Linkage to Community Services

National Academies of Sciences, Engineering & Medicine

Committee on Law and Justice Semi-Annual Meeting

Seminar on Committee on Law and Justice Semi-Annual Meeting

November 11, 2021

Gail A. Wasserman, PhD

Professor of Medical Clinical Psychology, Columbia University

No Disclosures

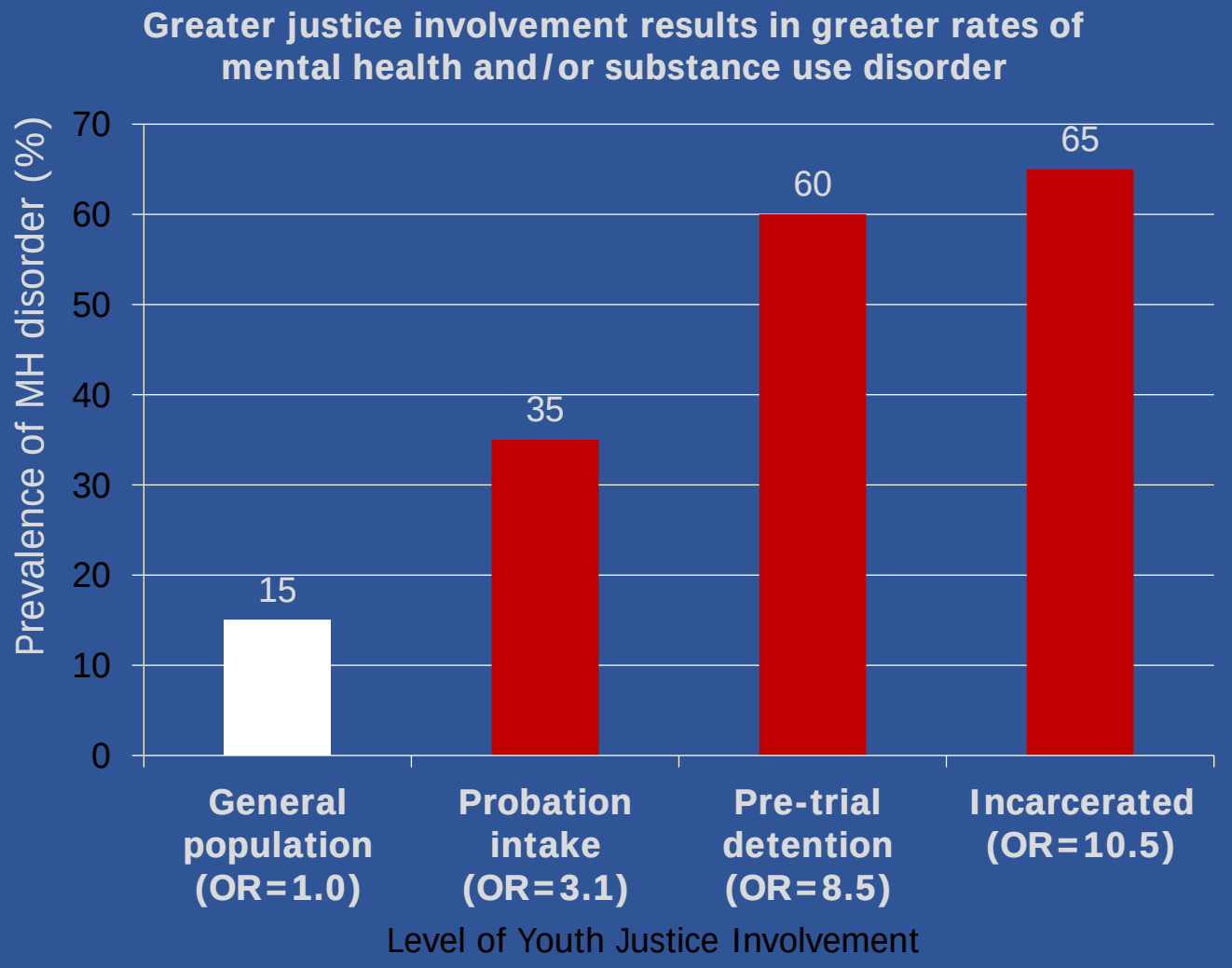
Acknowledgements

- The JJ-TRIALS cooperative agreement **funded at the National Institute on Drug Abuse (NIDA)** (U01DA036226; PI Wasserman**)**
- e-Connect funded **at the National Institute on Mental Health (NIMH):** R01 MH113599 (PI Elkington/Wasserman)

