

**Engaging Juvenile-Justice Involved  
Youth and Families in Substance Abuse  
and Mental Health Treatment: An  
Abbreviated Toolkit of Best Practices**



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**This Abbreviated Resource Toolkit of Best Practices was developed by Delta Adams under the Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP) at the Center for Youth, Family and Community Partnerships-The University of North Carolina at Greensboro. *JJSAMHP is sponsored by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NCDMHDDSAS) and the Substance Abuse Mental Health Services Administration (SAMHSA).* If you would like the complete toolkit, please email [slfrison@uncg.edu](mailto:slfrison@uncg.edu).**



### Acknowledgments

Many thanks to the Project Director and Supervisor, Dr. Sonja Frison, the JJSAMHP Young Adult Advisory Team including Joi Douglas and Jon Hanichek, the Family Partners, Claretta Witherspoon, Key Informants, Providers and many others not listed who graciously offered their shared knowledge and experience that have contributed to the development of this toolkit.



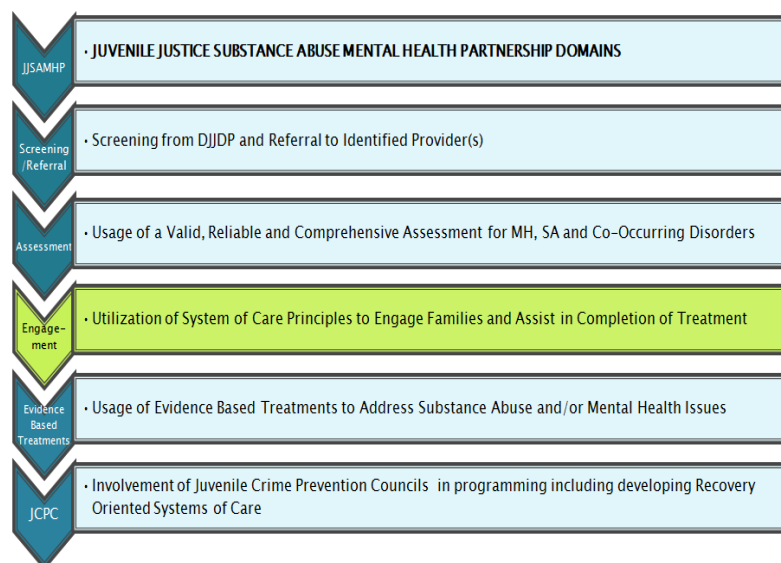
## Section A: Introduction

This toolkit consists of facts, evidence-based practices, and resources that service providers can utilize to increase engagement of juvenile-justice involved youth and families in the mental health and substance abuse services they need. This toolkit includes:

- A glossary of terms related to system engagement
- Barriers to service engagement and how to minimize them
- Best practices of how to engage the youth and families into local systems of care
- Information on Best Practices for Treatment and Intervention Supports
- Links to useful resources for both providers and youth and families in treatment
- Helpful appendices providers can use for quick reference

This toolkit is designed for the Partner Provider agencies that work with the North Carolina Juvenile Justice Substance Abuse and Mental Health Partnerships (JJSAMHP) as a resource to engage youth and families in treatment. JJSAMHP are local teams across the state working together to deliver effective, family-centered services and supports for juvenile justice-involved youth with substance abuse and/or mental health challenges. The partnerships require an organized, person-centered system that operates under System of Care Principles and include the Local Management Entity, local Division of Juvenile Justice Leadership, and Service Providers.

Although local teams define service provision in their area, there are five domains that are expected to have some uniformity to ensure that youth engage in services based on best practices. These five domains are below. The third domain, Engagement, is highlighted as this resource kit is intended to assist teams and providers in this area:



## WHY SHOULD PROVIDERS ADDRESS ENGAGEMENT?

A large scale, multi-site study demonstrated that over 50% of youth in contact with the juvenile justice system have some type of behavioral health disorder, which is significantly higher than the adolescent population in general. There are many reasons why providers should address engagement?

1. **Significant Need.** : According to nationwide findings, there are over 23 million people ages 12 or over that need substance abuse or dependence treatment, but that only 1 in 10 will get the treatment they need.<sup>2</sup> In 2009, it was found that 10 % of youths aged 12 to 17 were currently using illicit drugs. It has also been shown that teens in the juvenile justice system are more likely to commit crimes as adults.<sup>2</sup> In North Carolina, 17% of high school students reported that they have misused prescription drugs.<sup>3</sup> The mental health and substance abuse needs of juvenile-justice involved youth and families are not being met because they are not fully engaged in these systems of care. It is imperative that these youth and families become more engaged in these available systems of care.

