Integration of Prevention in Child Welfare and Juvenile Legal Systems: Considerations, Key Ingredients, and Lessons/Benefits

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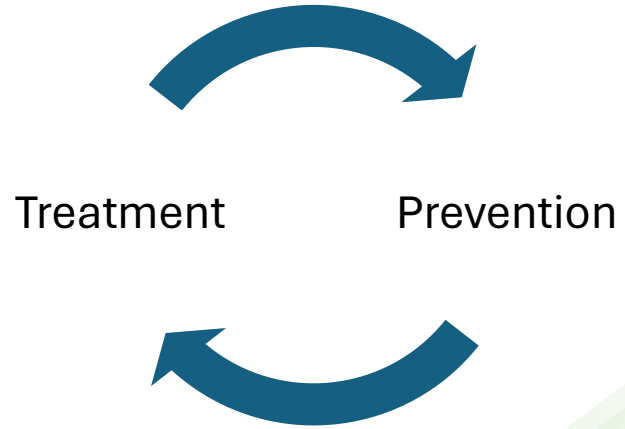
About me

- Adolescent Medicine physician with primary appointment at UW/Seattle Children's
- 15+ years of clinical and research experience working with systems-involved youth
- Clinician and Medical Director of Washington State Department of Children Youth and Families Juvenile Rehabilitation (DCYF JR; post-adjudication youth ages 12-25 years)
- White cisgender woman with no experience with systems-involvement (other than occupational)

Lessons for Creating Prevention Infrastructure in Burdened Systems

- Systems-involved youth do not receive prevention services, and need them desperately
- For burdened systems to incorporate prevention, treatment needs need to be addressed
- Incorporation of prevention nearly always results in more treatment for those who are further down the pathway
- Treatment of one diagnosis is often prevention of another → its all about the spin
- Sufficient time to plan and flexible programming are critical



Systems-involved youth: Definition

- Youth involved in child welfare system
- Youth involved in juvenile legal system
- Youth involved in both systems

The statistics

- 390,000 youth in foster care/day
- 440,000-505,000 youth legally involved/year
- 25,000-35,000 youth incarcerated/year
- All 3 decreasing
- Youth who are left = very high rates of behavioral health issues

