BRIDGING THE GAP:

Child mental health meets adult mental health at the corner of the criminal justice system
Defined as those youth, ages 16-25, that have:

- Mental health problems
- involvement in the justice system.
They Experience:

- Significant delays in developmental maturation compared to their peers
- Significantly lower rates of high school completion and postsecondary education compared to other individuals their age (U.S. Government Accountability Office).
  - A 65% school drop out rate
- A poverty rate that is 3 times higher than their counterparts.
- Longer delays before obtaining employment,
- Higher unemployment rates than youth with other types of disabilities
  - unemployment rates of over 60 percent

As a group, they are undereducated, underemployed, and have limited social supports.

Homelessness, criminal activity, and drug use are prevalent

THEIR PLIGHT IS GRAVE
The Focus on the Transition Population...

Fewer than 50% receive mental health services and less than 11% receive AODA services (Adams, et. Al. 2014)

Those with Disruptive Behavior Disorder diagnoses have access to services in the child mental health system, but as adults are denied service (Davis et.al. 2006)

Standing on the Corner of Treatment & Services

mental health, employment, and housing services are not always suited for young adults with mental illness.

Navigating multiple discrete programs that address numerous needs

unable to pay for services
RUNNING TO SAFETY
According to NAMI, 70-100% of youth in the juvenile justice system have a diagnosable mental disorder.

Transition age youth (16-25 years) is when the onset of mental health problems peak.

Mental illness prevalence rates of 18 to 25 year olds is 29% and up to 40% when substance use disorders are included (SAMHSA, 2012)

Criminal Behavior peaks for young adults with mental illness between 18-20 (Davis, et.al., 2007)

In the State of Wisconsin, 24.5% of the criminal population in the adult system are between the ages of 17-24 and another 20% are between 25-29. This constitutes more than 45,000 young adults (Milwaukee Community Justice Council, 2015)
Upward of 50% of the U.S. prison population suffer some form of mental illness (Criminal Justice Health Care, 2014)

- May be the largest mental health provider in the U.S.

Prison conditions hard, especially for the mentally ill

- Overcrowding, violence, lack of privacy, lack of meaningful activities, isolation from family & friends, inadequate health & mental health services

PRISON: “THE HOME FOR THE MENTALLY ILL”
Prisons

790% population increase since 1980

Longer sentences and serving 85% of sentence

Increase in incarceration of drug offender

54% increase in parole violators

Number of women in prison doubled since 1990

Trans institutional entry of the mentally ill
Cash Strapped Prison System
Cash-strapped states overwhelmed by the immense costs of their bloated prisons are increasingly turning to criminal justice reform that favors alternatives to incarceration.

DIVERSION PROGRAMS: A PART OF THE CHANGING FACE OF THE ADULT CRIMINAL SYSTEM
Growth and development of pretrial justice fosters philosophical debates, practical challenges, a developing portfolio of research, and evolving national standards.

Assignment of the least restrictive intervention for defendants, and the need to ensure community safety.
Each State & Local municipality emphasizes different populations

- Low Risk
- Moderate Risk
- AODA
- Misdemeanor Offenders
- Mentally Ill

Each State & Local municipality promotes different services

- Risk Assessment
- Pre trial Screening
- Bail Guidelines
- Diversion Programs

THE STREET TALK ABOUT DIVERSION
Provides:

- Pretrial screening & supervision services

- Screening, assessment, and case management for individuals who have entered into Deferred Prosecution Agreements ('DPAs') with the Milwaukee County District Attorney's Office through The Treatment Alternatives and Diversion ('TAD')

- Focus on AODA population

JUSTICE POINT: DIVERSION ARM OF PUBLIC DEFENDERS OFFICE IN MILWAUKEE
A PARTNERSHIP BORN OUT OF REALIZATION AND NEED

Justice Point
- Through the eyes of Justice Point and supported in the literature recidivism among offenders with mental illness may be associated with poor coordination of services and treatment on release into the community
- Identifies the need to screen and serve young adults with possible mental health concerns

