

Juvenile Justice Diversion and Treatment Program (JJJDTTP)

A Mental Health Services Act
funded Full Service Partnership
involving River Oak Center for
Children, Sacramento County
Juvenile Probation and Division of
Behavioral Health Services –
Child and Family Mental Health

Full Service Partnership (FSP)

- Mental health service program for youth and their families who would benefit from an intensive in-home program designed to address the total needs of the child, including his/her family, who is experiencing significant, emotional, psychological and behavioral problems that are interfering with the child's well being.

Full Service Partnership (FSP)

- Consists of a team of mental health professionals and other service providers. Services may include:
 - Individual and family counseling
 - Peer support from people experiencing similar issues
 - Transportation
 - Access to physical health care
 - Help finding suitable housing and paying rental subsidies when necessary
 - Help getting the financial and health benefits to which they are entitled
 - Assisting family members with substance use and domestic violence counseling as needed
 - Assisting with education and/or employment
 - Probation supervision and support

Recent Statistics

- JJDTP began taking referrals on 12/1/2010
- Maximum capacity is 92 youth
- Current capacity is 92 youth
- We are in the 3rd year of a 5 year program
- Up to today, we have served 299 in the program
- We have experienced 58 graduations

Seriously Emotional Disturbed (SED) Criteria

- SED means youth must have a mental disorder identified in the DSM-IV, and meet one of the following:
 1. As a result of the mental disorder the youth has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
 1. The youth is at risk of removal from home or has already been removed from the home.
 2. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment. **(OR)**
 2. The youth displays psychotic features, risk of suicide or risk of violence due to a mental disorder. **(OR)**
 3. The youth meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

JJDTP Youth Eligibility Criteria for Services

- Meet clinical criteria for being 'seriously emotionally disturbed' **AND**
- Be between the ages 13 through 17* when referred **AND**
- Are involved with the juvenile justice system
- Youth are voluntary participants, agreeing to participate in JJDTP whether entering the program through diversion or from ongoing probation services
- Youth may continue to receive services up to their 26th birthday as long as services are clinically necessary
- Youth who are in placement (group home) in Sacramento county, or an adjacent county, can be referred up to 90 days prior to their return date for services in this program
- PACT scores are not relevant for referral to JJDTP

*We have approximately 10 slots for youth aged 18-20. These youth need to meet the other criteria stated above.

JJDTP Referral Process

- The Probation Referral Process consists of the following:
 - Every minor coming into JJDTP must have Probation status which can consist of: 654, 654.2, 790 DEJ, 725(a), or 725(b)
 - Referrals can be submitted from: Intake, Courts (PD, DA, Court Officer), Field PO, Placement, YDF-Mental Health, or School/SCOPE
 - Referrals are sent to Gary Nichols, Senior Mental Health Counselor, via e-mail.

Five (5) Goals of JJDTP

- To stabilize placements and reduce homelessness
- To increase school attendance and achievement
- To increase vocational training and employment
- To reduce psychiatric hospitalizations
- To reduce juvenile detention and/or young adult incarceration

Probation's Role

- Meeting attendance:
 - Weekly Multidisciplinary Team Meeting
 - Individual Education Plan (IEP) Meetings
 - School Attendance Review Board (SARB) Hearings
 - Emergency Staff Meetings
- Provide Intensive Supervision
- Weekly Youth Detention Facility Contacts
- Coordination with team regarding Violations of Probation
- Monitor school attendance and behavior

JJDTP Services Include:

- Every youth/family assessed for referral to Evidence Based Practices:
 - Functional Family Therapy
 - Multisystemic Therapy
 - Trauma Focused Cognitive Behavioral Therapy
 - Teaching Prosocial Skills (TPS)/Anger Replacement Therapy (ART)
 - River Oak has a certified trainer to train facilitators in TPS/ART
- Transition to Independence Process
- Alcohol and Drug Services (partnership with Another Choice, Another Chance)
- Intensive Case Management
- Flexible funding to meet youth/family needs
- Counseling for all family members
- Coordination with other specialty providers (CAPS Clinic for injectable medication, EDAPT, etc.)

Multisystemic Therapy

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth
- Focus is on “Empowering” caregivers (parents) to solve current and future problems
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood
- Highly structured supervision and quality assurance processes

Multisystemic Therapy

- Single therapist working intensively with 4 to 6 families at a time
- 3 to 6 months is the typical treatment time (5 months on average across cases)
- MST staff deliver all treatment – typically no services are brokered/referred outside the MST team including Drug and Alcohol Treatment