Only 1 in 10 youth get the treatment they need

2. **Improved Outcomes for Both Client and Provider.** Research shows that completing treatment is linked to improved outcomes such as decreased criminal justice involvement, higher wages, and lower readmissions.<sup>4</sup> Improvements have been shown in outcomes after treatment for: employment, criminal justice involvement, level of functioning, and reduced alcohol and other drug use.<sup>4</sup> By improving levels of client engagement within these health systems, there is a potential for savings in the cost of reduced readmission to substance abuse treatment, reduced criminal justice, unemployment and other related costs.<sup>4</sup> As quoted by American statistician W. Edwards Fleming, "Poor processes account for 85% of the problems in serving customers".<sup>5</sup> By accessing this resource toolkit of best practices of engagement with the 'customers'- the youth and families into systems of care- it is anticipated that providers will have additional resources to provide more effective services to juvenile-justice involved youth and families. More effective services will lead to increased satisfaction for not only the client, but for the provider as well (REF).

Justice involved adults who complete treatment may be less likely to have further justice

Increasing client engagement may lead to savings in readmission costs

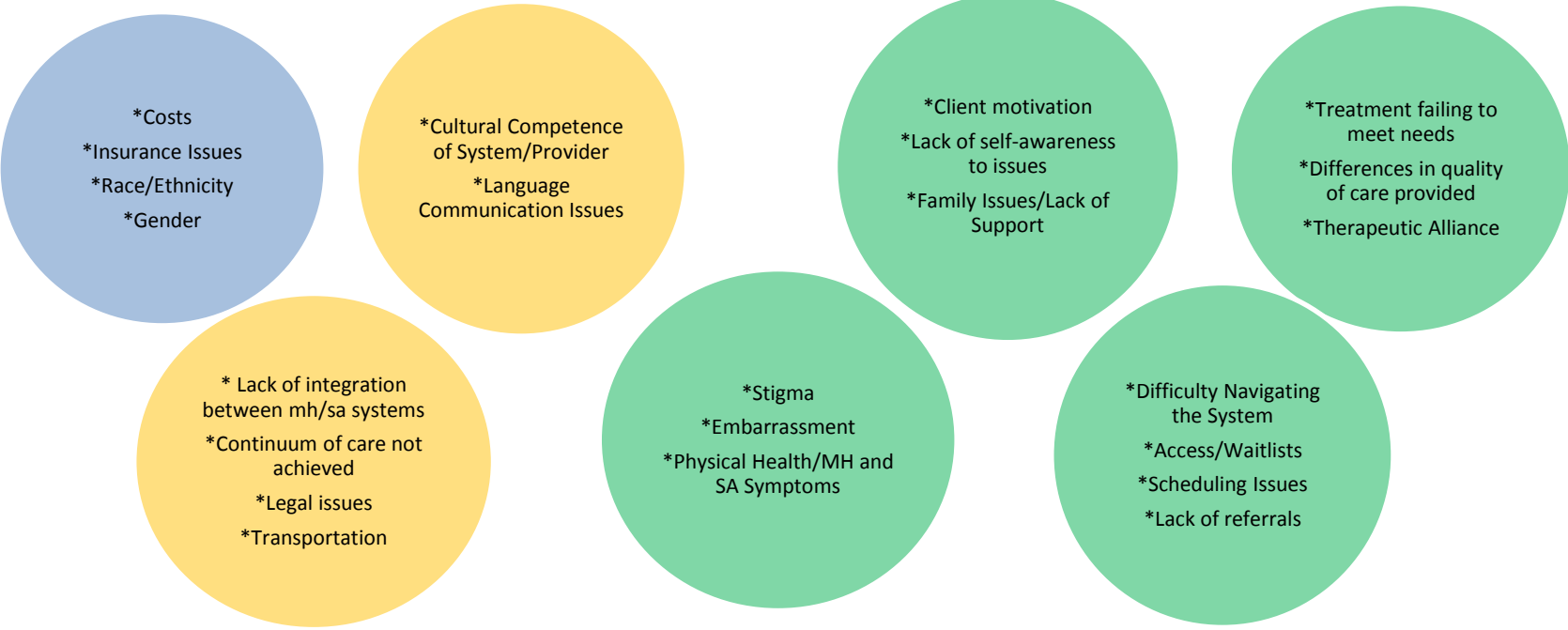
### Section B: Minimizing Barriers

Barriers are various factors that often keep clients from receiving the treatment they need.<sup>6</sup> In order to effectively meet the needs of the youth and families, these barriers to treatment engagement must be identified, addressed, and minimized. Providers are often aware of many of these barriers, but due to limited resources such as time - may not address them with the families they serve. As providers, addressing common barriers to service engagement may increase the likelihood of system engagement with the youth and families in need. Based on the literature, there are various barriers to system engagement. These are included in the graphic below: (the complete Toolkit outlines references for these barriers):



*Less Controllable by Individual Provider*

*More Controllable by Individual Provider*



As noted in the Figure above, there are numerous barriers that are listed with various levels of controls by any individual provider/clinician. Research has demonstrated some promising practices in having an impact on many of the listed barriers. Although the list can be exhaustive, the table below outlines some key barriers, strategies and ways that the strategies might look in actual practice.

Barrier	Examples of Barrier	Strategies	Strategies in Action
<b>Cost</b>	Type of Insurance Access to Insurance	<ul style="list-style-type: none"> <li>restructure insurance system<sup>13</sup></li> </ul>	<ul style="list-style-type: none"> <li>reimbursement system should be restructured from medical to public health model to include preventive treatment of children who do not meet diagnostic criteria for disorders<sup>13</sup></li> <li>become a certified Medicaid provider<sup>6</sup></li> </ul>
<b>Transportation</b>	Transportation	<ul style="list-style-type: none"> <li>offer services in a more convenient location</li> </ul>	<ul style="list-style-type: none"> <li>offer in home services for the youth and their families<sup>10,13</sup></li> <li>provide mental health services in school<sup>13</sup></li> <li>structural family therapy interventions through internet or telephone<sup>10,16</sup></li> </ul>
