Substance Abuse/Mental Health Issues and Juvenile Justice Involved Youth

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. Within the same study, almost 2/3 of youth who are adjudicated had some type of behavioral health disorder with almost 1/2 having been diagnosed with a substance abuse disorder. Based on this type of research, there has been a focus at the federal level to increase collaborative efforts of the behavioral health and juvenile justice systems to more effectively meet the needs of youth and families involved in both systems. In March, 2011, the U.S. Attorney General stated that addressing the needs of juvenile justice involved youth will require "an approach that combines evidence-based research and comprehensive community partnerships."

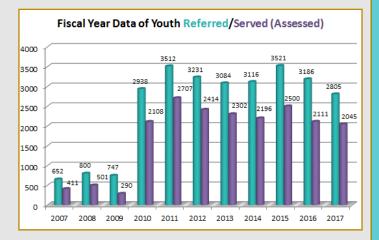
What is JJSAMHP?

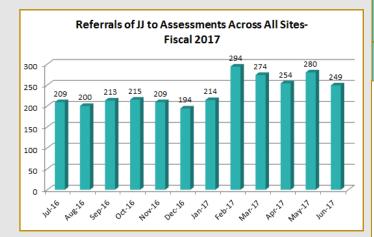
The **Juvenile Justice Substance Abuse Mental Health Partnerships** (JJSAMHP) are local teams across North Carolina working together to deliver effective, family-centered services and supports for juvenile justice-involved youth with substance abuse and/or mental health challenges. The partnerships require an organized, person-centered system that operates under System of Care Principles and include the Local Management Entity/Managed Care Organization (LME/MCO), the local Department of Public Safety, and Service Providers.

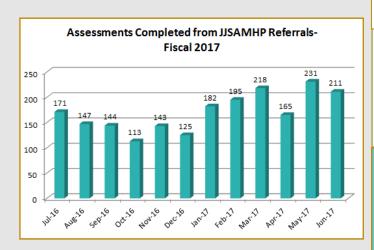
Although local teams define service provision in their area, there are five domains that are expected to have some uniformity to ensure that youth engage in services based on best practices. These five domains are:



JJSAMHP FY 2016-2017 Facts & Figures







Evidence Based Practices Within the Partnerships

The U.S. Substance Abuse and Mental Health Services Administration defines **evidence-based** as "approaches to prevention or treatment that are based in theory and have undergone scientific evaluation." Below are some of the evidence based practices used by JJSAMHP teams:

- Dialectical Behavior Therapy
- Seven Challenges
- Global Appraisal of Individual Needs (GAIN)
- Trauma-Focused Cognitive Behavioral Therapy
- Multisystemic Therapy (MST)
- Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET/CBT)
- Strengthening Families
- Adolescent Community Reinforcement Approach (A-CRA)
- Structural Family Therapy

JJSAMH Partnerships Across NC

Juvenile Justice Substance Abuse Mental Health Partnerships Across North Carolina



In 2016-2017, there were 7 Local Management Entities (LME)/Managed Care Organizations (MCO) administering JJSAMHP in 92 counties :

Alliance Behavioral Healthcare ◊ Cardinal Innovations Healthcare Solutions ◊

◊ Eastpointe ◊ Partners Behavioral Health Management ◊ Sandhills Center

◊ Trillium Health Resources◊ Vaya Health

References

¹ Wasserman G, McReynolds L, Schwalbe C, Keating J, Jones S. Psychiatric disorder, comorbidity, and suicidal behavior in juvenile justice youth. *Criminal Justice and Behavior* [serial online]. December 2010;37(12):1361-1376. Available from: PsycINFO, Ipswich, MA. Accessed March 25, 2011.

²Shufelt, J. L., Cocozza, J. J., & Skowyra, K. R. (2010). Successfully Collaborating With the Juvenile Justice System: Benefits, Challenges, and Key Strategies. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.