The Overlap of Behavioral Health Problems and Justice Involvement

- Youth in the juvenile justice system have disproportionately higher rates of psychiatric disorders.
  - 25%-67% have a SUD
  - 22%-60% have a MH disorder
  - Over 75% of juvenile arrestees have substance use and addiction involvement
  - 20-58% have an anxiety disorder
  - 15%-30% have a mood disorder
  - 10%-50% report PTSD

- Up to 11-32% report a lifetime suicide attempt compared to 3-9% in the general population



Source: Wasserman et al., 2010; n=10,000, 18 states [3]

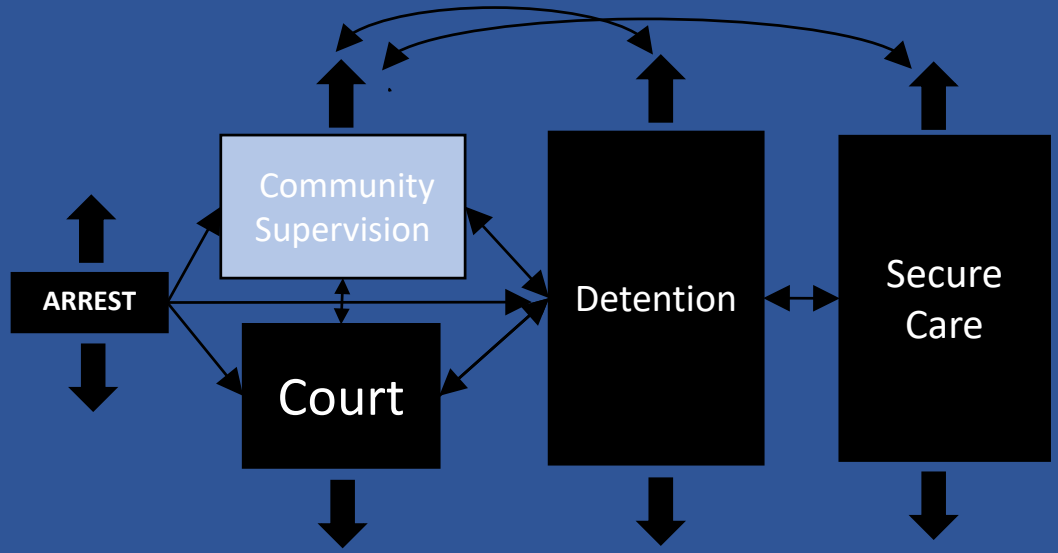
Behavioral Health Disorders among Justice Involved Youth Associated with…..

- Higher rates and increased seriousness of reoffending and violence (Chassin, 2008; Elkington et al., 2015; Hoeve et al., 2013 (a&b), 2014))
- Increased risky sexual behaviors (Teplin et al., 2005; Elkington et al., 2007)
- Reduced academic achievement (Katsiyannis et al 2008)
- Heightened suicide risk (Wasserman et al., 2010)