<b>Continuum of Care</b>	<ul style="list-style-type: none"> <li>lack of integration between substance abuse and mental health services</li> <li>differences in quality of care provided</li> <li>lack of referrals to services</li> <li>inadequate level of residential</li> </ul>	<ul style="list-style-type: none"> <li>create a convenient, comprehensive facility that includes 'step-down, transition services, from in-patient treatment, to outpatient treatment, to after care'<sup>9</sup></li> <li>train non-substance abuse professionals in best practices for dealing with substance abuse issues<sup>9</sup></li> <li>more of a team approach</li> </ul>	<ul style="list-style-type: none"> <li>send reminder letters, phone calls, or text messages<sup>10</sup></li> <li>create a script to start orienting clients during first contact<sup>6</sup></li> <li>use a video orientation<sup>6</sup></li> <li>provide expectations or checklists for clients to refer back to<sup>6</sup></li> <li>have counselors from the next level of care or alumni orient clients<sup>6</sup></li> <li>coordinate efforts between referring and receiving levels of care and encourage joint participation in treatment during client transitions<sup>6</sup></li> <li>offer brief treatment, if appropriate<sup>6</sup></li> <li>look for spaces that could be converted into rooms for</li> </ul>

<b>Barrier</b>	<b>Examples of Barrier</b>	<b>Strategies</b>	<b>Strategies in Action</b>
	<p>treatment available</p> <ul style="list-style-type: none"> <li>clients unsure about what to expect or how to navigate system</li> </ul>	<p>when an individual is receiving services from several agencies<sup>6,8,13</sup></p> <ul style="list-style-type: none"> <li>more follow-up to ensure treatment engagement and medication management<sup>6,8,13</sup></li> <li>more long-term support<sup>6,8,13</sup></li> <li>orient clients<sup>6</sup></li> <li>add beds or provide housing to increase capacity<sup>6</sup></li> <li>provide better access to services in systems in which youth are already involved<sup>13</sup></li> <li>educate families about treatment process and what to expect from treatment/therapy<sup>6</sup></li> </ul>	<p>more beds<sup>6</sup></p> <ul style="list-style-type: none"> <li>arrange for housing and provide outpatient services<sup>6</sup></li> <li>provide services in schools<sup>13</sup></li> </ul> <p><b>Helpful Link:</b>  <a href="http://www.niatx.net/promisingpractices/Search.aspx?SPNID=19">http://www.niatx.net/promisingpractices/Search.aspx?SPNID=19</a></p>
<b>Cultural Competence</b>	<p>Cultural competence</p> <ul style="list-style-type: none"> <li>citizenship/immigrant status</li> <li>language/communication barriers</li> <li>Latino-specific services</li> <li>racial/ethnic minority status</li> </ul>	<ul style="list-style-type: none"> <li>consider service access inequities associated with minorities and non-English speaking clients<sup>19</sup></li> <li>use language that a lay person can understand; avoid medical jargon</li> </ul>	<ul style="list-style-type: none"> <li>collaborate with institutions of faith to offer services to minorities<sup>8,19</sup></li> <li>hire or train interpreters with mental health experience or service provision<sup>8,19</sup></li> <li>integrate an outreach component into their programs for those who are homeless or teen mothers<sup>8</sup></li> <li>please refer to Appendix II. on page 34 for a list of common medical terms used and their lay language alternatives</li> </ul>



