Partnering to Improve Outcomes for High Risk Youth

Terri Kang, LCSW, LISAC
Juan Aristizabal, MBA, MSW
Learning Objectives

Upon completing this training, participants will be able to:

- Explain how to assess community needs
- Describe how to utilize limited resources where they will make the greatest impact
- Identify ways to partner with child-serving systems to achieve shared outcomes
- Articulate strategies to leverage available funding to maximize choices for families
- Give examples of outcomes measurement to assess effectiveness of program services
The Project...

“Substance Abuse Treatment Services for Adolescents Involved in the Juvenile Justice System”
Substance Abuse Treatment Services for Adolescents Involved in the Juvenile Justice System

**Results**

- Recipient of the *2011 SAMHSA Science and Service Award for Treatment of Substance Abuse and Recovery Support Services*
- Over 21 months, 600 youth in the juvenile justice system received substance abuse treatment through the project
- 70% of participants completed treatment without return to detention
- 64% decreased or eliminated their use of substances
It all began with an opportunity...

- Prior to 2009, grant funding was allocated to the adult service system only
- In 2009, the State Department of Health Services announced a request for proposal for use of the funding for child/youth services
- This grant funding would open the door to:
  - Additional service capacity
  - Services for youth not eligible for Medicaid
- The question was.... “How can we get the most bang for our buck?”
Needs Assessment

What we knew...

- The economic crisis meant tight budgets for all child-serving systems
- Non-Title XIX youth were not eligible for most of our treatment services

What we wanted to know...

- Where are the youth with the greatest need for substance abuse treatment?
- Who are these youth: race/ethnicity, age, etc.?
- How do we design a project to get the most services to those youth who are most in need?
3 Steps of a Needs Assessment

Step 1: Exploring the Data

Step 2: Gathering the Data

Step 3: Making Sense of the Data
## Step 1: Exploring the Data

### Establish a Data Collection Process & Timeline Development

<table>
<thead>
<tr>
<th>What is the data we need?</th>
<th>What questions does this data answer</th>
<th>What is the source of the data?</th>
<th>How will this data be collected?</th>
<th>Who will collect the data?</th>
<th>When will this be completed</th>
</tr>
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</table>
| Example: Underage drinking rates among youth ages 12-18 | Example:  
• How are youth gaining access to alcohol  
• Why are youth abusing alcohol | Example:  
• Surveys  
• Community Forums  
• Focus Groups | Example:  
• Access survey data  
• Partner with school  
• Conduct Focus group | Example: Tom | Example: 1 month |
| Example: Arrests for substance abuse | Example:  
• Who is committing crimes  
• Who is affected | Example:  
• Police reports  
• Court records | Example:  
• Partner with police  
• Collect arrest results | Example: Sylvia | Example: 2 months |
## The Project: Exploring the Data

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| Youth substance use               | What substances are youth using? What is the extent of youth substance use?                           | • Report from the Governor’s Office  
• Demographic data                               | Review statewide and county statistics.                                                       | Terri                                     | 2 weeks                   |
| Arrests/detainments of Youth      | What is the impact of youth substance use?                                                             | • Studies, reports from University  
• Juvenile Probation and Juvenile Corrections Departmental data reports | Review arrest and detention data. Partner with Juvenile Probation and Corrections.          | Juan                                     | 3 weeks                   |
| substance users                   |                                                                                                          |                                                                                                |                                                     |                           |                           |
| Racial/ethnic breakdown of youth   | Which youth are using substances? Which youth are most in need of treatment services?                 | • Juvenile Corrections Demographic data  
• Geo mapping                                  | Collect data from juvenile justice reports and geo mapping                                    | Juan                                     | 3 weeks                   |
| substance users                   |                                                                                                          |                                                                                                |                                                     |                           |                           |
| Prevalence of youth with potential| Where are youth who use substances likely to be located?                                               | • Juvenile Probation Detention data  
• Geo mapping  
• Juvenile Probation data on drug-related referrals  
• Juvenile Corrections release data | Obtain geo mapping from behavioral health and juvenile justice sources                        | Terri                                     | 3 weeks                   |
| treatment needs by zip code       |                                                                                                          |                                                                                                |                                                     |                           |                           |
Step 2: Gathering the Data

