JJSAMHP Overview for LME/MCO Liaisons

History of Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP)

- Solicitation to Local Teams in April, 2009
- Applications from each Team
  - LME (former name) Oversight
  - Had to involve JJ leadership
  - Had to have a Local Provider Network
- Key that JJ leaders are involved in planning and implementation (some teams had planning with just Provider/LME in past and JJ was "customer" as opposed to full Partner)

JJSAMHP History

- Completion of Substance Abuse and Mental Health Comprehensive Assessments
  - Team can use any valid, reliable, comprehensive assessment that has been evaluated upon advisement with DMH liaison
  - Why was GAIN chosen originally?
    - State level (DMHDDSAS) SAMHSA grant given to NC and study by Shelton and others at UNCG
    - GAIN found to be most comprehensive for youths referred for substance use, mental health & co-occurring disorders
    - Most consistent with CCA; crosswalked to CCA domains
    - Can readily generate reports that include ASAM criteria and most MH areas
- Use of Child and Family Team process
- Incorporation of Juvenile Crime Prevention Councils programming into the service array

JJSAMHP History: System of Care

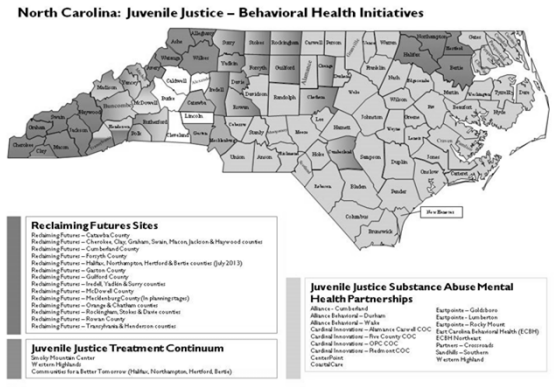
- Family Driven & Youth Guided
- Child & Family Team Based
- Natural Supports
- Collaboration
- Community Based
- Culturally & Linguistically Competent
- Individualized
- Strengths Based
- Persistence
- Outcome Based & Data Driven

JJSAMHP History: Reclaiming Futures influence

- Improved Treatment for Alcohol and Drug Use
- A System of Care that coordinates social services
- Community Involvement & new Opportunities for teens
- Similar focus:
  - **More Treatment**
  - **Better Treatment**
  - **Beyond Treatment**

JJSAMHP History: Other Considerations

- Use of Medicaid, Health Choice, Child MH, Child SA funds to address needs
- Methods/practices to engage youth and families
- Accessible services
- Choice in service locations
- Relationships amongst providers
- Decision making process for out of home placement
- Staff training in EBP's/EBT's–funding has been used in the past to train on evidence based SA treatment and resources, assertive engagement, contingency management, MST (in one area where there was no EBT), trauma and victimization–all approval sought from state level

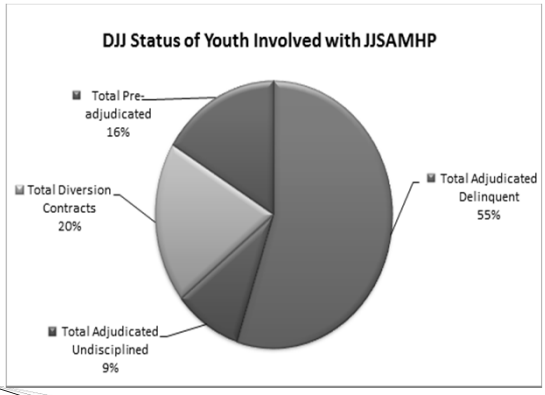


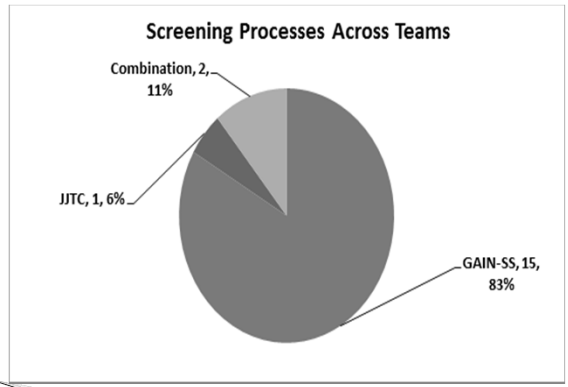
Local Involvement: Associated LME/MCOs* for JJSAMHP

