



## Behavioral Health Needs of At-Risk and Juvenile Justice-Involved Youths

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The Utah Division of Substance Abuse and Mental Health estimates that 11,804 youths (ages 11-18) need substance use disorder treatment and 98,738 children and youth need mental health treatment. Almost 1 in 5 young people have one or more mental, emotional or behavioral disorders that cause some level of impairment within a given year; however, fewer than 20% receive mental health services. Improving services for children and adolescents will result in healthier individuals, families and communities.<sup>1</sup>

1. Thomas, D. (2015). *Division of Substance Abuse and Mental Health Annual Report*. State of Utah, Utah Department of Human Services SLC.

### Extent of the need for Utah students in grades 6, 8, 10 and 12<sup>2</sup>

- Students who indicated as at-risk for rebelliousness, early initiation of anti-social behaviors (ASB), and attitudes favorable to ASB
  - 35.8% need mental health treatment
  - 8.4% need alcohol treatment
  - 16.1% need drug treatment
- Students who indicated lifetime gang involvement
  - 37.0% need mental health treatment
  - 10.4% need alcohol treatment
  - 23.0% need drug treatment
- Students who indicated in the past-year they attacked someone to harm the person
  - 34.4% need mental health treatment
  - 14.7% need alcohol treatment
  - 28.7% need drug treatment

2. Data are from the 2015 SHARP survey administered to all Utah students with active parent consent. The survey includes a validated instrument to determine need for treatment.

### Extent of the need for youths in Youth Services<sup>3</sup>

- 60.2% of youths scored as “critical”

3. Youth Services centers provide crisis counseling and other services to youths and their families to help keep families intact and to divert youths from further involvement with the juvenile justice system. All youths admitted to Youth Services are administered the MAYSI-2, a validated mental health screening tool. The tool contains 52 questions that generate scores in six areas: alcohol/drug use; angry-irritable/depressed-anxious; somatic complaints; suicide ideation; and thought disturbance (boys only). A youth scores as “critical” if the results include one or more “warning” flags; two or more “caution” flags; or a “caution” flag in suicide ideation. Data collected from 8/31/15 to 12/17/16 from 119 youths at Washington County Youth Crisis Center.

### Extent of the need for youths in Detention Centers<sup>4</sup>

- 51.0% of urban youths scored as “critical”
- 45.6% of rural youths scored as “critical”

4. Detention Centers provide short-term confinement for youths awaiting adjudication or placement or serving a sentence ordered by the Juvenile Court. Upon admission to detention, all youths are administered the MAYSI-2. Data collected from 9/2/15 to 3/31/16 from 969 youths at Salt Lake Valley Detention and Cache Valley Youth Center.

### Extent of the need for youths in Juvenile Justice Services Community Placement<sup>5</sup>

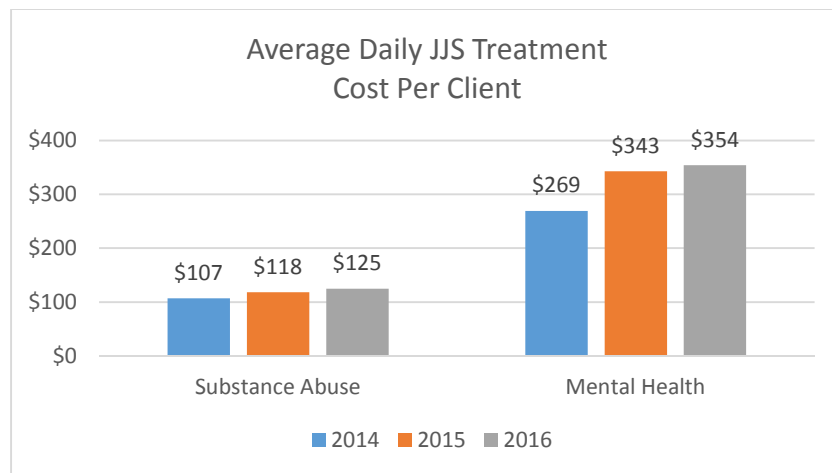
- 45.2% with one or more mental health problems
- 57.3% with an alcohol or drug issue

5. JJS contracts with private providers for specialized out-of-home community placements to provide residential care and treatment for court-ordered youths. Data are from the Protective Risk Assessment, a validated risk and needs assessment instrument administered to youths in JJS custody. Scores collected from 1/1/16 to 3/31/16 from 496 youths.

### Extent of the need for youths in Juvenile Justice Services Long-Term Secure Care<sup>6</sup>

- 47.8% with one or more mental health problems
- 70.9% with an alcohol or drug issue

6. Secure facilities provide long-term confinement for the most serious youth offenders. Data are from the Protective Risk Assessment, a validated risk and needs assessment instrument administered to youths in JJS custody. Scores collected from 1/1/16 to 3/31/16 from 147 youths.



### Division of Substance Abuse and Mental Health<sup>7</sup>

#### Strategies for Improving Services for Children and Adolescents

Children and adolescents are best served in a framework that involves collaboration across agencies, families, and youth, for the purpose of improving services, access and outcomes for children, youth and their families. The core values of the philosophy are:

- Family driven, with families having a primary decision making role and the strengths and needs of the child and family determining the types and mix of services and supports provided
- Youth guided, with the right to be empowered, educated (on the issues), and given a decision-making role in their care
- Community-based, with accessible services available at the community level
- Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve

A system of care approach provides effective, community-based services and supports organized into a coordinated network for children and youth that helps them function better at home, in school, in their community, and throughout life.

### **Family Resource Facilitation**

Family Resource Facilitation is available in 25 of the 29 counties in the state and encourages family driven and youth guided care. Family Resource Facilitators (FRFs) provide peer support and wraparound facilitation to families and youth who have complex needs. Wraparound helps to build a plan that incorporates both formal supports (e.g., mental health/substance abuse treatment, educational assistance, juvenile court engagement, etc.) and informal supports (e.g., family members, youth groups, clergy, etc.) that helps increase family stabilization, increase school involvement and decrease involvement with the legal system.

### **School-based Mental Health Services**

Over 200 schools partner with their local mental health authority to provide community-based health services to children and youth whose mental, emotional or behavioral health symptoms are interfering with their academic success. Parental consent and involvement is integral for all school-based services.

- Youth participating in school-based health services experienced a 14% improvement in grade point average (GPA)
- Children in elementary school experienced a 42% increase in Dynamic Indicators of Basic Early Literacy Skills (DIBELS) scores.
- Children and youth receiving these services also experienced significant reductions symptoms.

### **Juvenile Mobile Crisis Teams**

Juvenile Mobile Crisis Teams (MCTs) are another community-based service that helps children and youth remain in their homes and communities. Juvenile MCTs are available in five counties (Davis, Salt Lake, Utah, Iron and Washington counties) which contain 73% of the state's population. Families may contact the MCTs when their child or adolescent is experiencing a mental, emotional, or behavioral crisis. The two-person team responds in person to a home, school, or other community location. Services include therapeutic intervention and safety planning. Services may also include crisis respite and linking to community resources.

7. Thomas, D. (2015). Division of Substance Abuse and Mental Health Annual Report. State of Utah, Utah Department of Human Services SLC.