<b>Barrier</b>	<b>Examples of Barrier</b>	<b>Strategies</b>	<b>Strategies in Action</b>
<b>Client Motivation</b>	<ul style="list-style-type: none"> <li>• <i>desire to change</i></li> <li>• <i>level of awareness</i></li> <li>• <i>denial</i></li> <li>• <i>belief problem can be solved without Tx</i></li> <li>• <i>voluntary vs. involuntary participation</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>use Motivational Interviewing during treatment<sup>6</sup></i></li> <li>• <i>telephone support<sup>6</sup></i></li> <li>• <i>motivational incentives<sup>6</sup></i></li> <li>• <i>educational outreach<sup>12</sup></i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>have counselors listen to tapes so that they can learn from each other and get practice assessing fidelity to Motivational Interviewing<sup>6</sup></i></li> <li>• <i>practice incorporating 1-2 Motivational Interviewing principles each week<sup>6</sup></i></li> <li>• <i>offer individualized incentives and/or group incentives<sup>6</sup></i></li> <li>• <i>select rewards related to the behavior you want to reinforce<sup>6</sup></i></li> <li>• <i>local businesses may be willing to donate rewards<sup>6</sup></i></li> <li>• <i>inexpensive rewards such as bravery certificates for beginning treatment or recognition certificates for staying in treatment for a specified time period<sup>6</sup></i></li> <li>• <i>determine at what point clients most often drop out of treatment and plan rewards that focus on remaining in treatment beyond that period<sup>6</sup></i></li> <li>• <i>offer staff motivational incentives for successful process improvements<sup>6</sup></i></li> <li>• <i>mental health and correctional systems should collaborate to educate high risk youth and their families about the nature of mental health problems, available treatment options, mental health myth and stigma<sup>12</sup></i></li> </ul>
<b>Individual, Family and Interpersonal Issues</b>	<ul style="list-style-type: none"> <li>• Health Status</li> <li>• Family dynamics</li> <li>• poor therapeutic</li> </ul>	<ul style="list-style-type: none"> <li>• build trust/rapport with the parents<sup>10</sup></li> <li>• build trust/rapport with the youth and families<sup>10</sup></li> </ul>	<ul style="list-style-type: none"> <li>• colocation of services in medical facilities</li> <li>• family advocates as paraprofessionals<sup>10</sup></li> <li>• youth advocates<sup>10</sup></li> <li>• create a supportive treatment environment with fun</li> </ul>