MST “Champions” & Advocates

- U.S. Surgeon General: Reports on Mental Health and Report on Youth Violence
- National Institutes of Health (NIH)
- U.S. Department of Justice - OJJDP
- National Institute of Drug Abuse (NIDA), Center for Substance Treatment (CSAT), & Center for Substance Abuse Prevention (CSAP)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- Evidenced Based Practice for addressing trauma symptoms in Children/youth ages 3-18 years
- Decreases Post Traumatic Stress Disorder (PTSD) symptoms
- Decreases negative attributes (self-blame) about the traumatic event
- Enhances accurate and helpful cognitions
- Decreases externalizing problem behavior including defiant and oppositional behaviors and problem sexual behavior
- Improves parent-youth relationship
- Improves parenting & resolves parental distress about the youth's experience
- Develops adaptive skills for dealing with stress
- Decreases youth's anxiety about thinking or talking about an event
- Enhances youth's personal safety skills
- Also addresses Childhood Traumatic Grief (CTG)
- Prepares youth to cope with traumatic loss reminders

<http://tfcbt.musc.edu>

TF-CBT Effectiveness

- SAMHSA (Substance Abuse and Mental Health Services Administration) Model Program
- Highest Effectiveness rating “1. Well supported by research evidence” from the California Evidence Based Clearinghouse for Child Welfare
- Office of Juvenile Justice Delinquency & Prevention (OJJDP) Effective Program
 - SAMMHSA.GOV states, “Numerous therapy and treatment elements have been incorporated into the design of the TF-CBT model, in hopes of avoiding some of the long-term negative effects of child traumatic stress such as increased risk of substance abuse, suicide attempts, relationship difficulties, smaller brains, and lower IQs”.