Project O-YEAH
Serving Transition Age youth, with mental health concerns for the past five years including the Juvenile Justice system

Realizations:
- There are “pocket” groups that need to be accessed specifically adjudicated young adults
- Collaborations and partners need to be accessed through adult systems
Justice Point Access to:
- 7,000 young adults (17-21), of which... approx. 3,500 have mental health needs
- Pre-screening is conducted 24/7

O-YEAH
- Insert into system Transitional Coordinator who has expertise in serving young adults with Mental Health Concerns
- Can determine eligibility for program within 48 hours
- In jail and out in the community

A PARTNERSHIP OF ACCESS AND EXPERTISE: A PILOT
1. Pre-trial Screening within 24 hours of jail hold

2. Use formulaic process for risk that includes re-offenses & charges

3. If there is suspicion of mental health concerns responds to 4 questions:
   - Diagnosis
   - Report of past treatment (e.g. Wraparound)
   - Was in Foster Care System
   - Has insurance

4. If **yes**, to any one of these questions, request sent to O-YEAH by email
1. Informational email from Justice Point the basis for a more in-depth review
   - For Former Wraparound young adults... a full file review is conducted
   - For non-Wraparound... follow up with Justice Point to garner additional information, typically self report

2. Initial eligibility is based on
   - Diagnosis
   - Need
   - Utilization of the Correctional System

3. Those eligible are sent to Transition Coordinator within 24 hours

4. Within in 48 hours, Transition Coordinator conducts interview with young adult in jail or out in the community

5. “Sells program: Seeking engage-ability with young adult”
CRITERIA FOR ACCEPTANCE INTO O-YEAH

- Ages 17-21
- Persistent Mental Health Need
- Medicaid Eligible
- Interested in program
  - Criminal Status used as an internal decision making guideline...
    - Probability of being released from jail within 30 days
Engagement Process – allowing up to 30 days

1. Through Interview Process, Transition Coordinator completes O-YEAH Informational Sheet

2. Young Adult:
   - signs off on Enrollment Form
   - Completes the Domain Appraisal Tool (DAT) (as baseline, then every 6 months)
   - Completes Engagement & Planning Survey (after 3 months, then every 6 months)
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Screened</td>
<td>151</td>
</tr>
<tr>
<td>Did not meet Criteria</td>
<td>102</td>
</tr>
<tr>
<td>Met Criteria</td>
<td>49</td>
</tr>
</tbody>
</table>
O-YEAH: A VOLUNTARY PROGRAM

ACCESS  VOICE  OWNERSHIP

...IN PLANNING AND DIRECTING THEIR OWN FUTURES
Young Adults with Mental Health Needs:

1. Are a heterogeneous population in which needs vary based on:

   - general & mental health characteristics

   - Although having different priority levels for individual Young Adults, generally the needs fall into critical domains/dimensions of adult life:
     - Living (housing)
     - Working (employment)
     - Learning (school/training)
     - Belonging (friendships)
     - Healing (health)
     - Being Safe

(Franz, J. 2010)
2. Desire independence and the opportunity to direct their own futures, especially if they have been in the system... Therefore...

**ENGAGEMENT** is a critical factor to success
O-YEAH PRACTICE MODEL BORN FROM VALUES & PRINCIPLES

**Values**
- Person Centered
- Domain Driven
- Strength based
- Individualized
- Community focused
- Normalization
- Cultural Competency

**Practice Model**
- Relationship Formation
  - Person Centered Engagement
- Personal Planning
  - Domain Review
  - Futures Plan
- Action Plan Development
  - By young adult
  - Community support & services
- Coaching & Transfer of Learning
  - Transition to adulthood without assistance
  - Helping others
- Service Tiers
- Individualized Future Planning Curriculum
- Transitional Coordinators
- Club House Model/Resource Center
- Partnerships with other programs and agencies
- Collaboration with county adult community services agency through MOU’s

