



**mercy maricopa**  
integrated care

## Multi-systemic approach to reducing youth in out-of- home care



# Presenters

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# Session Objectives

Objective 1: Participants will be able to describe strategies for collaborating with key juvenile justice stakeholders and youth serving agencies to reduce the number of youth in out-of-home care.

Objective 2: Participants will be able to outline multi-systemic approaches for promoting permanency for youth and families.

Objective 3: Participants will be able to discuss mechanisms for engaging families in decision-making, treatment planning, and transition back to the community.

## Overview:

Families of children/youth with juvenile justice involvement have reported being overwhelmed and underprepared for their child's return to the community upon release from a correctional setting.

# National and Local Data<sup>1</sup>

- More than 2 million children, youth, and young adults formally come into contact with the juvenile justice system annually.
- 65–70 percent have at least one diagnosable mental health need
- 20–25 percent have serious emotional issues
- The most common mental health disorders include:
  - disruptive behavior disorders (e.g., attention deficit hyperactivity disorder, conduct disorder)
  - anxiety disorders (e.g., posttraumatic stress disorder, generalized anxiety disorder) and
  - mood disorders (e.g., major depression, bipolar disorder)
- Only 31 percent of youth were engaged in either school or work 12 months after their release from juvenile correctional facilities

# National and Local Data

During Mercy Maricopa's children's system of care evaluation (2014): Youth talked extensively about the need to be empowered in their transition to adulthood. This empowerment includes: maturity, confidence, and patience, so they can make their own decisions and support themselves.

During the same study (Mercy Maricopa, 2014), families reported the need to be 'prepared' for their child to step down from incarceration, inpatient, and residential facilities before they return home. This includes:

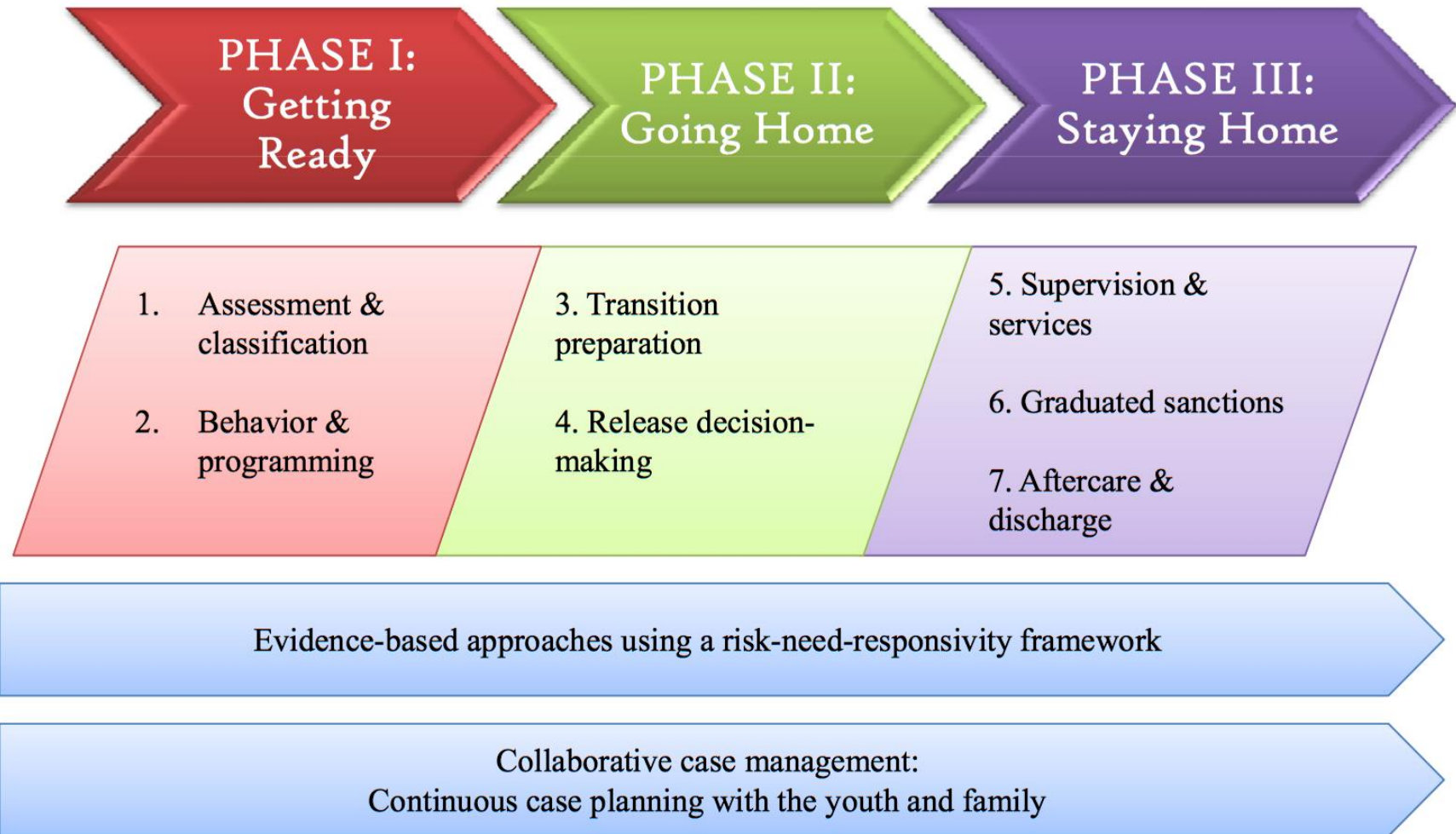
- The need for accurate information about their child's diagnosis
- To be informed on the full range of treatment options, including medications and levels of care that are available to them and their child.

