

Juvenile Justice Institutions - Behavioral Health Teams and Services

Purpose and Presenters

- The purpose of this presentation is to provide an overview of current clinical services available as well as the collaborative efforts between Behavioral Health Services (BHS) and its partners in delivering crucial behavioral health services to youth at the Youth Detention Facility (YDF). Together our aim as behavioral health providers is to elevate the well-being of young individuals facing the complexities of juvenile justice interface and involvement.

Presenters:

- Chris Eldridge, LMFT: Program Coordinator, Department of Health Services, Division of Behavioral Health
- Victoria Galvez, PsyD: Primary Investigator/Director (PI) TAMI Project SAMHSA Grant, UC Davis Dept. of Psychiatry and Behavioral Sciences, UC Davis Early Psychosis Programs
- Tiffany M. Anderson, PhD: Psychologist, UC Davis Children's Hospital Department of Pediatrics, CAARE Diagnostic & Treatment Center

Process overview

RELEASE

Commitment

Ricardo M

Youth is detained

BHS conducts crisis/safety and comprehensive behavioral health assessment

TAMI conducts specialized screening and assessment for psychosis and trauma

UCD CAARE Services engaged upon referral.

PD SW Team conducts screening and assessment

Court Process

BHS provides;

- Crisis/stabilization counseling
- Psychiatric Services
- Referral to other specialty treatment or services

TAMI specialized interventions related to psychosis and trauma

UCD CAARE trauma treatment and groups

Competency Evaluation

VOYA

BHS

develops treatment plan

Facilitates warm handoff from UCD CAARE, Care planning with TAMI

Conducts Individual & Group Therapy

Change Workbooks

Empower engagement in Individual Rehabilitation Programing

IRP Programing via Probation

Role of YDF Behavioral Health Team (BHS)

JJI BHS SMHC

Specialty Care:

- Trauma Informed Care including crisis response and stabilization
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Motivational Interviewing and Strengths based approaches
 - SBTP
 - YAP
 - Newly trained in TI-CBTp
 - Cross system youth - Juvenile Justice and Child Welfare
 - Individual and Group Therapy (VOYA)
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- Caseload:
 - All youth via mental health referral
 - VOYA 50+ clients in treatment

Brief Therapeutic Intervention

- Behavioral Change
- Cognitive Coping
- Motivational Interviewing

Medication

- Medication Evaluation
- Medication management
- Informed consent
- JV220

Crisis Assessment

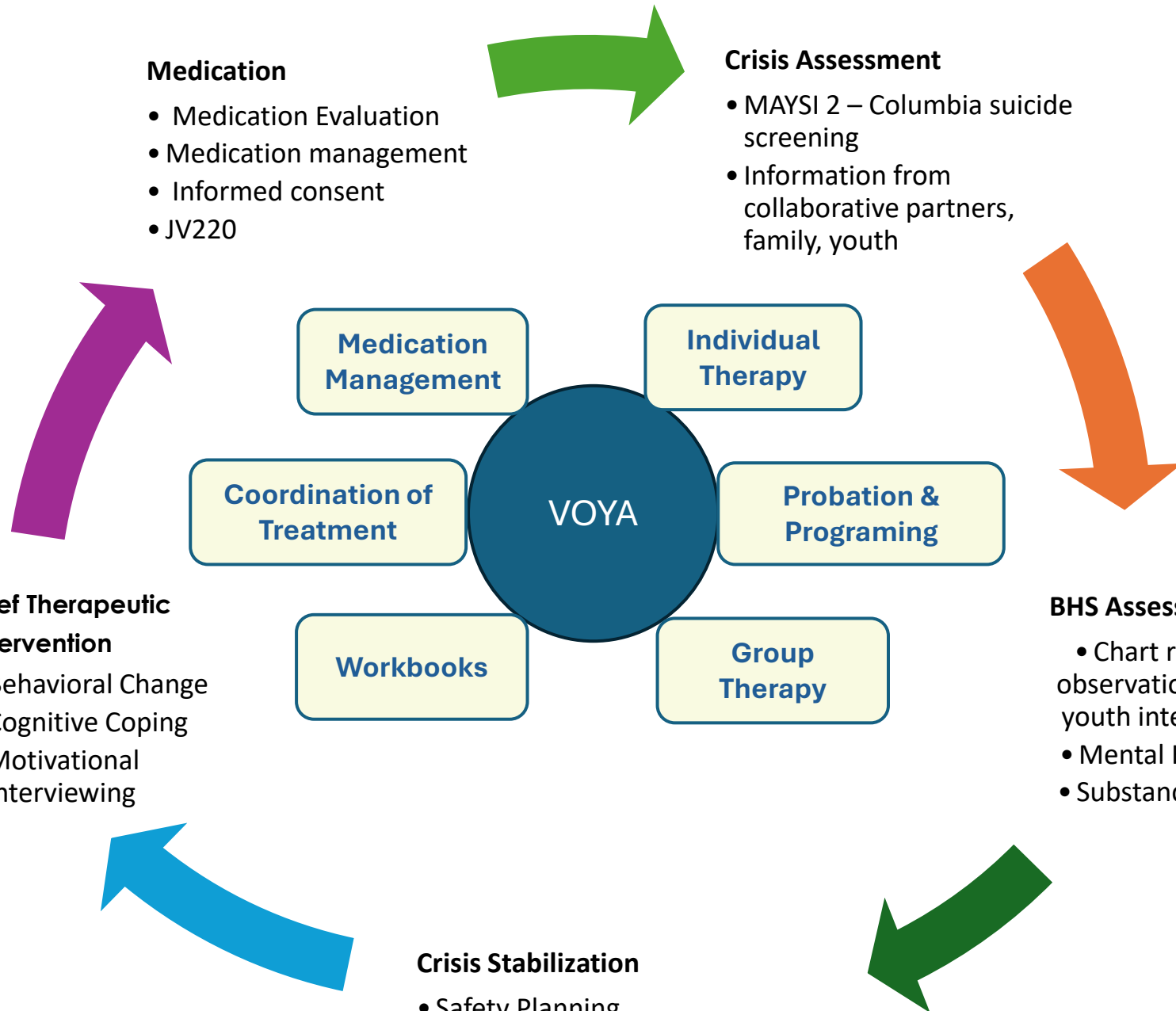
- MAYSI 2 – Columbia suicide screening
- Information from collaborative partners, family, youth

