



Turn Data Into Action: Tools to Improve Care Decisions and Engage Probation Youth in Community Behavioral Health Services*

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INTRODUCTION

Background & Significance:

• Nationwide, there is a behavioral health epidemic in the juvenile justice system. An estimated 70% of system-involved youth have significant behavioral health needs (Shufelt & Cocozza, 2006).

• Juvenile Justice and Community Mental Health Systems are often at odds about how to effectively address this problem. In San Francisco, a majority of these youth have utilized prior treatment services (Kates, Gerber, & Casey-Cannon, submitted).

• While factors associated with juvenile justice contact for youth with serious mental illness (SMI) are complex and not well understood, it is clear that breakdowns in communication and information sharing between juvenile justice and behavioral health can contribute to the problem.

• Care decisions are inconsistent and based on opinion rather than evidence (Lopez-Williams, Stoep, Kuo, & Stewart, 2006) resulting in the wrong or no services and poor outcomes for youth.

• The SF AIIM (Assess-identify-Integrate-Match) Higher Program was created to fix these communication breakdowns. AIIM uses standardized assessment as the transparent base for equitable decisions and rational service planning.

• A web-accessible data collection and feedback system was created by AJW, Inc. to provide simple and easy to use information tools to support this change in practice.

QUESTIONS

The study addressed these questions:

• Is a joint probation-behavioral health decision-making and planning process based on standardized assessment associated with appropriate care linkages following detention?

• Is linkage to appropriate care associated with youth engagement in services?

METHODS

Participants:

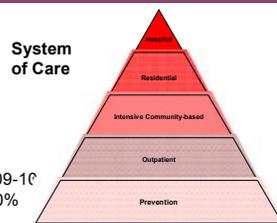
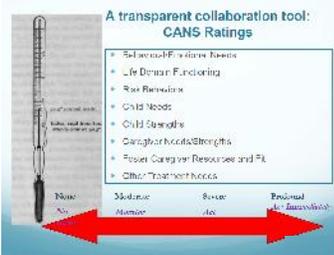
- 47 detained adolescents with SMI
- Male 64%
- African American 62%
- 15 and older 70%

Procedures:

- Data collected in Juvenile Hall in 2009-10
- Inter-rater reliability established at 80% within 1 of master codes.

Measures:

The CANS is designed to integrate information, and identify actionable needs across eight domains. Item ratings translate immediately to action.

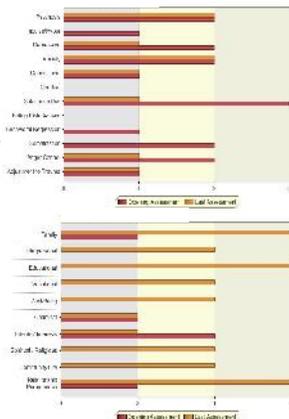


• A recommended level of care matches client case complexity with the frequency and intensity of supports most likely to be helpful.

• Data turns into automated reports for review with probation, youth, and family to validate priorities and concerns, discuss treatment options and build consensus.

• Key strengths establish tangible plan goals and include activities that develop and use skills.

• Use youth as a resource to foster new positive roles, responsibilities, confidence and belonging.



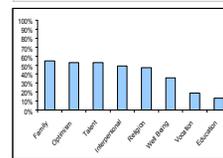
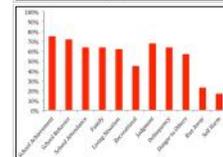
NEEDS & STRENGTHS (N=47)

• Most frequent clinical concerns: Anger, anxiety, oppositional behaviors, substance use, and depression.

• Most frequent impairments: School, family, and living situation.

• Most frequent risks: Judgment, delinquency, and danger to others.

• Most frequent strengths: Family, optimism, talent, interpersonal, and religion.



Q1. Are More Needs Associated with Recommended and Actual Service Intensity?

- Yes, Pearson product-moment correlation coefficients show that the number of needs identified on the CANS is moderately associated with recommended ($r=.42, p<.001$) and actual ($r=.30, p<.05$) levels of care.

Figure 1. Number of Needs on 3 Relevant CANS Domains by Recommended Level of Care (N=55)

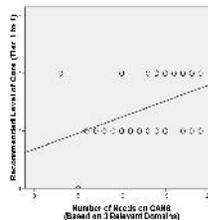
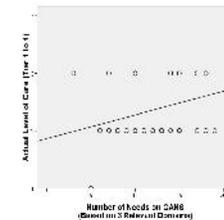


Figure 2. Number of Needs on 3 Relevant CANS Domains by Actual Level of Care (N=44)



Q2. Is Linkage to Appropriate Care Associated with Engagement?

- Yes, a Chi Square Test of Association shows that engagement significantly differed based on appropriateness of care ($\chi^2 = 10.57, p < .001$).

	3 Contacts in First Month (N=46)	
Appropriate Care	No	Yes
No	7 (15%)	4 (9%)
Yes	5 (11%)	30 (65%)

DISCUSSION

• When critical care decisions are data-informed and collaborative, high-risk youth engage in services.

• Number and severity of clinical concerns identified by the CANS were associated with recommended and actual service intensity.

• For 70% of youth, behavioral health recommendations were implemented in the probation plan.

• Linkages to appropriate care were associated with youth engagement in services.

• Seventy-two percent of youth were seen three or more times in the first month following discharge from juvenile hall.

• SF AIIM Higher clients engaged in services at a higher percentage (72%) compared to prior research (8%; Teplin, Abram, McClelland, Washburn, & Pikus, 2005).

FUTURE DIRECTIONS

• Examine whether SF AIIM Higher clients have better outcomes compared to a matched sample of youth who received "treatment as usual."

• Improve information sharing between child-serving public agencies to better understand pathways to juvenile justice involvement for youth with SMI.

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*Any information in this presentation are the views of the authors and do not necessarily represent the views of the San Francisco Department of Public Health
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