# National and Local Data<sup>2</sup>

The Michigan Youth Re-entry Model notes that re-entry programs should address risk factors for recidivism, and prioritized these factors into two categories, the Big Four and Moderate Four.

<b>The “Big Four”</b> risk factors that are most predictive of future criminal behavior:	<b>The Moderate Four</b> risk factors associated with criminal risk but not necessarily predictive:
1. History of anti-social behavior	1. Substance abuse
2. Anti-social personality	2. Family relationship
3. Anti-social cognitions	3. School/work
4. Anti-social attitudes	4. Pro-social recreational activities

# Best Practices: Michigan Youth Re-entry Model<sup>2</sup>

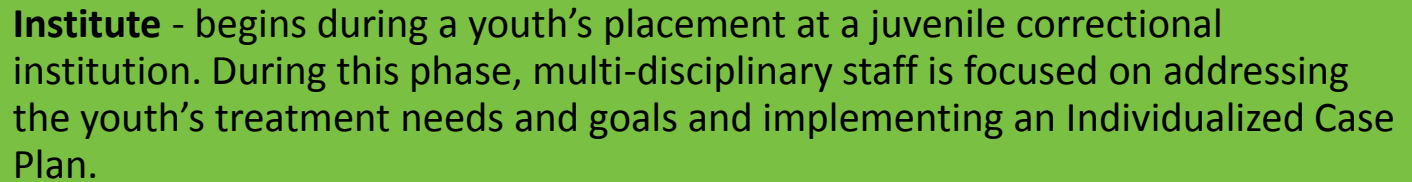





# Best Practices: The Going Home Model<sup>3</sup>

## Going Home Project – Wisconsin Department of Corrections

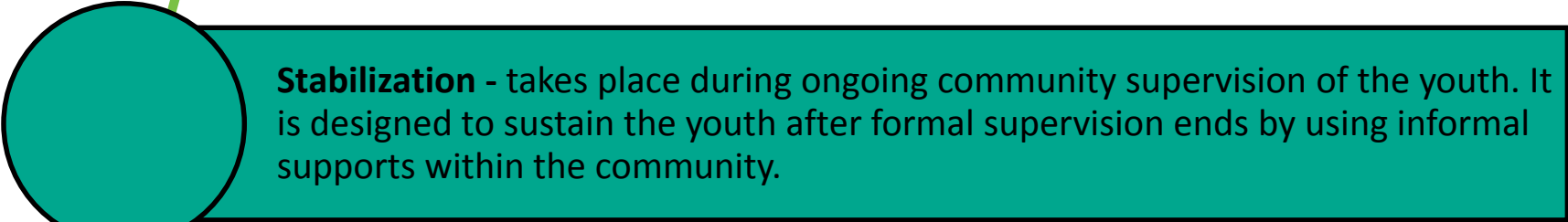
Three step model:



**Institute** - begins during a youth's placement at a juvenile correctional institution. During this phase, multi-disciplinary staff is focused on addressing the youth's treatment needs and goals and implementing an Individualized Case Plan.