Quantitative vs. Qualitative Data

<table>
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<tr>
<th>Quantitative Data</th>
<th>Qualitative Data</th>
</tr>
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<tbody>
<tr>
<td><strong>Overview:</strong> Deals with numbers. Data which can be measured. Length, height, area, volume, weight, speed, time, temperature, humidity, sound levels, cost, members, ages, etc. Quantitative → Quantity</td>
<td><strong>Overview:</strong> Deals with descriptions. Data can be observed but not measured. Colors, textures, smells, tastes, appearance, beauty, etc. Qualitative → Quality</td>
</tr>
<tr>
<td>Data is in the form of numbers and statistics</td>
<td>Data is in the form of words, pictures or objects</td>
</tr>
<tr>
<td>DUI Stats, Crime Stats,</td>
<td>Interviews, Focus Groups</td>
</tr>
</tbody>
</table>
Step 2: Gathering the Data

A Closer Look at Quantitative Data

- Archival data (a source of data based upon records or documents relating the activities of individuals, institutions, governments, and other groups) that already exists for communities to use. Establishes a current picture of what is happening in a community.

- Includes:
  - Organizational or agency records (crime statistics, DUI information, school records)
  - Demographic data (age, gender, race, and ethnicity)
  - Census data (geographical information, income, etc.)
  - Results from independent educational assessments or reports (community assessments that have already been done by a university)
The Project: Quantitative Data

Data Sources:

• *The Impact of Substance Abuse: A Snapshot of Arizona*, by the Governor’s Office for Children, Youth, and Families

• *Annual Juvenile Report and Arizona Arrestee Reporting Information Network report on Co-Occurring Mental Health and Substance Use Disorders Among Juvenile Detainees in Maricopa County*, by ASU Center for Violence Prevention and Community Safety

• AZ Dept. of Juvenile Corrections New Commitment Demographic Data

• Maricopa County Total Detention Count by Zip Code

• Magellan Geo Mapping by Age and Race/Ethnicity

• Juvenile Drug Referrals by Zip Code, report from Maricopa County Juvenile Probation
Step 2: Gathering the Data

A Closer Look at Qualitative Data

Qualitative Data is information that comes directly from people that live or work in your target community.

- Key Informant Interviews
- Focus Groups
- Surveys
- Community Forums
The Project: Qualitative Data

Key Informant Interviews:
• Juvenile Justice representatives
• Provider Network representatives

Surveys:
• Network sufficiency survey (System of Care Plan)
  • Family members, youth, providers, stakeholders

Community Forums:
• Child and Family Advisory Partnership
• MY LIFE youth leadership group
Step 3: Using, Interpreting, and Sharing the Data

1. List most relevant data
2. Share results
3. Summarize data
4. Collect missing data
Step 3: Making Sense of the Data

After conducting the Data Gathering phase, the data collection team should meet with other members of the community to analyze what has been gathered to date, determine if additional data must be gathered, and develop strategies to implement solutions.
The Goal: To achieve the best treatment outcomes for the greatest number of youth with the highest level of need

What we had learned:

- Who?
  - Youth involved with juvenile justice
  - Latino and Native American youth
  - Transition age youth

- Where?
  - Zip codes associated with central Phoenix, West and East Valley
Making an Impact: Maximizing Return on Investment

What we still needed:

- **What?**
  - Treatment modalities that are:
    - Effective
    - Accessible
    - Culturally relevant
    - Affordable

- **How?**
  - Treatment providers who:
    - Utilize best practices
    - Have relationships with referral sources
    - Serve the target communities
    - Are culturally competent
Selecting Treatment Modalities

- Field studies with similar populations: region, age, race/ethnicity, justice system involvement
- Evidence-based Practices in existing provider network
Additional Selection Considerations...

- Adaptability to youth and diverse populations
- Community-based approaches, in keeping with System of Care principles
- Feasibility: cost, time to implement, time to establish referral base, need to utilize funding within fiscal year constraints
- Outcomes relevant to juvenile justice populations
- Offering choices to families and referral sources
Multisystemic Therapy

Outcomes:
- Improved arrest rates, incarceration rates, self-reported criminal activity, alcohol and drug use, family functioning, peer aggression

Study Populations:
- Children 6-12, Adolescents 13-17, male and female, Native American, Asian, African-American, Latino, White

Feasibility:
- Good - A provider agency had implemented MST and had existing relationships with juvenile justice entities
Brief Strategic Family Therapy

Outcomes:

- Improved engagement in therapy, conduct problems, socialized aggression, substance use, family functioning

Study Populations:

- Children 6-12, Adolescents 13-17, male and female, African-American, Latino (originally developed for Latino families)