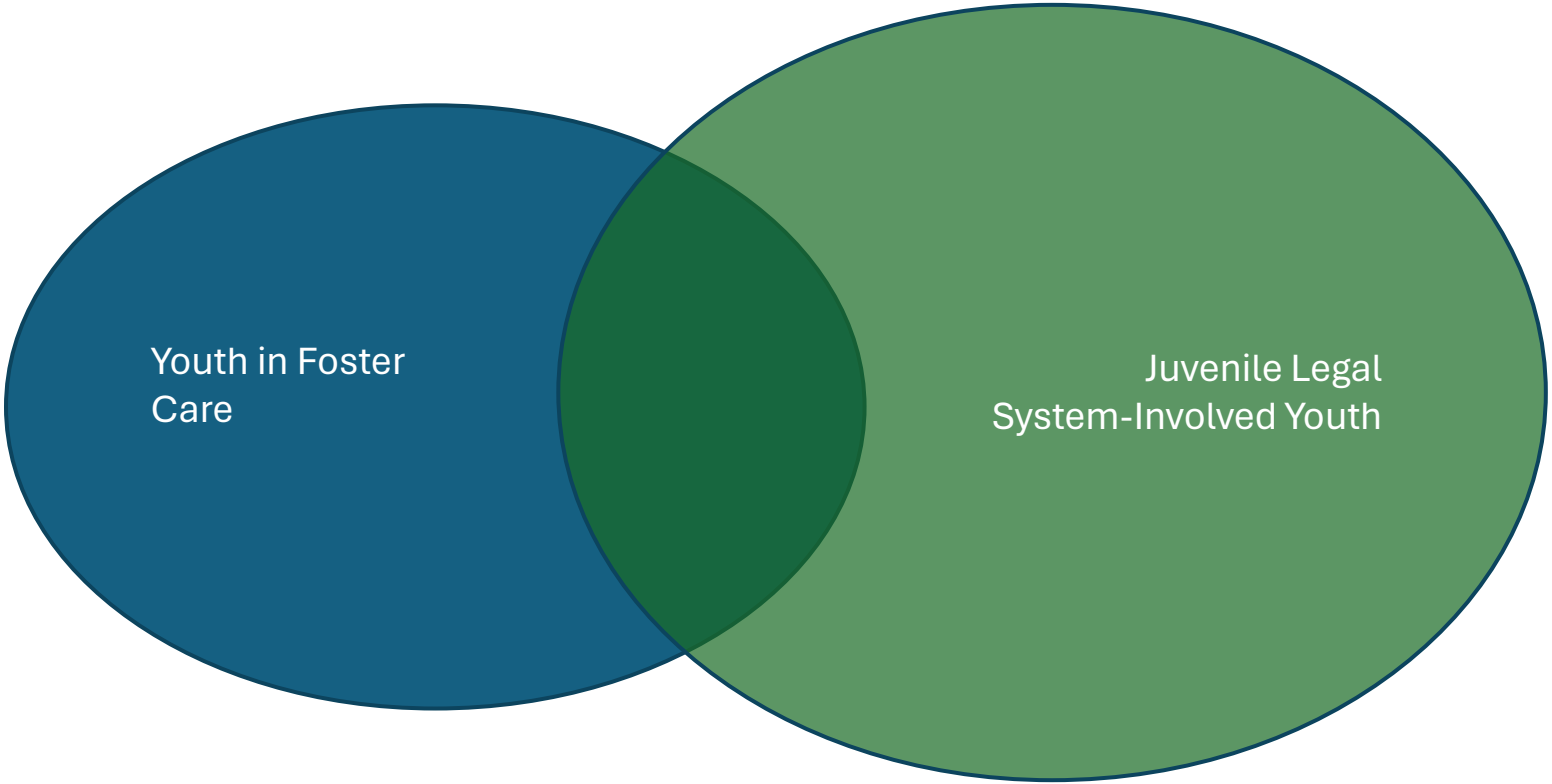
https://www.statista.com/statistics/255404/number-of-children-in-foster-care-in-the-united-states-by-race-ethnicity/#statisticContainer

https://www.ojjdp.gov/ojstatbb/ezacjrp/asp/Age_Race.asp

https://www.ojjdp.gov/ojstatbb/ezajcs/asp/demo.asp

https://datacenter.kidscount.org/data/tables/103-child-population-by-race-and-ethnicity#detailed/1/any/false/2048/68,69,67,12,70,66,71,72/423,424