**Structured transition** - starts approximately 90 days prior to a youth's release and continues 30 days after their return to the community.



**Stabilization** - takes place during ongoing community supervision of the youth. It is designed to sustain the youth after formal supervision ends by using informal supports within the community.

# Local Best Practices

- Juvenile Justice Engagement Team (JJET)
- Reach in efforts to assist with discharge planning
  - Rapid Response for Youth in detention or correctional facilities
- Collaborative efforts with Juvenile Probation
- Cross training efforts for all system partners
  - E.g. Trauma Informed Training

# Role of the Mercy Maricopa Juvenile Justice Engagement Team (JJET)

- Act as first point of identification and coordination for detained youth enrolled in or eligible for RBHA services
- Assist families to enroll youth with a RBHA provider while in detention
- Maintain the detention roster for Mercy Maricopa enrolled youth and follow protocol to ensure that planning is occurring and needs are identified prior to being released from detention
- Assist juvenile probation officers to resolve any barriers or concerns with a youth enrolled in services
- Provide guidance for justice system partners and justice involved families regarding navigation through the behavioral health system

# Mercy Maricopa Juvenile Court Liaison

- Primary contact for Pinal County Juvenile Court/Pinal County Juvenile Probation for youth enrolled or eligible for services with Mercy Maricopa
- Mercy Maricopa Liaison with ADJC. Works with providers and ADJC to ensure RBHA eligible youth transitioning from ADJC have CFT in place per collaborative protocol
- As part of the Juvenile Court Community Services Unit - provides assistance to families regarding access to behavioral health services

# Local Best Practices

- Georgetown Capstone Project: Cross Over Youth
  - Organized Collaboration with youth involved in multi-systems (Department of Child Safety, Juvenile Probation and Behavioral Health)
  - Designed to reduce the number of youth that crossover into either the delinquency or dependency systems by 1) initiating contact at the earliest point possible; or 2) collaboratively engaging the family
- Georgetown Capstone Project: Youth in Custody
  - Focus Area 1: Family Engagement
  - Focus Area 2: Assessment, Targeted Needs, and Service Plan
- Co-located at Courts and Detention
  - Behavioral Health Provider co-located at Detention to offer treatment intervention as alternative to detention

# JJET Role within the Crossover Youth Program Model

- Work with the provider to ensure that coordination of care is occurring amongst all stakeholders and family members/guardian
- Ensure that the CFT process is up and running and that CFT's are occurring on a regular basis
- Inquire about any barriers to services and if barriers do exist work with CFT to resolve barriers
- Ensure that there is provider attendance and representation at every hearing, whether it's a delinquency or dependency hearing.

# Juvenile Corrections Family Support Pilot Project



# Program Framework<sup>2</sup>

The Arizona Department of Juvenile Corrections (ADJC) approached Mercy Maricopa to address challenges experienced when connecting youth to care upon re-entry from Adobe detention center.

Program goals include:

1. Reduce recidivism
2. Connect youth to behavioral health services
3. Strengthen families, support reunification

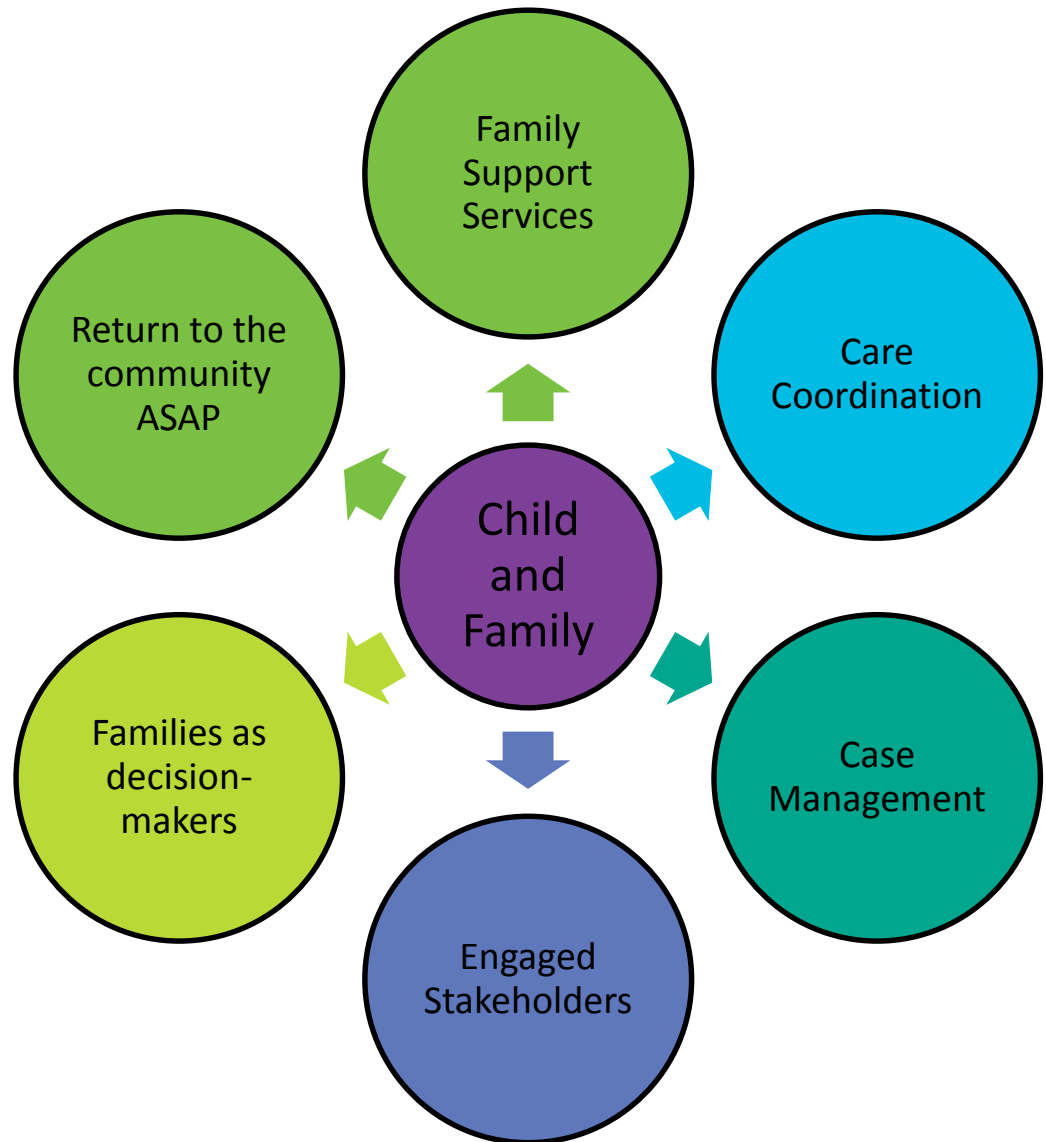


# Program Planning<sup>2</sup>

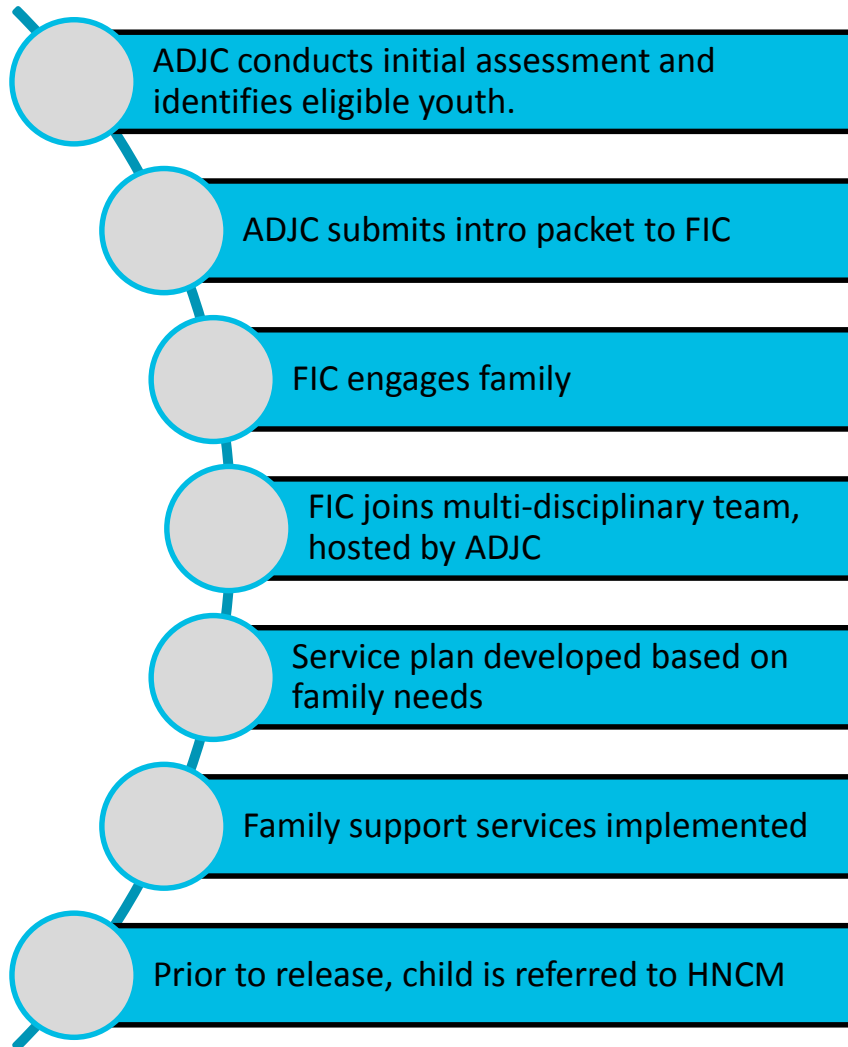
- Identified the Family Involvement Center to facilitate this service.
- Use of system of care framework to enhance coordination between systems, including:
  - Extensive cross training (ADJC → FIC, FIC → ADJC)
  - Advanced notification of release from incarceration
  - Invitations to multi-disciplinary team meetings within the jail
  - Support the family to create a different story than prior to incarceration through the provision of family support services.
  - Information sharing and coordination of care
  - TXIX dollars could not be used (due to children being incarcerated and some families not being TXIX eligible), so Mercy Maricopa allocated NTXIX dollars

# Program Framework

- We leave children and families in the drivers seat of their care, even while incarcerated.
- We ask families to define their needs and offer service recommendations based on evidence-based assessment tools
- We connect youth to highly coordinated care even prior to re-entry
- We prepare both youth and family for their return to the community.



# Program Description



## Services Available

- Community-based and in-home support
- Parent aide support
- Interpretation and translation
- Navigator services
- Enrollment in TANF, AHCCCS etc.
- Medication education
- Family planning for re-entry
- Support navigating the behavioral health system
- Conflict resolution & anger management skills
- Family dynamics training
- Mental health first aid
- Self-care
- Boundaries
- Substance use and addiction
- Employment support
- Legal aid
- Housing support
- Much, much more!

# Program Description

Heavily focused on permanency through:

Incorporating validated assessments in decision-making



Using evaluations and assessment to identify the least restrictive environment



Completing assessments in a timely manner



Helping youth and families progress toward treatment goals



Engaging families in meaningful ways to utilize their strengths

# Program Outcomes

Participants include:

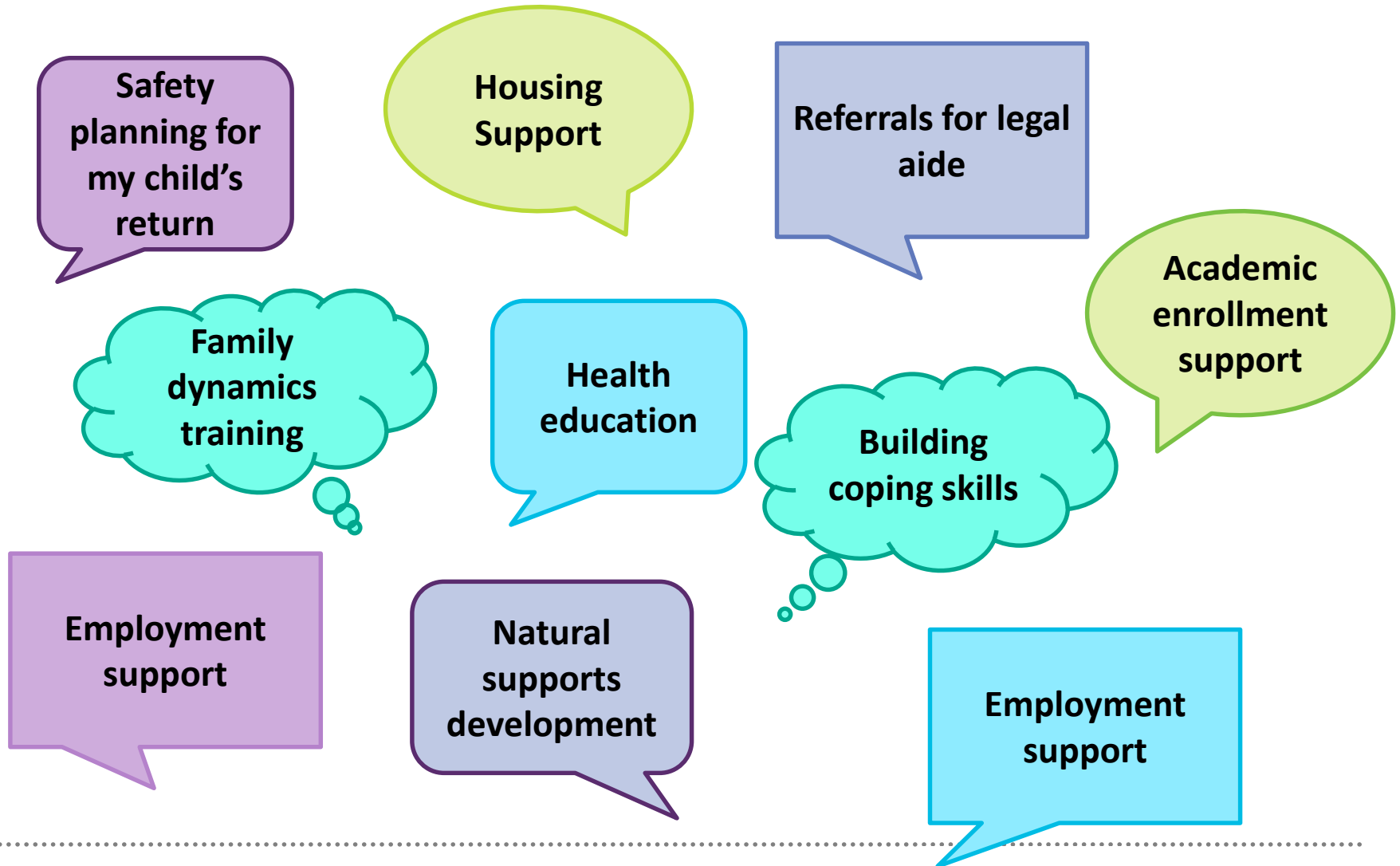
- ADJC has referred 30 families since launch of the pilot
- 27 engaged in services

Additionally,

- The Arizona Department of Juvenile Corrections honored the Family with an award for their commitment to enhancing multi-system coordination.

# Program Outcomes

Families report the following components being the most beneficial:



# Program Outcomes

Parents report increased:

- Confidence advocating for their child and family
- Knowledge of the system of care
- Ability to identify child's behavior
- Skills to support their child's self-regulation
- Voice in the interdisciplinary team and with probation/parole

# Program Challenges and Opportunities

- Family engagement – building trust
  - Undocumented youth and families were highly resistant due to fears of removal or deportation.
  - Families are overwhelmed and often ‘at their breaking point’ when their child goes into custody
  - Family systems are already stressed and other family members have their own issues to address (substance use, abusive relationships etc.)
- Initial eligibility was limited to TXIX individuals
- Assist youth get re-acclimated to life in the community
- Assist youth returning to school and work environments
- Addressing acute/immediate family relationship issues with immediate and extended family



# References

1. Puzzanchera, 2009; Puzzanchera & Kang, 2010; Shufelt & Coccozza, 2006; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002  
Skowyra & Coccozza, 2007
2. Michigan Youth Re-entry Model -  
[https://www.michigan.gov/documents/dhs/Michigan\\_Youth\\_Re-entry\\_Model\\_420255\\_7.pdf](https://www.michigan.gov/documents/dhs/Michigan_Youth_Re-entry_Model_420255_7.pdf)
3. Going Home Project – Wisconsin Department of Corrections -  
<http://doc.wi.gov/documents/web/familiesvisitors/juvenileservices/infocountiescourt/final%20county%20toolkit.pdf>

# Thank you