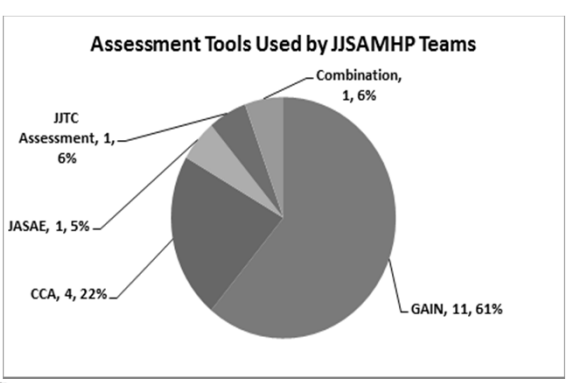
Alliance Behavioral Healthcare (3 teams)	Cardinal Innovations Healthcare Solutions (4 teams)	CenterPoint Human Services
CoastalCare	East Carolina Behavioral Health (2 teams)	Eastpointe (3 teams)
Partners Behavioral Health Management	Sandhills Center (2 teams)	Smoky Mountain (former Western Highlands)

JJSAMHP Service Domains

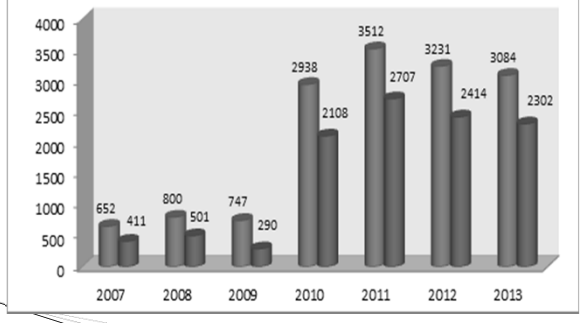
JJSAMHP	· JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIP DOMAINS
Screening /Referral	· Screening from Juvenile Justice and Referral to Identified Provider(s)
Assessment	· Usage of a Valid, Reliable and Comprehensive Assessment for MH, SA and Co-Occurring Disorders
Engage-ment	· Utilization of System of Care Principles to Engage Families and Assist in Completion of Treatment
Evidence Based Treatments	· Usage of Evidence Based Treatments to Address Substance Abuse and/or Mental Health Issues
JCPC	· Involvement of Juvenile Crime Prevention Councils in programming including developing Recovery Oriented Systems of Care



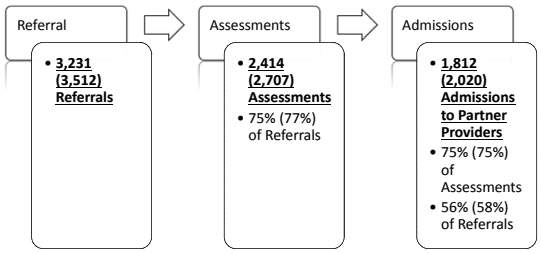




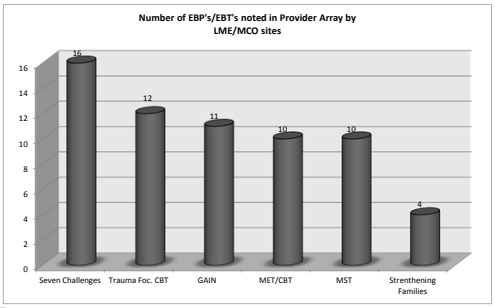
Fiscal Year Data of JJSAMHP Youth Referred/Served



Overall Process Numbers for JJSAMHP for 2012-2013 (parenthesis are previous FY)



Service Domain: Evidence Based Practices/Treatments Utilized within JJSAMHP Sites-2012-2013



