disabilities and substance use disorders. Reclaiming Futures has recognized that a large number of youth involved in the justice system also have emotional disabilities. In the past, each initiative would lean towards screening and assessing youth who fell within their area of focus. Sifting out a youth’s internal and externalizing behaviors related to emotional problems vs. substance use is not as simple as it may have seemed. In fact, the complexity of the challenges that our youth and their families face propelled the helping profession to move away from the direction of compartmentalized screening, assessment, diagnosis, and treatment.

- 3. The adolescent treatment system itself was in the midst of redefining its approach and practices.** The early years of Reclaiming Futures and System of Care found that treatment providers were often divided between mental health clinicians and substance use counselors. These two service provider types were going through boundary and role issues of their own. Could mental health clinicians assess and treat substance use issues? Could substance use counselors assess and treat mental health issues? Most co-occurring disorders were treated in consecutive therapy treatment blocks, where the most likely scenario was to defer to the substance use counselor for the first interventions, and then refer the youth to the mental health clinician when the youth had obtained a level of the sobriety that would allow them to address their mental health issues with a clear mind.

In addition, substance use treatment as a field, had yet to catch up to the mental health world in providing developmentally appropriate and effective treatment for youth. Most substance use counselors were doing the best they could to adapt adult treatment

modalities. Nearly every treatment provider during those early days can remember a situation where a youth dropped out of substance use counseling before they made it to treatment with a mental health clinician.

Some providers continue to believe the sequential approach to providing substance abuse and mental health services is the best method for treating youth with co-occurring disorders. However, newer research indicates that concurrent, or better yet, integrated treatment yields the best results.

The growth, adaptation and research of promising practices, practice-based evidence, and evidence-based practices for youth and their families have had great influence within the System of Care and the Reclaiming Futures initiative.

4. **Lack of adequate funding for treatment.** In the early years of implementation many of the state Medicaid systems were not paying for an array of adolescent substance use treatment services, even through the Early and Periodic Screening Diagnosis and Treatment (EPSDT - children's Medicaid) program. Federal block grant funding and state funding for substance abuse services were the very limited, flat funding that had long been dedicated to providing services for adults with addictions. To divert funding to youth treatment programs would mean having to make a choice on which critical population should receive services. Substance Abuse Prevention funding through the federal block grant focused on children and youth. Communities, including agencies and families, must continue to explore and push for adequate funding through the effective use of federal and state dollars, Medicaid managed care practices and/or EPSDT and private insurance for the provision of substance use screening, assessment, treatment and continuing care.

Kentucky as an Example of Site Coordination and Collaboration

Southeastern Kentucky is one of the original Reclaiming Futures sites. The lead fiscal agent at that site was a behavioral health treatment agency. Most of the other original sites were led by the juvenile justice system. The site, consisting of eight counties in southeast Kentucky, had been implementing a school-based System of Care grant called Bridges. The evaluation of Bridges found that a growing number of youth were being recognized as having substance use problems. There was also evidence that youth who were involved with the juvenile justice system were not being referred to treatment within the system of care process, and were not receiving community based services. This was in spite of the fact that the system of care regional interagency body that provided oversight of implementation (including gatekeeping, resource allocation and collaborative service supports) consisted of both a representative from the Department of Juvenile Justice and a representative from the Courts. The regional interagency council was also chaired by the child welfare district manager whose agency was responsible for addressing the needs of youth charged with status offenses. That was a total of three voting members, of eight, who served youth somehow involved in the justice system.

In addition, youth on the front end of the juvenile justice system were not getting screened for behavioral health (mental health and substance use) problems, and the focus throughout the juvenile justice system was mainly on safety, risk and recidivism. Data obtained from the

System of Care evaluation was used as a cornerstone for the Reclaiming Futures proposal that this community successfully submitted to the Robert Wood Johnson Foundation.

Kentucky Reclaiming Futures built itself within that state's System of Care framework, known as IMPACT. In the beginning, the regional interagency council conducted two separate meetings. One meeting was a Reclaiming Futures interagency meeting, focused on youth within the justice system and the other was an IMPACT interagency council that would meet and address the needs of youth with severe emotional disabilities. Because the membership was virtually the same in both councils, this eventually morphed into one meeting where youth were referred to either Reclaiming Futures or IMPACT, depending on their need. This designation for the youth would provide access to service coordination (case management) that used the wraparound process in order to develop and implement individualized service plans. Eventually the System of Care regional interagency council received support from the state interagency council to include substance use disorders when considering participation in the IMPACT program.