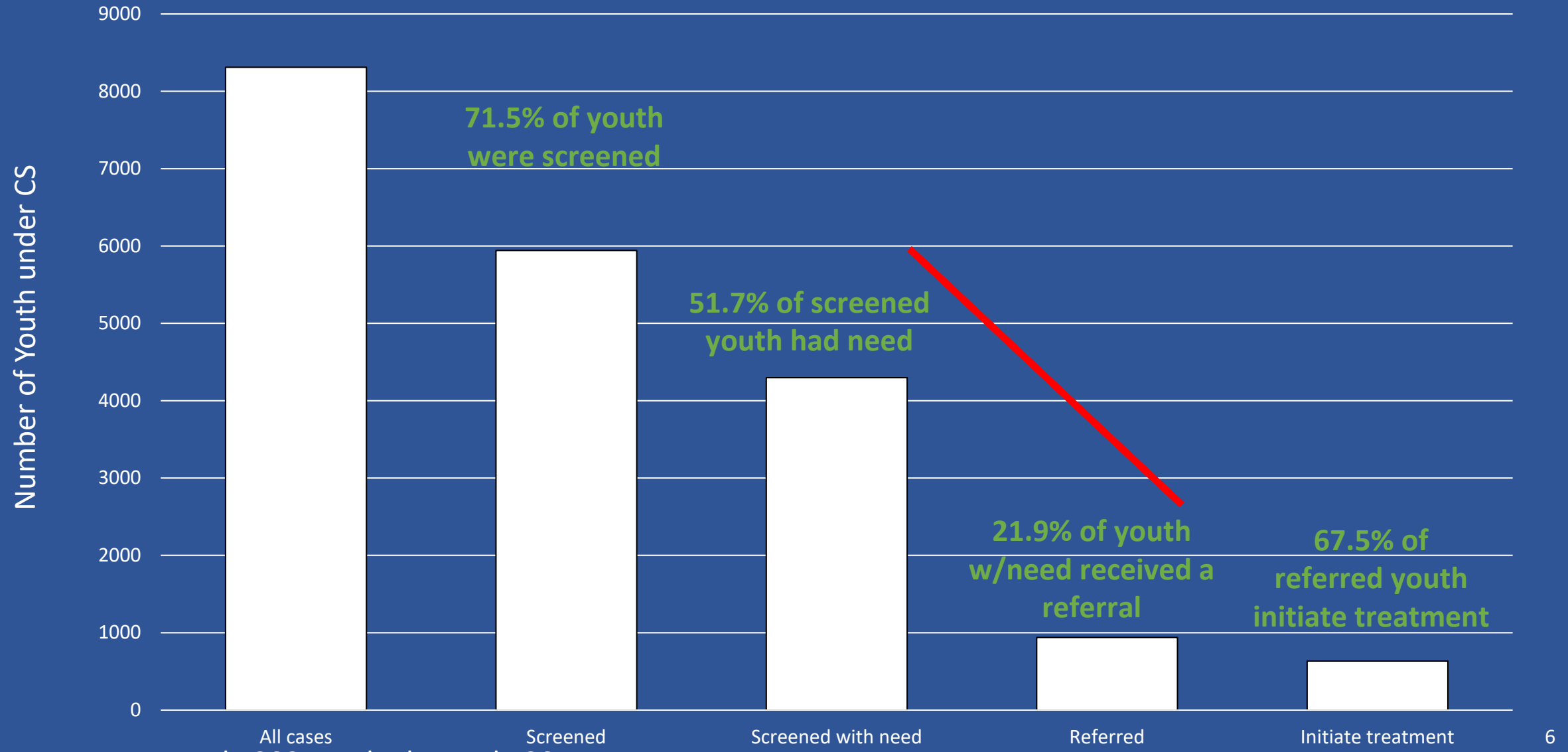
Identifying, linking and treating psychiatric disorders among justice involved youth is critical to improve short- and long-term outcomes

Community Supervision as a critical point of identification and intervention

- Community supervision (CS) settings are potentially ideal opportunities to identify JIY with behavioral health problems and link these youth to care
  - They serve the overwhelming majority of JIY individuals (>260,000 vs. 55,600 in secure)
  - CS is charged with addressing recidivism and promoting rehabilitation and do so via linking youth to services, so consistent with mission



Even after need is identified, youth often get lost between the JJ and BH systems (8307 probationers in 7 states: U01DA036226; PI Wasserman)