Barrier	Examples of Barrier	Strategies	Strategies in Action
	<ul style="list-style-type: none"> <li>• alliance</li> <li>• social support from friends and family</li> <li>• gender differences</li> </ul>	<ul style="list-style-type: none"> <li>• build a sense of community among clients<sup>6</sup></li> <li>• assign peer buddies or mentors to clients<sup>6</sup></li> <li>• include family and friends in the treatment process from the start<sup>6</sup></li> <li>• minimize parents having to relinquish children to child welfare or juvenile justice in order to get treatment they need<sup>13</sup></li> </ul>	<p>and varied group activities<sup>6</sup></p> <ul style="list-style-type: none"> <li>• use the treatment community as a model for how to stay on the path to recovery when clients complete treatment<sup>6</sup></li> <li>• invite family members and friends to the client’s first appointment<sup>6</sup></li> <li>• educate the client’s family and friends so that they know what to expect and how to provide support for the client in treatment<sup>6</sup></li> <li>• offer support groups for the family and friends of clients in treatment<sup>6</sup></li> <li>• keep family and friends informed about the client’s progress in treatment<sup>6</sup></li> <li>• offer a direct family program phone line for family members to call<sup>6</sup></li> <li>• voluntary and temporary foster care<sup>13</sup></li> <li>• structural family therapy through telephone<sup>16</sup></li> </ul>
<p><b>Scheduling Issues</b></p>	<p>Scheduling issues</p> <ul style="list-style-type: none"> <li>• waitlists</li> <li>• work</li> <li>• school</li> <li>• family</li> </ul>	<ul style="list-style-type: none"> <li>• adjust staff schedules to have availability when convenient for the client<sup>6</sup></li> <li>• stay in contact with clients on the waiting list<sup>6</sup></li> <li>• establish walk-in hours for clients<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>• have clients on the waiting list call in at least once a week to check in, find out how they’re doing and to ensure that you have good contact information to let them know when a residential treatment bed becomes available<sup>6</sup></li> <li>• use back-up counselors to make sure there is adequate staff to meet demand<sup>6</sup></li> <li>• test walk-in hours on a small scale to determine whether the clients you serve will use walk-in hours<sup>6</sup></li> <li>• implement walk-in hours gradually during a transition period<sup>6</sup></li> <li>• estimate how many assessments you expect each week so that you have a starting point for how many hours to schedule staff to meet the expected demand<sup>6</sup></li> </ul>

Barrier	Examples of Barrier	Strategies	Strategies in Action
			<ul style="list-style-type: none"> <li>• notify referral sources about the walk-in hours<sup>6</sup></li> <li>• do not turn away any clients during walk-in hours no matter how they've heard about it<sup>6</sup></li> <li>• provide after school services</li> <li>• offer notes for youth to get excused from missing school</li> <li>• alternate between morning (school) and evening appointments</li> </ul>
<b>Stigma</b>	Stigma	<ul style="list-style-type: none"> <li>• increase stable services provided in easily accessible, low-stigma settings<sup>13</sup></li> <li>• collaborate with correctional systems to provide educational outreach<sup>12</sup></li> <li>• respect their desire for a concealed relationship with provider</li> </ul>	<ul style="list-style-type: none"> <li>• provide mental health assessment and treatment in low stigma areas such as school, home, and community-based centers<sup>13</sup></li> <li>• educate the youth and families about myths and stigma<sup>12</sup></li> <li>• structural family therapy through telephone<sup>16</sup></li> <li>• ask family for preferences in how the provider relates to them in public</li> <li>• therapists dress casually</li> <li>• remove badge for a anonymity and to appear less intimidating</li> </ul>
<b>General</b>	General	<ul style="list-style-type: none"> <li>• give the youth and families a "voice"<sup>13</sup></li> <li>• meet their basic needs first when feasible</li> <li>• increase family engagement by addressing barriers</li> </ul>	<ul style="list-style-type: none"> <li>• the youth and families should have the opportunity to speak directly to policymakers, sharing the gaps and barriers they face in the current system and get their perspective on the challenges they face in receiving services<sup>13</sup></li> <li>• the youth may be hungry, keep snacks on hand at appointments</li> <li>• have an outreach coordinator that follows up with client no-shows</li> </ul> <p><b>Helpful Link:</b>  <a href="http://www.niatx.net/Content/ContentPage.aspx?PNID=2&amp;NI">http://www.niatx.net/Content/ContentPage.aspx?PNID=2&amp;NI</a></p>

<b>Barrier</b>	<b>Examples of Barrier</b>	<b>Strategies</b>	<b>Strategies in Action</b>
			D=15

**Provider Check:**

1. In which area is there “low hanging fruit” or where you can make a change immediately?
2. When can you make that change?
3. How will you know that change has worked?
4. How will you get client feedback about your change process?

## Section C: Treatment and Intervention Supports

In order to provide the most effective services to the youth and families, evidence-based practices (EBP) should be employed whenever possible. **Evidence-based practices** are research-based treatment approaches, protocols, or models that have been found to have clinical efficacy and effectiveness for individuals with certain behavioral health challenges.<sup>27</sup>

Below are some examples of evidence-based interventions that can be used with the youth and/or families as specified by treatment needs:

Youth=Purple

Both Youth and Families=Aqua

### **Substance Abuse**

- Adolescent Community Reinforcement Approach (A-CRA)<sup>31,33,39</sup>
- Family Support Network (FSN)<sup>33</sup>
- Motivational Enhancement Therapy/Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions (MET-CBT 5)<sup>31</sup>
- Multidimensional Family Therapy (MDFT)<sup>33</sup>
- Multisystemic Therapy–Substance Abuse<sup>39</sup>
- Phoenix House Academy<sup>33</sup>
- Residential Student Assistance Program (RSAP)<sup>33</sup>
- Project SUCCESS<sup>33</sup>
- Suffolk County (N.Y.) Drug Treatment Court<sup>39</sup>

### **Mental Health**

- Assertiveness training: Group Assertive Training<sup>40</sup>
- Cognitive Behavioral Therapy (CBT)<sup>31,33,40,41</sup>
- Cognitive Behavioral Therapy for Adolescent Depression<sup>33</sup>
- Cultural Adaptation of Cognitive Behavioral Therapy (CBT) for Puerto Rican Youth<sup>33</sup>
- Emergency Room Intervention for Adolescent Females<sup>33</sup>
- HOMEBUILDERS<sup>39</sup>
- Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)<sup>33,40,41</sup>
- Mendota Juvenile Treatment Center Program<sup>33</sup>
- Multidimensional Treatment Foster Care (MTFC)<sup>33,39,40</sup>
- Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric)<sup>33</sup>
- Multisystemic Therapy for Youth With Problem Sexual Behaviors (MST-PSB)<sup>33</sup>
- Parent Management Training (PMT)<sup>41</sup>
- Respite Care<sup>41</sup>



- SITCAP-ART (Trauma Intervention Program for Adjudicated and At-Risk Youth)<sup>33</sup>
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)<sup>33</sup>

### **Both**

- Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) Program<sup>39</sup>
- Brief Strategic Family Therapy (BSFT)<sup>31,41</sup>
- Chestnut Health Systems - Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model<sup>33</sup>
- Dialectical Behavior Therapy<sup>40</sup>
- Family Behavior Therapy<sup>33,40</sup>
- Functional Family Therapy (FFT)<sup>39-41</sup>
- Moral Reconciliation Therapy<sup>33</sup>
- Motivational Enhancement Therapy (MET)<sup>31</sup>
- Multisystemic Therapy (MST)<sup>39-41</sup>
- Multisystemic Therapy (MST) for Juvenile Offenders<sup>33</sup>
- Parenting with Love and Limits (PLL)<sup>33</sup>
- Positive Action<sup>39</sup>
- Seeking Safety<sup>33</sup>
- The Seven Challenges<sup>33</sup>
- Treatment Foster Care (TFC)<sup>41</sup>
- Wrap-around Services and Intensive Case Management<sup>41</sup>

### **Medications that work in conjunction with treatment**

- Please visit the website below for more information psychopharmacology treatments :  
[http://www.nami.org/Template.cfm?Section=child\\_and\\_teen\\_support&template=/ContentManagement/ContentDisplay.cfm&ContentID=47656](http://www.nami.org/Template.cfm?Section=child_and_teen_support&template=/ContentManagement/ContentDisplay.cfm&ContentID=47656)

## **Section D: Glossary**

**Access**-the ability to get array of available treatments, services and supports needed.<sup>27</sup>

**Active Listening**-when the listener provides verbal and non-verbal feedback in the way of questioning, gestures and paraphrasing. listener also uses his/her whole body (eyes, relaxed body, etc.) to listen to the speaker<sup>27</sup>; includes seeking to understand the client before seeking to be understood, being nonjudgmental, giving your undivided attention to the client, and using silence effectively.<sup>30</sup>

**Assessment**- a comprehensive examination and evaluation of a person's needs for psychiatric, developmental disability, or substance abuse treatment services and/or supports according to applicable requirements<sup>27</sup>; a process in which information is



gathered, analyzed, and synthesized to determine strengths and needs of the family, parent, child, and community.<sup>28</sup>

**Barriers-** reasons that might keep a client from attending an assessment appointment or treatment sessions.<sup>6</sup>

**Colocation-** the delivery of multiple services at one location.<sup>24</sup>

**Continuum of Care-** the coordinated delivery, management, and organization of age and diagnosis specific services related to treatment, care, rehabilitation, and health promotion in a manner that allows the consumer to access different levels of care, depending upon treatment needs and medical necessity.<sup>27</sup>

**Co-occurring disorder-** the combination of one or more mental health disorders and one or more substance use disorders.<sup>31</sup>