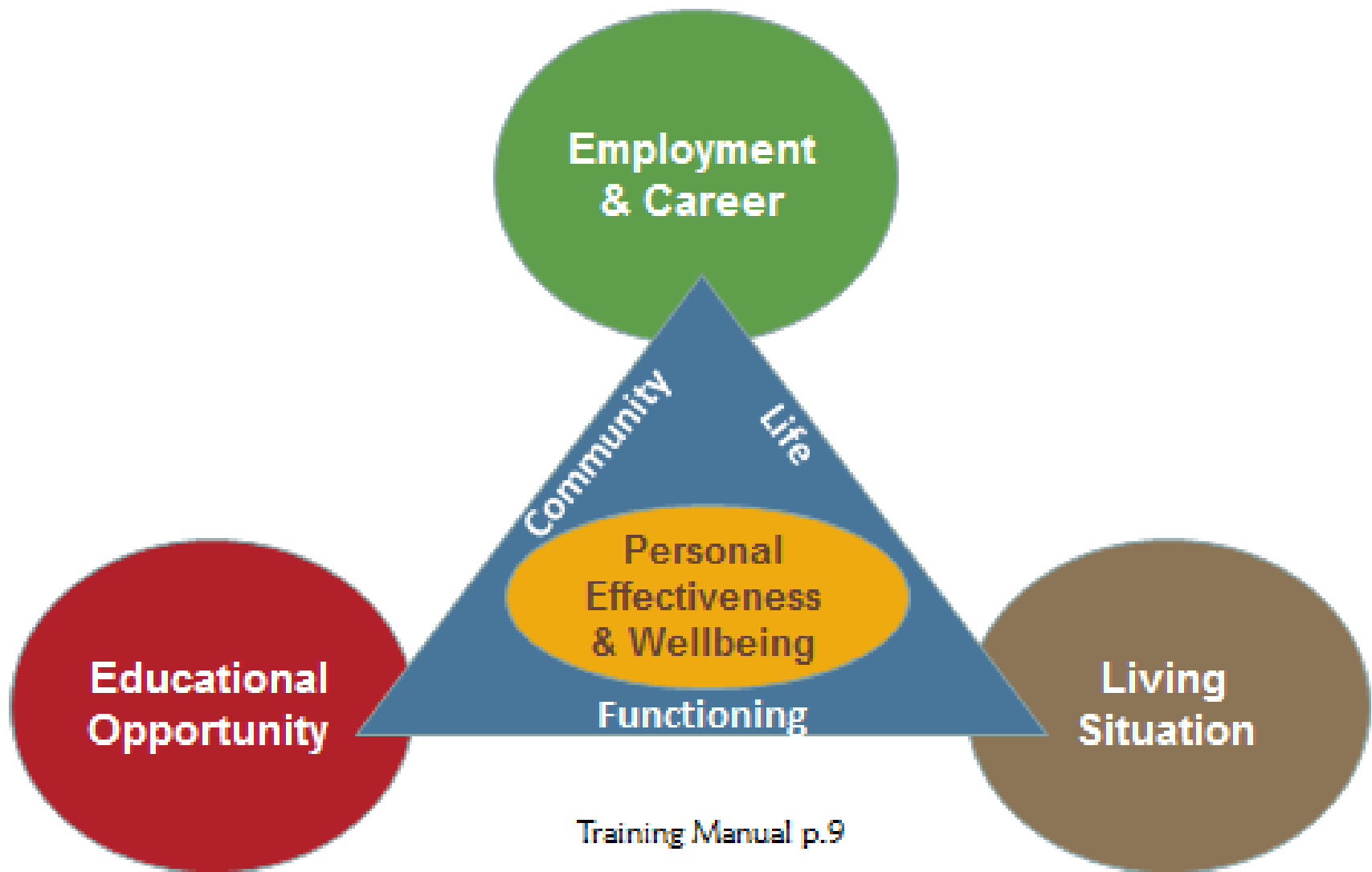
Therapy Model

- Individual sessions (weekly) with the youth, parent and joint youth-parent (12-16 sessions)
- Psychoeducation and parenting skills
- Relaxation
- Affective modulation
- Cognitive processing
- Trauma narrative
- In vivo desensitization
- Conjoint parent-child sessions
- Enhancing safety and social skills

What is TIP?

- The Transition to Independence Process is a system that helps engage youth in their own futures planning process, provides them with services/supports, & involves them (& others) in a process that prepares & facilitates greater self-sufficiency & successful achievement of goals related to each Transition Domain.

TIP Transition Domains

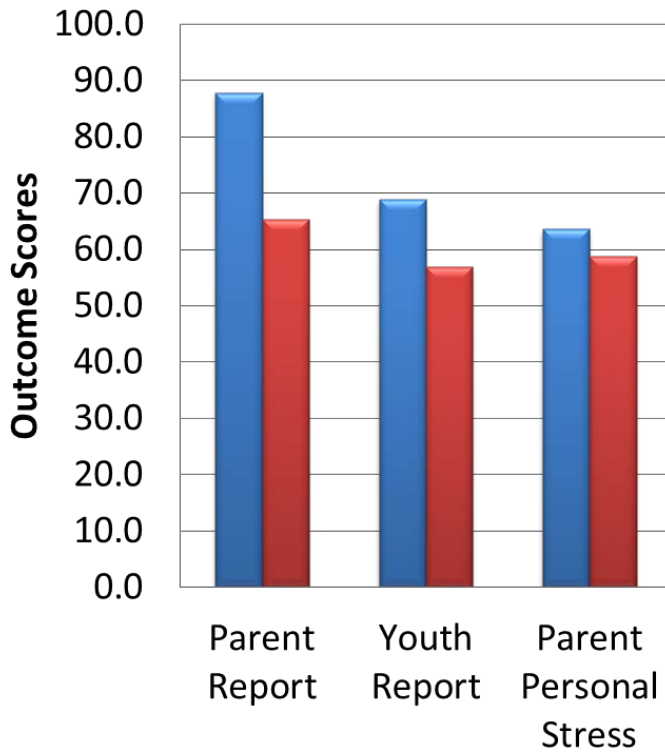


Training Manual p.9

TIP Guidelines

- Engage young people through relationship development, person-centered planning, and a focus on their futures
- Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and developmentally-appropriate -- and building on strengths to enable the young people to pursue their goals across relevant transition domains
- Acknowledge and develop personal choice and social responsibility with young people
- Ensure a safety net of support by involving a young person's parents, family members, and other informal and formal key players
- Enhance young person's competencies to assist them in achieving greater self-sufficiency and confidence
- Maintain an outcome focus in the TIP system at the young person, program, and community levels
- Involve young people, parents, and other community partners in the TIP system at the practice, program, and community levels

Juvenile Justice FFT Outcomes



- Parents reported 25.6% reduction in behaviors
- Youth reported 17% reduction in behaviors
- Parents Reported 7% reduction in Stress

JJDTP FFT Distinctives

- Benefits everyone who participates
 - Probation youth whose whole family used significant substances (Meth, Marijuana, Alcohol, Pills). After 5 weeks of FFT the entire family cut use by 50%. After 8 weeks nearly complete cessation of use.
- Targets highest risk behaviors with best researched interventions
 - FFT with probation youth with family history of trauma. Trauma was addressed and Trauma Focused Cognitive Behavioral therapy (TFCBT) brought in as a intervention to help client move towards successful graduation as part of the FFT treatment.
- Evidence based practice for family based alcohol and drug treatment
- As part of the JJDTP program the FFT team can engage the multitude of resource the JJDTP program has to offer.

JJDTP FFT Distinctives

- Helps Youth take responsibility
 - Youth have been completing letters addressed to their probation officers
 - “I had a vision for my life that was not so good and my mom had a better plan for me, now I see a better future for me. I want to work to get off of probation. . . I learned in FFT. . . How to better control my anger, communicate without nagging, bullying or threatening.” 2013 Probation Youth
 - “. . .I have successfully completed FFT. . . In the beginning I had no intentions to learn anything from it. I just wanted to get it done and out of the way, but I learned a lot of communication skills and how to cope with my anger. I learned “I” statements, to not blame others for my negative emotions and actions. . .” 2013 Probation Youth