- Program Evaluation that is youth/adult friendly
- Creating Peer Specialists
- Expanding Provider Network System to include specialized providers
  - Housing
  - Employment
  - Emerging shelter
1/3 do not meet criteria for the program
1/3 appear not to be interested in the program
1/3 are actively enrolled in O-YEAH

O-YEAH ENROLLMENTS:
September 2014 - March 2015

<table>
<thead>
<tr>
<th>Enrolled</th>
<th>Age Span</th>
<th>Mean Age</th>
<th>Previously in Wraparound</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>17.1 - 24.3</td>
<td>19.5</td>
<td>46%</td>
</tr>
</tbody>
</table>
EVALUATION

To the Model

Through Measuring Outcomes
**Program Evaluation Plan**

**Track:**
- Hospitalizations
- Emergency Visits
- Re-offenses
- AODA Incidences
- Meds
- Psychological Treatment

**Analyze Changes in:**
- Engagement & Planning
- Domain analysis
  - Overall Functioning
    - Perception of Coping
    - Emotional Stability
    - Drugs & Alcohol
  - Stability in Housing
  - Education & Employment
  - Social Connectedness
  - Violence & Trauma
- Services Utilization
<table>
<thead>
<tr>
<th>OYEAH Value</th>
<th>Person Centered/Unconditional Support</th>
<th>Domain Driven</th>
<th>Working with Strengths/Unconditional Support/Person Driven</th>
<th>Financial Efficiency &amp; Flexible Funding/Community Based</th>
<th>Community Based/Person Driven</th>
<th>Unconditional Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
<td>Use of the Engagement and Planning Survey</td>
<td>Track the completion of the Domain Review Checklist</td>
<td>Administrative review of Futures Plans to assure identification of strengths, strategies, and benchmarks identified all in 1st person.</td>
<td>Track the young adults in OYEAH that have Medicaid Benefits</td>
<td>Track the number of young adults who are in OYEAH that come to Owen’s Place</td>
<td>Track the number of contacts for each young adult</td>
</tr>
<tr>
<td><strong>Rationale</strong></td>
<td>As, the centerpiece of the practice model, there must be assurance that engagement &amp; person driven planning is supported by the transition coordinators</td>
<td>The Domain Checklist is the backbone of the Futures Plan in which priorities are established across all developmental domains</td>
<td>All the work of the young adult with the support of the Transition Coordinator is reflected in the Futures Plan</td>
<td>With Medicaid benefits, young adults can be assured that many of needed community services can be provided</td>
<td>Owen’s Place is a community resource for accessing information, skills and individual planning</td>
<td>Given that young adults generally have a pattern of engagement and disengagement, maintaining consistent support is crucial to their progress.</td>
</tr>
<tr>
<td><strong>Fidelity Type</strong></td>
<td>Process/Adherence to Content</td>
<td>Process/Adherence to Content</td>
<td>Structure/Adherence to Dosage</td>
<td>Structure/Adherence to Dosage</td>
<td>Structure/Adherence to Dosage</td>
<td>Structure/Adherence to Dosage</td>
</tr>
<tr>
<td><strong>Operational Definition</strong></td>
<td>The perception of the young adults is that they feel strong engagement and that they are in charge of their own planning process</td>
<td>The Domain Checklist is completed and/or reviewed at every Futures Plan meeting.</td>
<td>Each young adult’s Futures Plan is reviewed to assure that there is at least one mental health goal and/or one transition domain goal in the Futures Plan.</td>
<td>The number of young adults that have Medicaid benefits</td>
<td>The number of young adults in OYEAH that access the resources and supports of Owen’s Place</td>
<td>A biweekly contact in form of a call, message or a face to face encounter</td>
</tr>
<tr>
<td><strong>Measurement</strong></td>
<td>After 6 months and then every 180 days until disenrollment</td>
<td>Every 3 months at the Futures Plan Meeting</td>
<td>Every 3 months after Futures Plan has been submitted</td>
<td>Every 3 months – dashboard in Synthesis</td>
<td>Every 3 months – report in Synthesis</td>
<td>Every 3 months through Progress Notes</td>
</tr>
<tr>
<td><strong>Threshold</strong></td>
<td>≥4.0 on a 5 point scale</td>
<td>≥ 85% completion rate</td>
<td>≥90%</td>
<td>≥65%</td>
<td>≥75%</td>
<td>≥90%</td>
</tr>
<tr>
<td><strong>Level of Achieved Fidelity</strong></td>
<td>4.53</td>
<td>77%</td>
<td>98%</td>
<td>66%</td>
<td>31%/45%</td>
<td>71%</td>
</tr>
</tbody>
</table>
DIS-ENROLLED