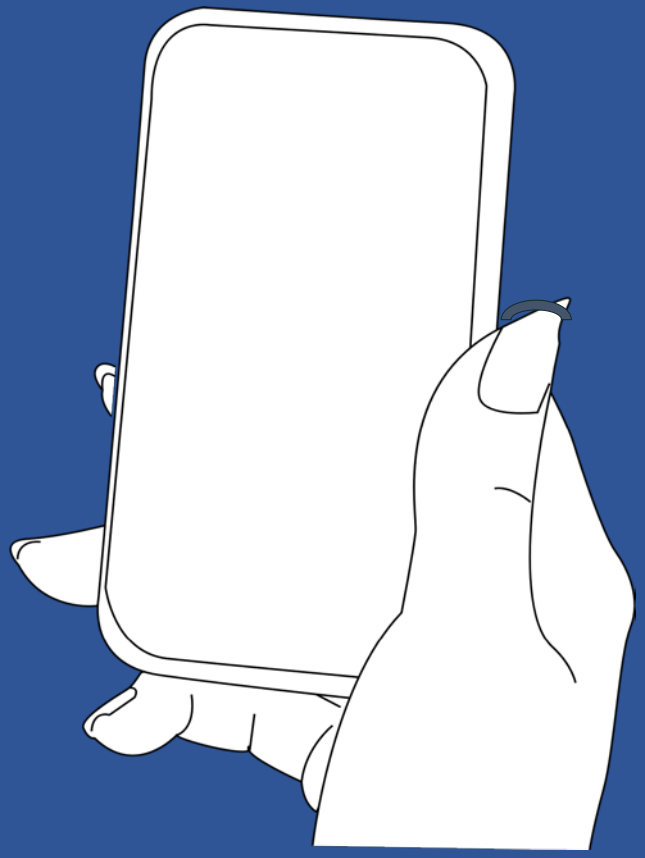


Wasserman, et al., 2021; Belenko et al., 2015

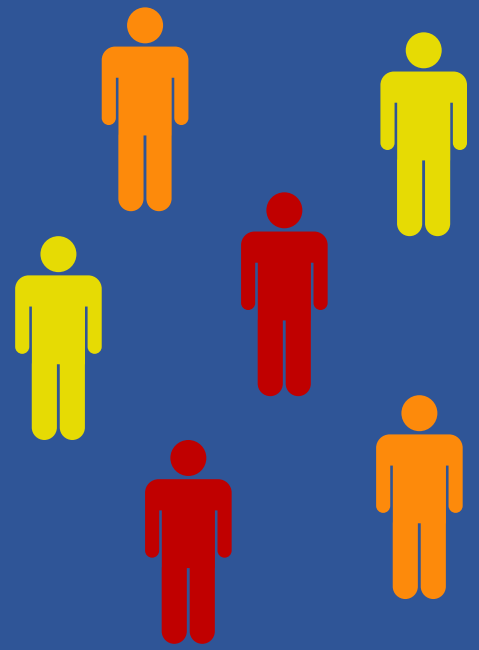
Addressing Missed Opportunities: e-Connect

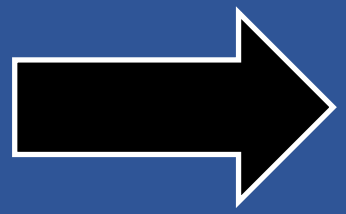
- Drawn from Project Connect – original blueprint (Wasserman et al. 2008, 2009)
  - Paper-pencil approach to linkage; more than doubled access to care; not sustained
- A web-based application installed on tablets that seamlessly combines:
  - Screening for suicidal behavior and related behavioral health problems
  - Classification of clinical need
  - County-specific real-time referral decision making for behavioral health services based on clinical need
  - Minimizes justice provider bias
- Examine improvements in screening and identification of suicidal behavior, referral, and treatment initiation

Step 1: Youth completes a voiced, web-based EB screen (GAIN-SS plus some GAIN-I items)

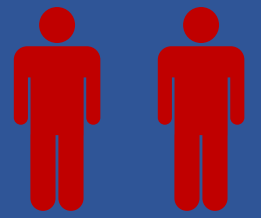


Step 2: After cloud-scoring, system determines suicide risk classification

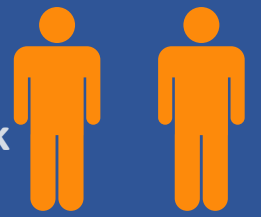




CLASS I
Crisis,
imminent risk
(1%-2%)

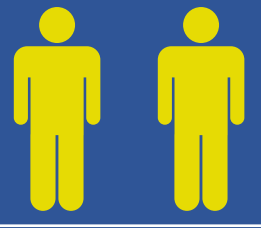


CLASS II
Crisis,
non-imminent risk
(15%-20%)