Steps to Coordination and Collaboration

During the past few years, the federal government, through grant proposals and block grant funding, is beginning to ask states to look at integration of care for co-occurring disorders. Yet systems are slow to change. How do we ensure that Reclaiming Futures and System of Care communities are working together in a way that produces the best results for the youth and families that we serve? How do we support System of Care communities who have yet to adopt Reclaiming Futures, to successfully engage the juvenile justice system and substance use treatment providers in order to offer holistic interventions that yield the best results for those they serve?

- 1. Identify the key persons within each of the initiatives.** Reclaiming Futures sites have leaders identified who serve on a Fellowship Team and/or Change Team. System of Care sites have oversight committees and implementation teams that engage leadership from various agencies and resources. In most communities, particularly smaller ones, similar roles exist with the same leaders participating in both the System of Care and the Reclaiming Futures work. If these leaders are seeing youth who possess similar characteristics being identified and served within these two initiatives, it is important to explore ways to integrate the System of Care efforts with those within Reclaiming Futures.
- 2. Have facilitated conversations about the purpose, goals and expected outcomes of the System of Care and Reclaiming Futures.** Clearly state the purpose of the initiatives, who their population of focus is, and what outcomes you expect to achieve. Identify and use available data, including anecdotal stories, to describe the youth and their families. Are they truly different? With all we now know about the large percentage of youth with co-occurring behavioral health disorders involved in the juvenile justice system, how can the populations served by these two initiatives not cross? Who are the families of our youth and what are their needs? Are they similar? List the similarities and the differences between the initiatives.
- 3. Find ways to share and use System of Care and Reclaiming Futures information, data and training opportunities.** Both initiatives have incredible access to national technical assistance, training, coaching and other resources

available to communities. You will find that there are more similarities than differences between the philosophy and frameworks. Is there a way to create a merged document that describes your System of Care with inclusive terms of the Reclaiming Futures framework to address substance use disorders and youth involved with the juvenile justice system? Review your participating partner agencies' policies and procedures, as they can sometimes contain barriers to collaboration and integration of services. Policies and procedures are designed to be reviewed, discussed and revised when necessary.

4. System of Care communities that have not yet implemented the Reclaiming Futures framework can move towards best practice by identifying key leadership persons within adolescent substance use treatment and juvenile justice, and engaging them in facilitated conversations to understand the purpose, goals and expected outcomes of their agency's services and resources. This would include understanding the scope of their practice and the youth that they serve. In addition, exploration of policies, data sources, funding, training and other information can reduce or eliminate barriers, improve access and strengthen resources.

What does Reclaiming Futures within a System of Care look like?

A simple way to look at the integration of System of Care and Reclaiming Futures is to view the System of Care as an umbrella comprised of youth serving agencies and entities, family and youth, community members, and any other resource that completes the picture of the caring system. Reclaiming Futures offers a road map, a template, or a framework that allows the juvenile justice system to become a stronger partner within your community/state's System of Care.

The System of Care has long recognized that youth with complex needs who are at high risk of deeper involvement within the formal system are found in many different settings. One example of an agency under that System of Care umbrella are our schools. Youth with severe behavioral health problems spend a good deal of their time involved with their school. System of Care communities do not simply insist that a school district eliminate operations viewed as antithetical to their philosophy. Many standard operations within schools are driven by state or federal law. Instead, the values and principles laid out within the System of Care philosophy become integrated into the operation of that school district. The System of Care respects each agency's function, expertise, resources and knowledge. Embracing this philosophy while committing to, and operationalizing the values and principles is the ultimate goal of the System of Care.

Juvenile justice and the courts, like the school districts, are partners under this System of Care umbrella. The juvenile justice system also has a way of operating, often dictated by law, which cannot simply be changed to satisfy the philosophy, values and principles within the System of Care. However, when operationalized within the justice setting, the outcome is often an adoption of new practices or adapting existing practices in order to achieve better outcomes for youth and their families. Both the school districts and the justice system may find a need to seek changes to some entrenched barriers through legislative means.

By using the six step Reclaiming Futures framework, juvenile justice can become a stronger participating partner within System of Care. Silos can be broken down, parallel treatment

systems can become fully integrated, coordinated and/or blended. Resources and knowledge can be shared. There can be better accountability to private and public funders by assuring them that any duplicated efforts to address the needs of youth involved with the juvenile justice system are being addressed.

For more information about Reclaiming Futures please go to www.reclaimingfutures.org

For more information about System of Care please to go <http://www.samhsa.gov/children/core-values.asp>