A New Behavioral Health Services Cascade Framework for Measuring Unmet Addiction Health Services Needs and Adolescent Offenders: Conceptual and Measurement Challenges

Steven Belenko, Temple University
Tisha Wiley, National Institute on Drug Abuse
Danica Knight. Texas Christian University

Michael Dennis, Chestnut Health Systems Gail Wasserman, Columbia University Faye Taxman, George Mason University

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## Barriers to Behavioral Health Treatment in the Juvenile Justice System

- Providing services related to substance use and abuse not part of the core mission of juvenile justice agencies
- Linkages between JJS and behavioral health system can be problematic for a variety of reasons:
  - Lack of shared mission
  - Information sharing is limited
  - Lack of cross-knowledge



### Background and Rationale

- Most youths in the juvenile justice system are under community supervision
- High prevalence of substance use and co-occurring mental health disorders, or high risk of such behavioral health problems
- Providing services related to substance use and abuse not part of the core mission of juvenile justice agencies
- Linkages between JJS and behavioral health system can be problematic
  - Lack of shared mission
  - Information sharing is limited
  - Lack of cross-knowledge

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## Behavioral Health Services for JJ-Involved Youths in An Ideal World

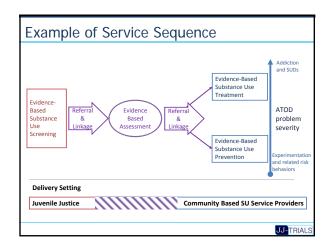
- Services are provided in a logical sequence
- Need for services identified by an initial screening, followed by clinical assessment if appropriate and needed
- For youth in need of services, creation of treatment plan and referral to appropriate care
- Youth referred to services initiate services in a timely manner
- Retention in treatment for sufficient time to achieve improvements in behavioral health problems

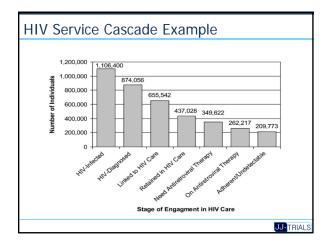
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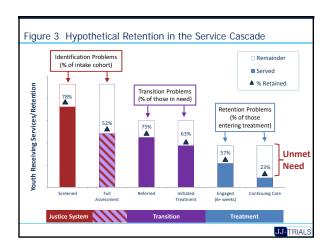
### Behavioral Health Services for JJ-Involved Youths

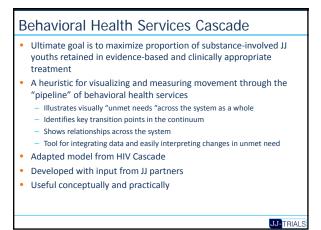
- · Should be provided along a logical sequence
- Identification of the service need through screening, followed by clinical assessment
- Creation of treatment plan and referral to appropriate care
- Initial engagement in treatment
- Retention in treatment for sufficient time to achieve improvements in behavioral health problems

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# Behavioral Health Services Cascade A heuristic for visualizing and measuring movement through the "pipeline" of behavioral health services — identify key transition points, staff/agency involved in process, if data needed to measure successful transition to next stage. Adapted model from HIV Cascade, used extensively in recent years as framework to track — proportion of persons tested for HIV — inited to HIV health services if infected — treated with antietrovial medications when clinically appropriate — adhering to medications protocol — achieving an undetextable viral load (ultimate goal for maximum public health benefit) This model helps visualize how services may drop off as youths move through system of care, and provides easily interpretable visual tool for researchers and practitioners to illustrate level of unmet needs in the target population that can undermine public health Helps policy makers, agency administrators, and staff understand sequential stages of the continuum of care where unmet needs occur, and identify stages/linkage points that may need improvements Ultimate goal is to maximize proportion of substance-involved JJ youths retained in evidence-based and clinically appropriate treatment

# How We Are Using the BH Services Cascade in JJ-TRIALS • Monitor and evaluate primary outcome for the JJTRIALS protocol: unmet substance abuse service needs among young offenders under community supervision • Incorporated into site needs assessments and site feedback reports presented to JJ agencies. • During implementation, will be used as tool to help sites select and monitor strategic goals to address gaps in behavioral health services in their systems

# Conceptual Challenges with use of the BH Services Cascade

- Multisite study means different processes used to deliver services
- Involvement of multiple agencies and systems
- Process may not be linear
- Decision processes not always linked clearly or consistently to different stages of the Cascade

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# Measurement Challenges with use of the BH Services Cascade

- Defining outcomes, collecting appropriate and consistent data across sites, and creating measures of service quality across the Cascade
- Data availability varies across sites
  - More data for earlier points in the Cascade
- Availability of retention data at the "back end" particularly problematic
- Developing measures of services quality is a challenge
  - E.g., referral to an evidence-based program
  - Time between Cascade events

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