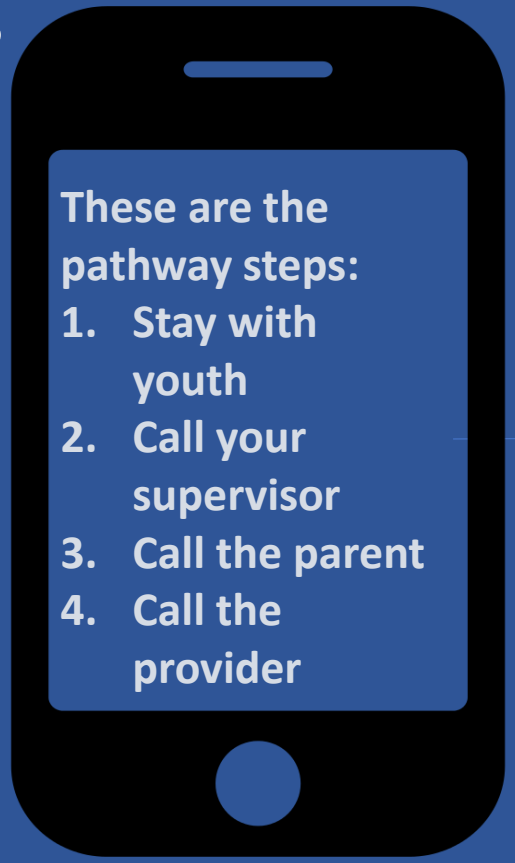
CLASS III

Non-crisis
(30%-35%)



Step 3: Presents County-Specific Referral Pathways

**** Determined during earlier county pathway meetings comprising multiple stakeholders**



e-Connect provides referral actions, called a "**Pathway**"