Incomplete overlap between systems

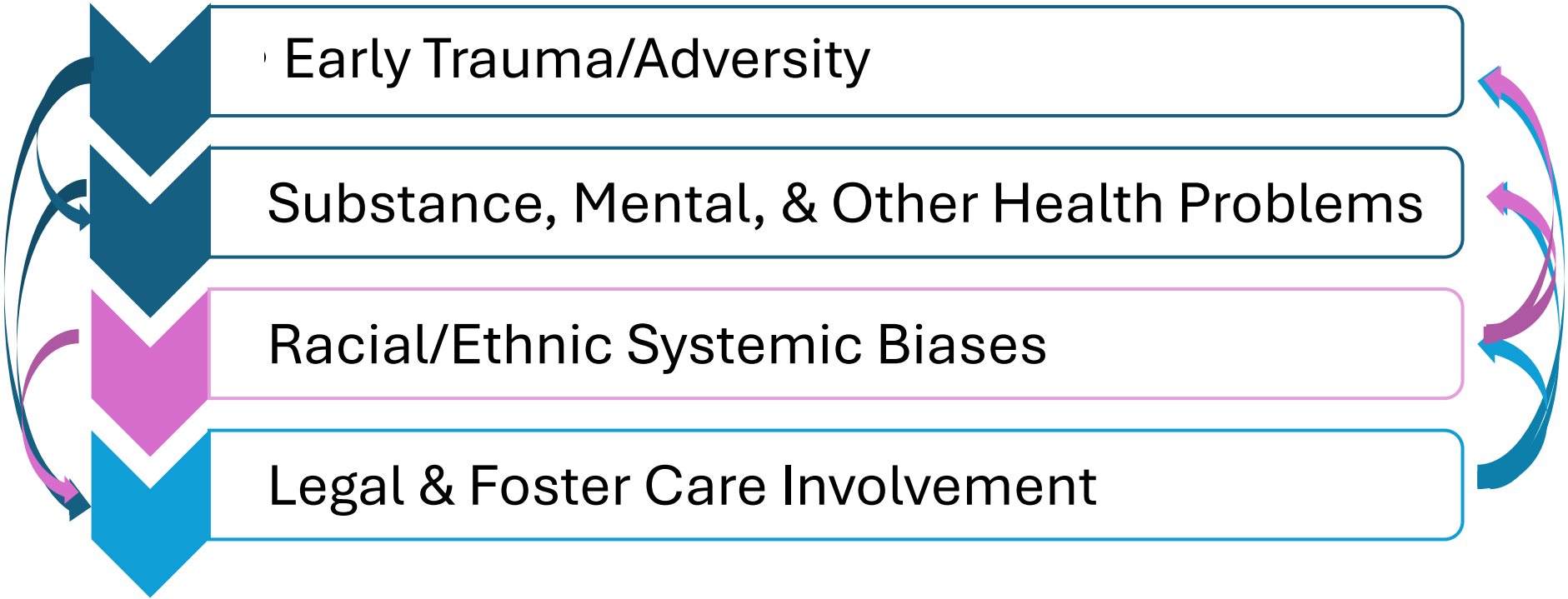


https://www.chapinhall.org/research/midwest-evaluation-of-the-adult-functioning-of-former-foster-youth/
https://www.chapinhall.org/research/calyouth/
https://www.ncjrs.gov/pdffiles1/ojjdp/179007.pdf

Cautions

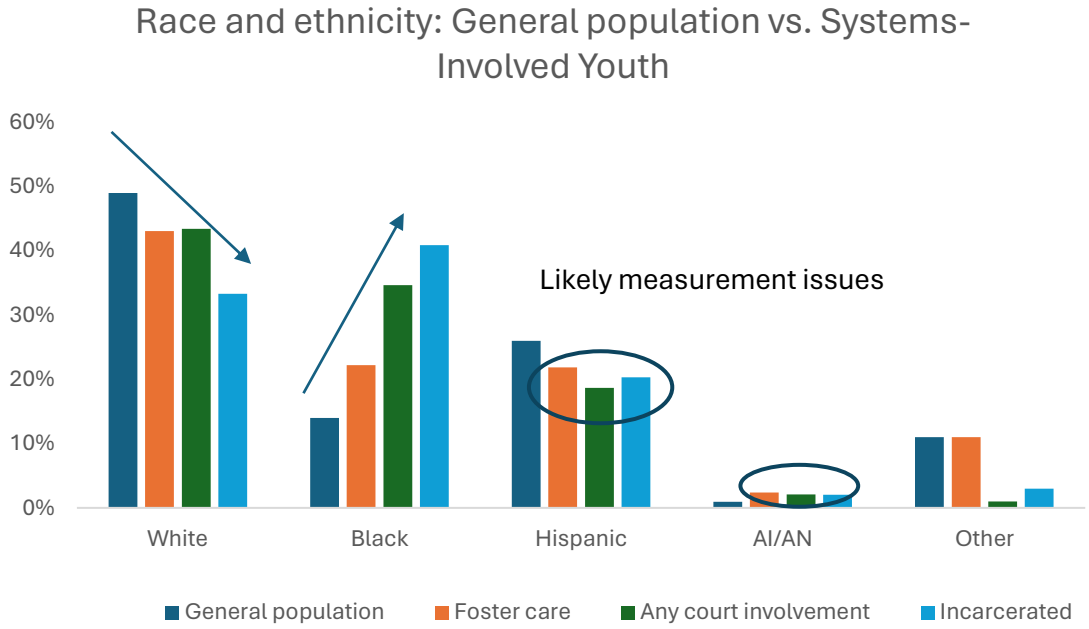
- Important not to view systems-involved youth as accumulations of their risks
- Many factors out of the youths' control (early trauma/other adversities, racial/ethnic structural biases, child welfare/juvenile legal system factors) play a strong role in both systems involvement and health risks
- Youth can and do have healthy outcomes despite involvement in these systems
- Juvenile "justice" is a misnomer → juvenile legal system