**Cultural Competence-**a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.<sup>8,19</sup>

**Dual Diagnosis-**a person who has both an alcohol or drug problem and an emotional/psychiatric problem.<sup>43</sup>

**Engagement-** percent of those diagnosed with substance abuse disorders who receive two additional substance abuse services within 30 days of the initiation of care<sup>4</sup>; continuation in treatment.<sup>6</sup>

**Evidence-Based Practices (EBPs)-**research-based treatment approaches, protocols, or models that have been found to have clinical efficacy and effectiveness for individuals with certain behavioral health challenges. EBPs are prevention and treatment practices that are based in theory and have undergone scientific evaluation, in contrast to practices based on tradition, convention, belief, or anecdotal evidence.<sup>27</sup>

**Family Advocates-**paraprofessionals who have special needs children themselves; trained to coach and support families in need of mental health services utilizing the skills and knowledge they have already developed by successfully navigating the mental health service system for their own children.<sup>10</sup>

**Family Engagement-** An approach to involving families in a respectful, collaborative process of identifying family strengths and determining family needs. The family is engaged as a partner in achieving goals and working toward identified outcomes.<sup>28</sup>

**Help-seeking Behavior-**the act of looking for or going in search of a relief or cure to fulfill a need.<sup>44</sup>



**Identification-** percent of enrollees with a substance abuse claim, defined as containing a diagnosis of substance abuse or dependence or a specific substance abuse-related service, on an annual basis.<sup>4</sup>

**Initiation-** percent of those with an inpatient substance abuse admission or with an outpatient claim for substance abuse or dependence and any additional substance abuse services within 14 days following identification.<sup>4</sup>

**Local Management Entity (LME)-**The local agency that plans, develops, implements, and monitors services within a specified geographic area, according to requirements of the Division of MH/DD/SAS; includes developing a full range of services that provide inpatient and outpatient treatment, services, and/or supports for both insured and uninsured individuals.<sup>27</sup>

**Paraprofessional Staff-** parent or family advocates trained to coach and support families in need of mental health services utilizing the skills and knowledge they have already developed by successfully navigating the mental health service system for their own children.<sup>10</sup>

**Positive Regard-** the ability to suspend judgment and accept a person regardless of his or her actions.<sup>26</sup>

**Referral-** the process of establishing a link between a person and another service or support by providing authorized documentation of the person's needs and recommendations for treatment, services, and supports.<sup>27</sup>

**Retention-** keeping clients involved in treatment activities and receiving required services.<sup>6</sup>

**System of Care-** a process of partnering an array of service agencies and families that work together to provide individualized care and supports designed to help children and families achieve safety, stability, and permanency in their home and community.<sup>28</sup>

**Telephone Care Management-**an intervention approach 'that includes outreach to promote treatment engagement (both psychotherapy and pharmacotherapy), monitoring of treatment adherence and outcomes, and a brief workbook-based telephone psychoeducational program for those unwilling to engage in in-person treatment'.<sup>22</sup>

**Treatment-** The administration or application of remedies or therapies to a patient for a disease or injury<sup>31</sup>; the use of a combination of approaches (medications, behavioral changes, and health care for physical and psychological symptoms) during appropriate



periods of time needed to suit each individual's needs and the severity of the problem at different stages of recovery.<sup>38</sup>

**Wraparound-** The flexibility and comprehensiveness of service delivery, as well as the approaches that are intended to help keep children and youth in the community<sup>45</sup>; Services provided in addition to substance abuse treatment, which may include for example, finding and arranging for housing, employment and/or childcare.<sup>6</sup> An arrangement of individualized, coordinated, family-driven care to meet complex needs of children and families who are involved with several child- and family-serving systems (such as mental health, child welfare, juvenile justice, and special education). The children may experience emotional, behavioral, or mental health difficulties and be at risk of placement in institutional settings. Wraparound services aim to emphasize the strengths of the child and family and to deliver coordinated, unconditional services to achieve positive outcomes.<sup>28</sup>

**Youth Advocates-** Adolescents and young adults who have current or prior mental health challenges, for which they have received services through the child-serving system (e.g., mental health, child welfare, juvenile justice) that serve the role of: (1) engaging children and adolescents and their families in identifying service needs and goals; (2) providing support, education on mental health issues, and guidance based on youth advocates' personal experiences; (3) organizing social, recreational and educational activities for children and adolescents; and (4) representing the interests of youth mental health challenges in public forums.<sup>10</sup>