Step 4 e-Connect helps coordinate with providers

Sharing releases and screening report

CLASS 2

Go to Children's Center

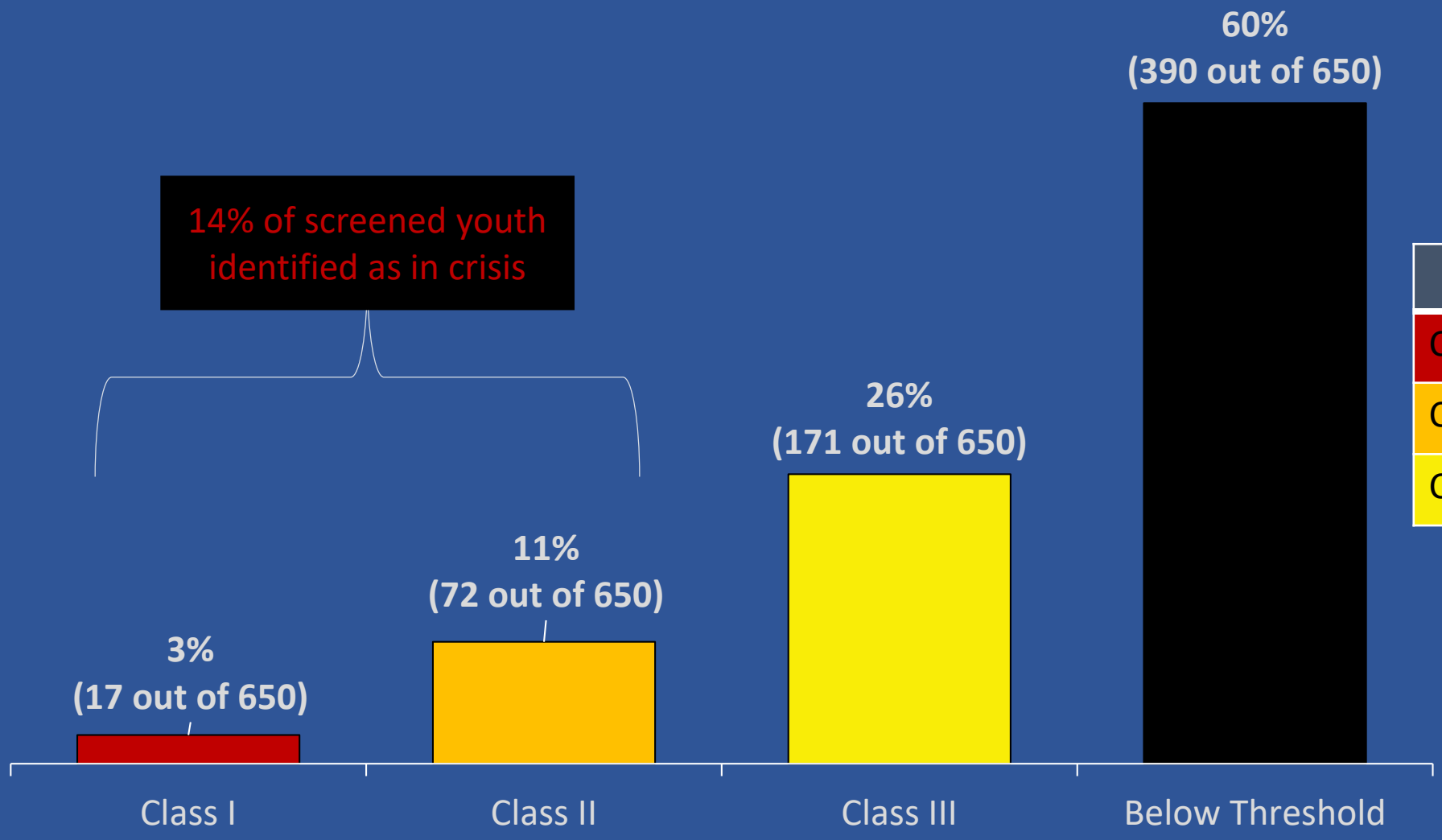
Hospital Medical Center 1

Children's Center 2

Child Therapist 3

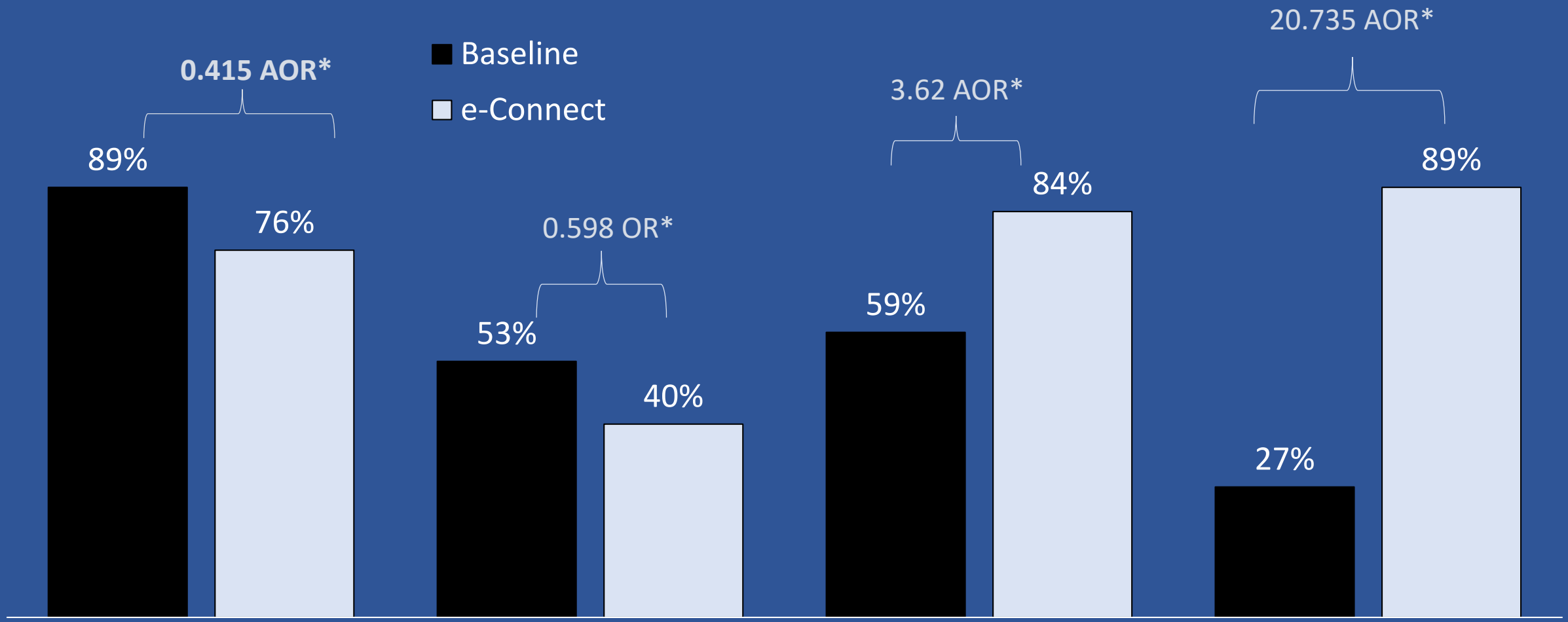
This Photo by Unknown Author is licensed under CC BY-SA

e-Connect Screening Results (n=650)



	Estimated %	Actual %
Class I	1-2	3
Class II	15-20	11
Class III	30-35	26

e-Connect identifies fewer, more targeted youths, increases referral & initiation



Offers a model for use at other transitions

- In each setting, need to attend to parameters that differ
  - Intake to secure care
    - Fewer barriers to service initiation
  - Transitions to aftercare
    - Have better understanding of youth
    - Need to coordinate with geographically wider range of providers

Thank You!