Adversity – Systems-Involvement Cycle



Racial and Ethnic Systemic Biases

- Black and Native/Indigenous youth consistently overrepresented in both systems
- Hispanic/Latine/Latinx youth inconsistent trends but very likely undercounted



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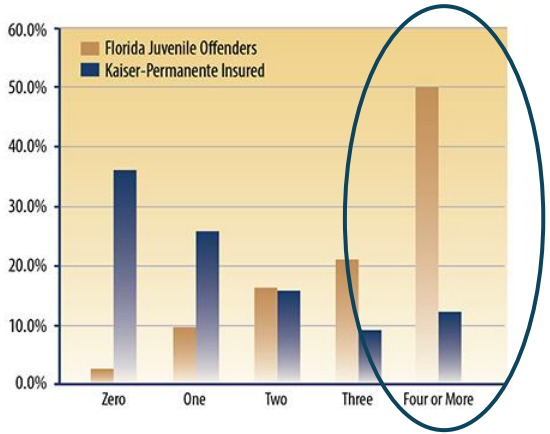
ACES exposures

Half have ≧4 ACES in each group:

Legally-involved youth

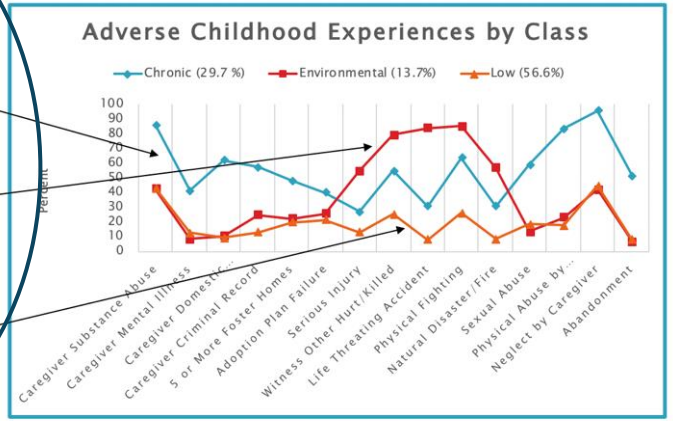


Foster youth

Chronic (8/15 ACES)
- Males ~= Females
- High rates of caregiver substance abuse, neglect

Environmental (6/15 ACES)
- Mostly male
- High rates of violence exposure

Low (3/15 ACES)
- Males ~= Females
- Similar distribution to chronic but lower rates



https://pdfs.semanticscholar.org/9466/b7ff1b7dd08ecb668a5836f89ed03d3638d5.pdf
Ahrens, Garrison, Courtney, 2015

Physical & Sexual health

Juvenile legal system

- 41% with chronic problem
- Earlier sexual debut, more partners/risky partners
- Less contraception
- 20% risk of pregnancy
- 4-10 x odds of STI
- High rates of trading sex/sex trafficking

Foster system

- 40-50% with health problem
- Earlier sexual debut, more partners/risky partners
- Less contraception
- 71% young women/50% young men report pregnancy by age 21 (3-4 x odds)
- 3-14 x odds of STI
- 2-4 x odds of trading sex (15%)

Chernoff et al, 1994; DiGiuseppe, 2013; Simms et al, 2000; 2010; Rubin et al, 2004; Tarren-Sweeney, 2006; Ahrens et al, 2014; Ahrens et al, 2010, Ahrens et al, 2012; Carpenter 2001, Crocker 2002, Courtney 2005, 2007, 2009, Polit 1989; Gergelis et al, 2016; Rizk & Alderman, 2012; Swaner et al, 2016)