BHS Assessment

- Chart review, observation and youth interview
- Mental Health
- Substance Use

Crisis Stabilization

- Safety Planning
- Coordination of care coordination
- Involuntary Treatment



Valley Oak Youth Academy - VOYA

Individual Therapy

- 1 – 4 x month (50min)
- Trauma Informed
- Cognitive Behavioral
- Motivational Interviewing

Group Therapy

- 1 - 2 x week
- Peer mentoring, social accountability & support

Workbooks

- At own pace - group structure
- Guide for individual therapy

Treatment Modules:

- Exploring History
- Exploring Thoughts Feelings and behavior
- Review Experiences and Relationships
- Healthy and unhealthy behaviors
- Decision making - connecting thoughts back to feelings and behaviors
- Implementation of life plan w emphasis on community
- Reflect on accomplishments and prep for moving into the future

Coordination of Care



- JJI BHS provides trauma informed intervention for all youth and young adults in detention. Type of intervention and frequency of treatment per presenting need and clinically relevant pacing.
- When specialty needs are indicated per assessment and screening, the JJI BHS team refers individual to programs to support ancillary treatment need.
 - Coordinate with Probation regarding social determinants of health
 - Mental Health Treatment Center
 - TAMI Project (*process in development*)
- For youth currently linked to provider, JJI BHS coordinates care as needs arise or until services are transitioned to the JJI BHS team upon provider closing and/or youth commitment to VOYA programing.
- During course of ancillary treatment YDF BHS coordinates with the provider to discuss plans, monitor progress and transition of care planning.
- JJI BHS responsible for linking youth to providers upon exit from YDF where clinically indicated and requested.

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HOSPITAL

CAARE Center

UC Davis CAARE Center



Role of UCD CAARE Center

Trauma Screening and Therapist

Focus of Treatment: Trauma

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Commercial Sexual Exploitation of Children (CSEC)
- Juvenile Justice and Child Welfare youth
- Group therapy

Staff

- Predoctoral Intern & Postdoctoral Fellow
- Licensed Clinical Social Workers
- Licensed Psychologists

Services:

- 8 to 10 clients in treatment
- Group therapy on units 10 & 14

Assessment

- Clinical interview
- Child and Adolescent Trauma Screen (CATS)
- Broad symptom inventory

Feedback

- Provide diagnostic results
 - If youth meets criteria for Posttraumatic Stress Disorder (PTSD), Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is recommended

Treatment Planning

- Set collaborative TF-CBT treatment goals

Increasing access to trauma-informed, evidence-based care for system involved youth with comorbid trauma and psychosis

Funded by Substance Abuse and Mental Health Services Administration

October 2021 – September 2026

Trauma and
Adolescent
Mental Illness
(TAMI) Services
Project

Role of TAMI Project

Early Psychosis Screening and Therapist

Focus of Treatment:

- Psychosis
- Trauma-Integrated Cognitive Behavioral Therapy for Psychosis (TI-CBTp)

Staff:

- Predoctoral Intern & Predoctoral Externs
- Psychologists

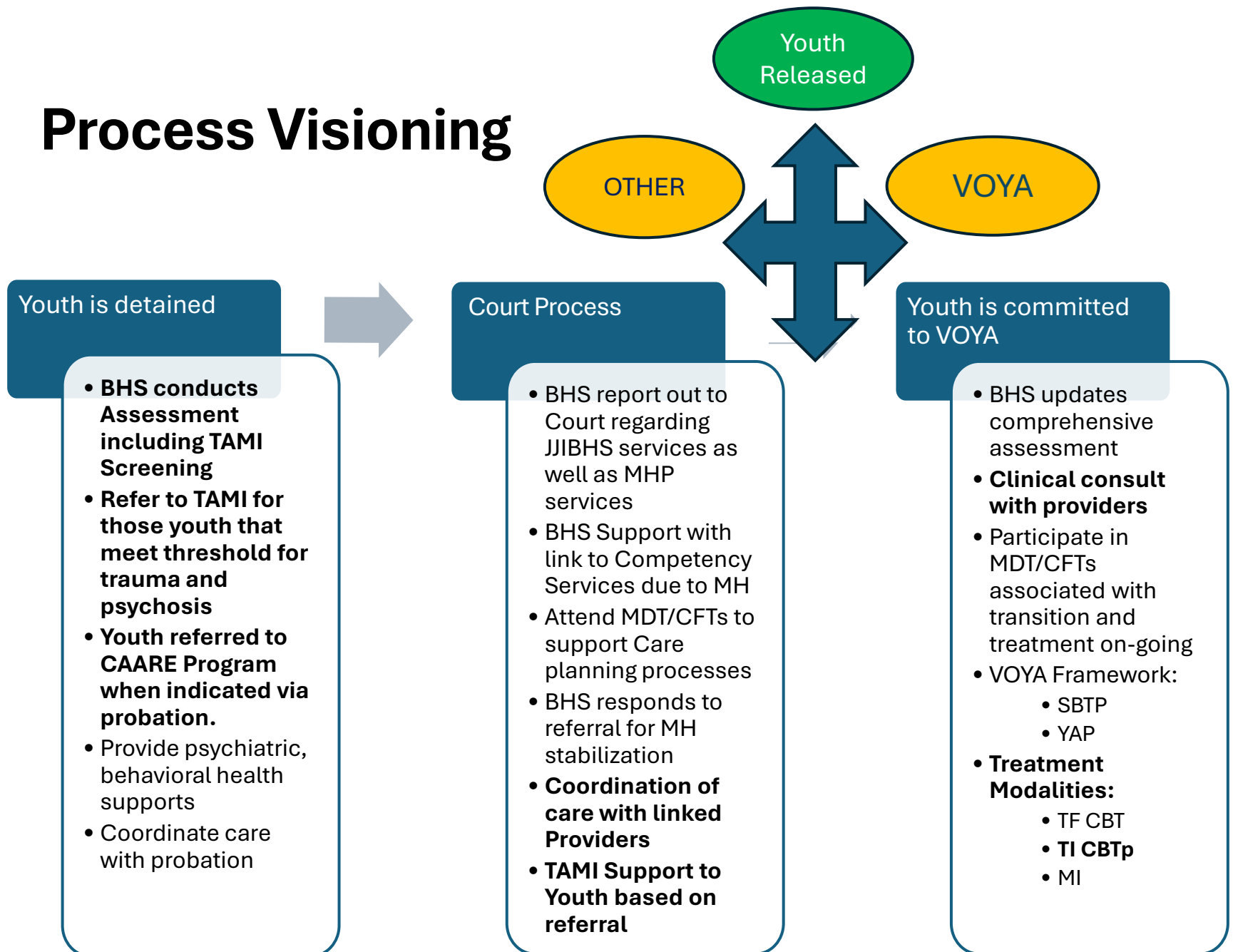
Services

- Eligibility screening for trauma and psychosis
- Comprehensive psychological testing for trauma and psychosis
- Trauma Integrated Cognitive Behavioral Therapy for Psychosis (TICBTp)
- Training for clinical providers on TICBTp with ongoing consultation and support groups
- Caseload: 30 clients

Population Served:

- Comorbid trauma and psychosis are common yet under-recognized in juvenile justice (JJ), child welfare (CW), and community mental health (CMH) settings; and recognized youth do not receive appropriate services.
- TAMI Services Project triples the capacity of service providers in Sacramento County, CA, to provide evidence-based services for youth (age 12-22) with comorbid trauma and psychosis in JJ, CW, and CMH settings.

Process Visioning



VISION moving forward.....

- Increase JJIBHS and TAMI collaboration and support at intake and throughout care
- Increase accessibility to primary providers for the purpose of continuity of care
- Clinical Treatment meetings with CAARE to support smooth transition to VOYA
- Increase involvement of family and natural supports in care planning
- Encourage and support collaborative court processes to increase transparency
- Maintain staffing and staffing education to support response to complex care
- Add Peer Specialist support to enhance youth engagement
- Increase re-entry supports and resource navigation and linkage to care

Contact Information

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Thank you!

Questions