Feasibility:

- Good - A provider agency had implemented BSFT and had existing relationships with juvenile justice entities
Matrix Model

Outcomes:
- Improved treatment retention, treatment completion, drug use during treatment

Study Populations and Adaptations:
- Young adults 18-25, male and female, Asian, African-American, Latino, White, Spanish-speaking, Native American

Feasibility:
- Good – Multiple provider agencies have implemented with youth and adults
Adolescent Community Reinforcement Approach (A-CRA)

Outcomes:
- Improved abstinence from substance use, linkage to and participation in continuing care, social stability, depression symptoms, internalized behavior problems

Study Populations and Adaptations:
- Adolescents 13-17, young adults 18-25, male and female, Native American, Asian, African-American, Latino, White, youth transitioning from residential care

Feasibility:
- Good – A provider agency has implemented and has relationships with juvenile justice and child welfare
Partnering with Provider Agencies and Stakeholders

In order to be successful, the project needs:

- Buy-in
- Team(s)
- Funding
- Marketing/ Promotion
- Fidelity to Model
- Monitoring
- Responsiveness/ Agility
Getting Buy-In

“The key to realizing a dream is to focus not on success but significance - and then even the small steps and little victories along your path will take on greater meaning.”

**Oprah Winfrey**, *O Magazine*, Sept. 2002

- What is meaningful to stakeholders?
- How do stakeholders measure success?
- Aligning with stakeholder mission
- Instilling confidence
Finding the Right Team for the Job

To be a “good fit” for the project, programs and their staff must have:

- **Relationships with stakeholders**
- A “track record” of producing good outcomes
- Broad understanding of the project goals and the program’s/staff’s role in achieving them
- Commitment to the project
- Relevant knowledge and skills
Funding

- Restricted vs unrestricted funding
- Sustainability
- Accountability to funders
- Cost-sharing
Marketing/ Promotion

“Do you want to spend the rest of your life selling sugared water or do you want a chance to change the world?”

*Steve Jobs*, *The line he used to lure John Sculley, VP of Pepsico, as Apple's CEO*

Essential questions:

- **Who is the target audience?**
- **What information does the target audience need/want?**
- **What is the most effective means of communicating the information?**
- **How do you get their attention?**
Fidelity to Evidence-Based Practices

- Contractual arrangement with “owner” of the EBP
- Manual-based service delivery
- Taped sessions
- Coaching calls
- Training and supervision
- Fidelity monitoring tools/processes
Monitoring

Measurements/Metrics:
- Clinical outcomes
- Service utilization
- Utilization of funding

Data-Driven Decisions:
- Retention of the EBP
- Retention of provider agencies
- Funding allocations
Responsiveness/ Agility

“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”

Charles Darwin

Responsiveness to...

• **Stakeholder feedback**: Change processes to be more user-friendly

• **Trends**: In referrals (age, gender, race/ethnicity, needs, referral source, etc.) – Customize programming, adapt marketing strategies

• **Outcomes data**: Use in staff training and supervision, agency performance improvement
Back to *The Project*...

A “real world” example
Partnering to Improve Outcomes for High Risk Youth

Getting Buy-In:
• Collaborative meetings
• Stakeholder surveys
• Shared goals
• Input/feedback ongoing

Selecting Teams:
• Face-to-face interviews with provider agencies
• Written proposals
• Stakeholder input

Securing Funding:
• Programs with diverse funding
• Programs able to serve youth whose eligibility status changes
• Proposal to grant-holder (Dept. of Health)
Partnering to Improve Outcomes for High Risk Youth

Marketing/Promotion:
• One-page referral information sheets
• Probation/Parole office staff meetings
• Substance abuse treatment provider meetings

Fidelity to Model (EBPs):
• Contractual agreements for MST, BSFT, A-CRA
• Training and coaching by EBP “owner”
• Training of program staff as trainers

Monitoring:
• Monthly rosters with information on service utilization, outcomes
• Monitoring of financial performance (encountering to contract)
• Tracking clinical outcomes: substance use, recidivism
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Responsiveness/ Agility:

• Encountered barrier with low number of referrals from juvenile corrections
  • Addressed by increasing marketing to corrections staff at parole officer level

• One agency was unable to serve a sufficient number of youth in their program
  • Addressed by re-allocating portion of funding, bringing in additional provider agency with same EBP
Group Practice Exercise
Any Questions?

We sincerely thank you....