## Section E: Resources

### Helpful Links for Providers:

- ❖ Evidence-Based Practice for Adolescent Substance Abuse :A Primer for Providers and Families  
<http://turninglivesaround.org/Final%20Primer%20April%202014%202010.pdf>
- ❖ National Wraparound Initiative: Wraparound practice model  
<http://www.nwi.pdx.edu/>
- ❖ NIATx: Removing Barriers to Treatment & Recovery: Simple Process Improvement for Human Service Professionals  
<http://www.niatx.net/Home/Home.aspx>
- ❖ Reclaiming Futures: Models the process and services of youth involved in juvenile justice system  
[http://www.reclaimingfutures.org/model\\_how\\_it\\_works](http://www.reclaimingfutures.org/model_how_it_works)



- ❖ Recovery-Oriented Systems of Care: Information on how to support individuals seeking to overcome substance use problems and disorders across their lifespan  
[http://pfr.samhsa.gov/docs/Guiding\\_Principles\\_Whitepaper.pdf](http://pfr.samhsa.gov/docs/Guiding_Principles_Whitepaper.pdf)
- ❖ Reentry Policy Council: Recommendations to address recidivism rates  
<http://reentrypolicy.org/Report/PartIII>
- ❖ Systems of Care: Partnering with families and communities to address the multiple needs of children and families involved in child welfare and other service systems  
<http://www.childwelfare.gov/management/reform/soc/>
- ❖ Various Mental Health Treatment Supports and Services  
[http://www.nami.org/template.cfm?section=About\\_Treatments\\_and\\_Supports](http://www.nami.org/template.cfm?section=About_Treatments_and_Supports)

### Helpful Resources for Youth and Families

- ❖ Piedmont Authority for Regional Transportation (PART)  
<http://www.partnc.org/index.htm>
- ❖ Greensboro Transit Authority (GTA)  
<http://www.greensboro-nc.gov/index.aspx?page=2180>
- ❖ Winston-Salem Transit Authority (WSTA)  
<http://www.wstransit.com/>
- ❖ High Point Transit System (HiTran)  
<http://www.highpointnc.gov/hi-tran/>
- ❖ Yadkin Valley Public Transportation  
<http://www.rideyvpt.com/home0.aspx>
- ❖ Alamance County Transportation Authority (ACTA)  
<http://www.acta-nc.com/>
- ❖ Triangle Transit  
<http://www.triangletransit.org/>
- ❖ Charlotte Area Transit System (CATS)





<http://charmeck.org/city/charlotte/cats/Pages/default.aspx>

- ❖ Positive Direction for Youth & Families, Inc.  
<http://www.pdyfinc.com/index.php?pageid=home>
- ❖ Greensboro Urban Ministry  
<http://www.greensborourbanministry.org/>
- ❖ North Carolina Association of Free Clinics  
<http://www.ncfreeclinics.org/Clinics.aspx>
- ❖ Free and Reduced Cost Healthcare Services  
<http://www.nchealthcarehelp.org/>
- ❖ North Carolina Database of Community Resources  
[http://nc211.bowmansystems.com/index.php?option=com\\_cpx](http://nc211.bowmansystems.com/index.php?option=com_cpx)
- ❖ National Mental Health Facility Locator  
<http://store.samhsa.gov/mhlocator>
- ❖ National Substance Abuse Treatment Facility Locator  
<http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx>
- ❖ National Therapist Directory  
<http://therapists.psychologytoday.com/nmha/>
- ❖ Various Treatment Resources  
[http://www.mentalhealthamerica.net/go/find\\_therapy](http://www.mentalhealthamerica.net/go/find_therapy)
- ❖ Child and Adolescent Psychiatrist Finder  
[http://www.aacap.org/cs/root/child\\_and\\_adolescent\\_psychiatrist\\_finder/child\\_and\\_adolescent\\_psychiatrist\\_finder](http://www.aacap.org/cs/root/child_and_adolescent_psychiatrist_finder/child_and_adolescent_psychiatrist_finder)
- ❖ American Association of Children's Residential Centers (AACRC)  
<http://www.aacrc-dc.org/members>
- ❖ If seeking an African American Physician:  
[http://nmanet.org/index.php?option=com\\_wrapper&view=wrapper&Itemid=48](http://nmanet.org/index.php?option=com_wrapper&view=wrapper&Itemid=48)
- ❖ Professional Resource Locator  
<http://www.thebalancedmind.org/connect/find>