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Mental health, substance, & learning

Juvenile legal system

- 60-80% with mental health disorder
- 68-95% with substance use disorder
- 28-43% with learning difficulties

Foster system

- 25-40% with mental health disorder
- 20-30% with substance use disorder
- 25-50% with learning difficulties

Gergelis, Kole, & Lowenhaupt, 2016; Beal et al, 2017; Vaugn et al, 2007
https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1214-1.pdf
Ahrens et al, unpublished data

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Partnership between:

- Seattle Children's Hospital
- University of Washington
- Washington State Department of Children, Youth, and Families Juvenile Rehabilitation

NIH National Institute on Drug Abuse
Advancing Addiction Science

NIH HEAL INITIATIVE
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

Additional Background

Amongst incarcerated youth, problematic substance use nearly ubiquitous

Opioid use disorder common (20-30%)

Release is a vulnerable time for YILS, with substantially elevated overdose risk (50-100 times general population estimates)

Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ACC)

- Flexible behavioral skills-based program with strong evidence base as treatment
- DCYF JR had previously expressed interest in ACRA/ACC because of treatment evidence
- **Has not been studied as opioid/overdose prevention**
- Help youth build prosocial relationships/activities → non-use more rewarding than use
- Assertive case management - home visits with active linkage to community resources

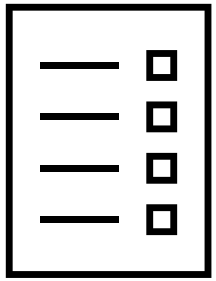
Testing Two Intervention Intensities (SMART experiment)

	High: *Enhanced ACRA*	Lower: *Assertive Community Support*
Goal-setting	✓	✓
ACC-based case management	✓	✓
MI strategies	✓	✓
ACRA/T4	✓	
Caregiver involvement	✓	
Pre-release	8 weeks of in-person or virtual sessions	1 in-person or virtual session + 3 phone check-ins
Post-release	12 weeks of in-person or virtual sessions	1 in-person or virtual session + 7 phone check-ins

Key challenges encountered in building system prevention capacity

- Staff/mid-level leadership concerns about programmatic benefit to youth
- Staff assumptions regarding content/youth interest
- Originally required parental consent; many parents not involved
- Program reputation at some facilities
- Insufficient participant engagement prior to release
- Lack of consistent cell/internet access

Key ingredients to combat challenges



- Continuous collaboration at multiple levels (leadership, mid-level, floor staff, caseworkers, youth)
- Hired personnel within the agency
- Modified program recruitment materials and incentives based on youth feedback
- Obtained waiver of parent consent
- Moved program start earlier prior to release
- Increased in person (vs virtual) sessions
- Collected as many post-release communication methods as possible
- Paid for cell/coverage including unlimited data for 6-7.5 months

Recruitment and Retention

- N = 223 (baselines complete, follow up waves in process)
- Most (77%) of eligible youth voluntarily participating
- Most (79%) of participating youth still engaged/responding to survey at 3 month follow up timepoint (and 71% at 6 months)

Baseline Substance Use – Opioid Prevention Sample

Past 30 days prior to being locked up:

- 17.6 days of cannabis use
- 7.4 days of alcohol use
- 1.4 days of cocaine use
- 1.1 days of benzodiazepine use
- 1.1 days of methamphetamine use
- 0.6 days of amphetamines
- 0.8 days of ”prescription” opioid use

Overdose and Lacing

1 in 3 had used opioids previously

1 in 5 had experienced an overdose

1 in 5 had experienced lacing

3% had been given Narcan

Ripple Effects: Unintended (Positive) Consequences of POST

- DCYF JR has improved SUD/OUD screening due to QI effect of POST screening
- QI effect for other variables (race/ethnicity)
- Supplement to use mixed methods approach to develop multilevel overdose prevention for YILS
- Governor/DCYF permanently funding prevention program based on treatment evidence; expanding to include treatment of youth with moderate to severe OUD

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  - Trauma, mental health sequelae, substance use, opioid use, overdose
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