JJSAMHP and LME/MCO Involvement

NC–TOPPS Adolescent Consumer Initial Data July, 2012– December, 2012		
Selected Service Definitions	Percentage of those who Initiated Services Who Are Identified as Juvenile Justice Involved	Percentage of those who Initiated Services Who are Not Identified as Juvenile Justice Involved
Individual Therapy	65%	35%
Family Therapy	76%	24%
Group Therapy	63%	37%
Multisystemic Therapy	70%	30%
Level II Residential	62%	38%
Residential Treatment–Level III	49%	51%
Residential Psychiatric	42%	58%

Partnerships and the Roles of Technical Assistance and Stakeholders

- Partnerships (Stakeholders)–Focus on JJSAMHP is on local cross-systems change and not programs:
  - Does not supplant the role of the local system in crisis or urgent situations
  - Process Improvement Focus
  - Recognition that systems change takes approximately 2–5 years of work and requires commitment from the local team
  - Works to avoid the wrong perception of focus: "Referred to JJSAMHP" or "Designated Reclaiming Futures provider"
- Technical Assistance is provided to help local team in cross-systems change
  - The local team recognizes the needs/issues and does the "heavy lifting"

Technical Assistance: Effectiveness in one study of state teams

- Better results when team has a plan:
  - Consistently refers to the plan in working together
  - Consistently uses the plan in all processes
  - Consistently updates plan based on data and process improvement
- Teams who identify their own challenges and then seek out technical assistance for the challenges are more effective
  - When have a problem in an area and ask the TA to help in resolving the problem through research, linkage, etc.

Blase (2009): Technical Assistance to Promote Service and System Change

JJSAMHP LME/MCO Liaisons: Overall Monitor of Processes

- Does not mean everything is reliant on LME/MCO Liaison–JJSAMHP should be a partnership–all team members should be active in process
- Liaison **monitors** key domains and involves others (LME/MCO, TA, state partners) when needed
  - Screening and referral
  - Assessment
  - Engagement
  - Evidence Based Treatment Usage
  - JCPC Involvement
- Effective JJSAMHP processes actually make the work of the liaison easier over time

JJSAMHP LME/MCO Liaisons: Screening and Referral Process

- Monitor and advocate for an effective process for screening at JJ offices to referral to Provider(s)–written processes are more effective
- Monitor access issues and discuss (time, co-location, etc.) and use principles such as NIAtx
- Work with provider(s) and JJ to ensure that all direct care staff understand processes
- Ensure that there is a communication process back and forth between provider and JJ (consents, reports, etc.)

Roles of LME/MCO Liaisons: Assessment and Engagement

- Assist team in monitoring System of Care principles and training for all partners
- Assist team in monitoring engagement (4 appointments within 45 days) and problem solve using principles such as outlined by NIAtx
- Assist team members in all being involved in engagement processes (e.g. provider changing hours, JJ helping with "no shows")
- Remind team of working on ways to include family and youth voice in planning and implementation
- Work with LME/MCO staff on barriers (such as timely funding, assisting with providers who have significant challenges, providing utilization data, etc.)

JJSAMHP LME/MCO Liaisons Evidence Based Treatment/Practices Usage

- Advocate for use and identify appropriate EBTs in the area
- Provide for discussion of resources to build capacity for EBPs/EBTs in the local area
- Assist in access for EBT training provided within MCO for provider(s) and Evidence Based Practices (such as Motivational Interviewing) for JJ partners
- Work with MCO staff on gaps in EBT access for JJ youth and their families

JJSAMHP LME/MCO Liaisons: Juvenile Crime Prevention Council Involvement and "Beyond Treatment"

- Discuss involvement of JCPC team members in JJSAMHP
- Provide for discussion of service array issues across continuum
- Provide for discussion on "beyond treatment" activities and JCPC priorities

What are Ways in which JJSAMHP Teams Can Monitor their Progress?