<table>
<thead>
<tr>
<th>Reason for Dis-enrollment</th>
<th>Percent Dis-enrolled</th>
<th>Average Length of Time in Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Contact</td>
<td>64% (7/11)</td>
<td></td>
</tr>
<tr>
<td>Sentenced to Time in Corrections</td>
<td>27% (3/11)</td>
<td></td>
</tr>
<tr>
<td>Active Arrest Warrant (failed to appear in court)</td>
<td>9% (1/11)</td>
<td></td>
</tr>
</tbody>
</table>

Dis-enrolled: 11

Average: 42% 3.7 months
Diagnoses

- Dysthymic Disorder: 4.50%
- ADHD: 4.50%
- Oppositional Defiant: 9.50%
- Schizophrenia: 19%
- Bipolar Disorder: 19%
- Depressive Disorder: 19%
- Mood Disorder: 19%
- ADHD: 24%
<table>
<thead>
<tr>
<th>Offense Array</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Robbery</td>
<td>1</td>
</tr>
<tr>
<td>Vehicle w/o ConsentPassenger</td>
<td>1</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>1</td>
</tr>
<tr>
<td>Criminal Damage to Property</td>
<td>1</td>
</tr>
<tr>
<td>Concealed Weapon</td>
<td>1</td>
</tr>
<tr>
<td>Vehicle w/o Consent</td>
<td>2</td>
</tr>
<tr>
<td>Burglary</td>
<td>2</td>
</tr>
<tr>
<td>Theft</td>
<td>3</td>
</tr>
<tr>
<td>Disorderly Conduct</td>
<td>3</td>
</tr>
<tr>
<td>Battery</td>
<td>3</td>
</tr>
</tbody>
</table>
Criminal Offenses

Offense Types

n=18

- Assault
- Other
- Other/Vehicle
- Property
- Sexual
- Weapons
OVERALL FUNCTIONING

Based on the Domain Appraisal Tool

Adapted from the National Outcomes measure 5/31/15
### Stability of Living

<table>
<thead>
<tr>
<th>Homeless at One Time</th>
<th>Do not Feel that Housing is Stable</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>39%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospitalizations</th>
<th>Hospital Frequency Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>59%</td>
<td>1-10+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Room Usage</th>
<th>Detox Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>28%</td>
</tr>
</tbody>
</table>

(67% AODA concerns)

<table>
<thead>
<tr>
<th>Nights in Jail in the Past Month</th>
<th>In Jail Frequency Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5 average</td>
<td>1-30</td>
</tr>
</tbody>
</table>
EDUCATION & EMPLOYMENT

- Complete High School, 22%
- Complete <12 grade, 78%

<table>
<thead>
<tr>
<th>In School</th>
<th>Employed (full or part time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>22%</td>
</tr>
</tbody>
</table>
LESSONS LEARNED

- Initial contact time is crucial to engagement—regardless of current placement
- Life and contact with the outside stops while knowledge of current situation is unclear
- Lack of information drives anxiety which heightens mental health concerns and symptoms
- Housing is greatest need
- Services need to be delivered timely and be effectively immediately to meet needs
- Verify everything—be aware of manipulation
- Terminology matters when speaking of mental health concerns—use words they use to describe their symptoms
- Open to talk about chronic needs—conversations must be strength based
- Need to be correctly educated—re: mental health disorder and lifestyle do affect each other
- Enhance knowledge of system and availability of mental health programs and services is needed.

AND MORE LESSONS