- Monthly Report: Monthly report that is supplied to state and regional partners and local sites
- NC-TOPPS: Individual data analyses on JJ youth can be provided to local teams upon request in District, County, LME/MCO levels available from 2010 to present
- Reclaiming Futures spreadsheet- developed by RF State Office allows teams to track monitoring level
- Provider or LME/MCO data-Use of Focus Groups, Consumer Surveys, Call Center aggregate information, UM aggregate information

NC Lessons Learned-Effective Teams:

- Local stakeholders are creative in trying to address system challenges on behalf of youth, families, providers, administrators, and funders
  - All team members working together including frontline
- Willing to engage in Process Improvement (using data and making changes)
- Willing to work together to resolve cross-system challenges
- Have written processes and Memorandums of Agreement that are followed and updated when needed

JJSAMHP: Focus on Fire Prevention vs. Fire Fighting*

- **What:** Crisis situations "fires"
- **Who:** Anyone in the system who can address the immediate challenge
- **How:** Doing whatever can to problem solve youth getting into services immediately
- **Where:** Linking to actual programs and system (LME/MCO Access/Mobile Crisis, Treatment Agencies, JCPC crisis programs, Emergency CFT and Care Review meetings)
- **When:** Immediate and Urgent

Fire Fighting

- **What:** Taking information from numerous "fires" seeing what needs to happen at a cross-systems level to improve services
- **Who:** Cross system planning team members and partners
- **How:** Use plans, data, processes, procedures, and stakeholder feedback to change systems
- **Where:** System level linkages to effective services through process improvement
- **When:** Longer term-systems change takes time

Fire Prevention

*Thanks to D. McCain for analogy on Fire Fighting/Prevention

Main Functions of JJSAMHP teams

- *There are two essential functions that JJSAMHP teams appear to do:*
  - *Information sharing-exchange of information between people, organizations, and systems*
  - *Collaboration- act of people, organizations and systems working together to produce an outcome*

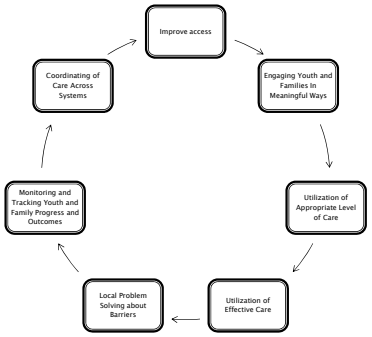
JJSAMHP - FY 2014-2015

- Use Reclaiming Futures theme "More Treatment, Better Treatment, Beyond Treatment"
- Asking local teams to review key areas
  - How are they doing now
  - How would they like to improve with concrete examples
  - LME/MCO support of the local team process is key to success and is a collaborative endeavor
- More Treatment
  - Valid and Reliable Screening Tool
  - Valid, Reliable, Comprehensive Assessment Tool
  - Child and Family Team/System of Care adherence

JJSAMHP - FY 2014-2015

- Better Treatment
  - Care Review Processes clearly outlined and accessible
  - Evidence Based Treatments for youth and families
  - Family and Youth Driven service delivery
  - Regular planning around youth and families guided by best practices (see NIAtx example)
  - System of Care driven service provision
- Beyond Treatment
  - Broader physical healthcare system integration
  - Recovery Oriented Systems of Care including prosocial activities and natural supports
- Encourage innovations in each area-must have LME/MCO support in these innovations-examples include:
  - Working with Family Partners
  - Providing for incentives or Contingency Management
  - Using Assertive Engagement Practices or similar practices

Ways in Which JJSAMHP Teams Can Support the Work of the LME/MCO



Ways in Which the LME/MCO can Support the Work of JJSAMHP Teams

- Assist teams in problem solving and overcoming barriers
- Have leadership at table or open up opportunities for leadership discussion at key points
- Help teams access data (through Consumer Surveys, UM data, etc.)
- Advocate for Best Practices or Evidence Based Practices
  - Assessment
  - Treatment
  - System of Care
- Open up opportunities for teams through RFP/RFA to improve processes
- As these are locally driven, there may be many more examples

Thanks for Supporting Your local JJSAMHP teams!

- Please feel free to reach out to us with questions/concerns
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