



Justice Involved Youth and Addiction Treatment: Lessons Learned from Indiana

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Theme

How do we optimize **organizational culture**
and **interdisciplinary collaboration**
to advance the uptake of **evidence-based practices**
and improve child and adolescent health?

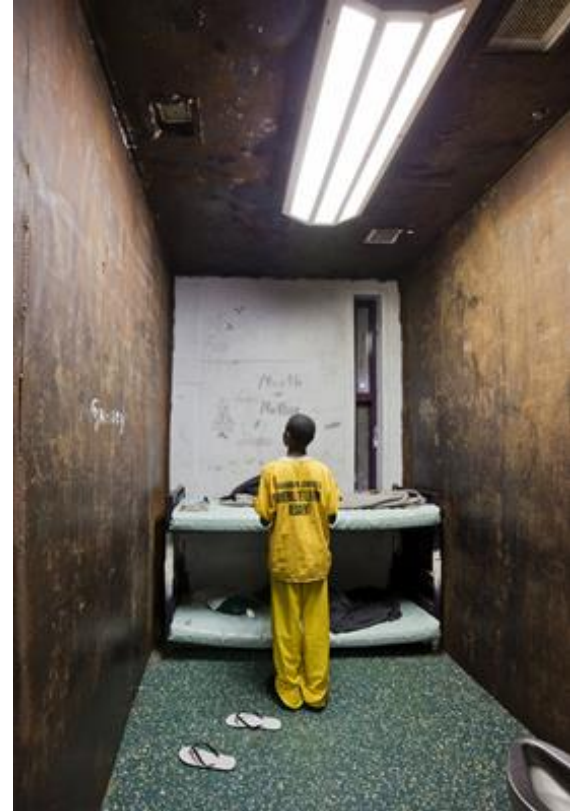


Adolescent behavioral health: a public health crisis

- Indiana ranks 43rd in behavioral health workforce availability
- Suicide is 2nd leading cause of death among children, 10-14yo
- Homicide is 2nd leading cause of death among adolescents, 15-24yo
- In 2020, firearms surpassed motor vehicle crashes as leading cause of death for children 0-19yo
- Overdose rates continue to rise, with substance use often beginning in adolescence



Juvenile In Justice Richard Ross, photographer



Justice Community Opioid Innovation Network (JCOIN)

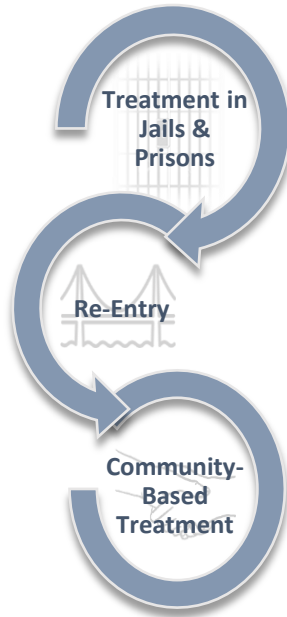
National Institute on Drug Abuse

<https://heal.nih.gov/research/research-to-practice/jcoin>



Justice System Responses to the Opioid Crisis

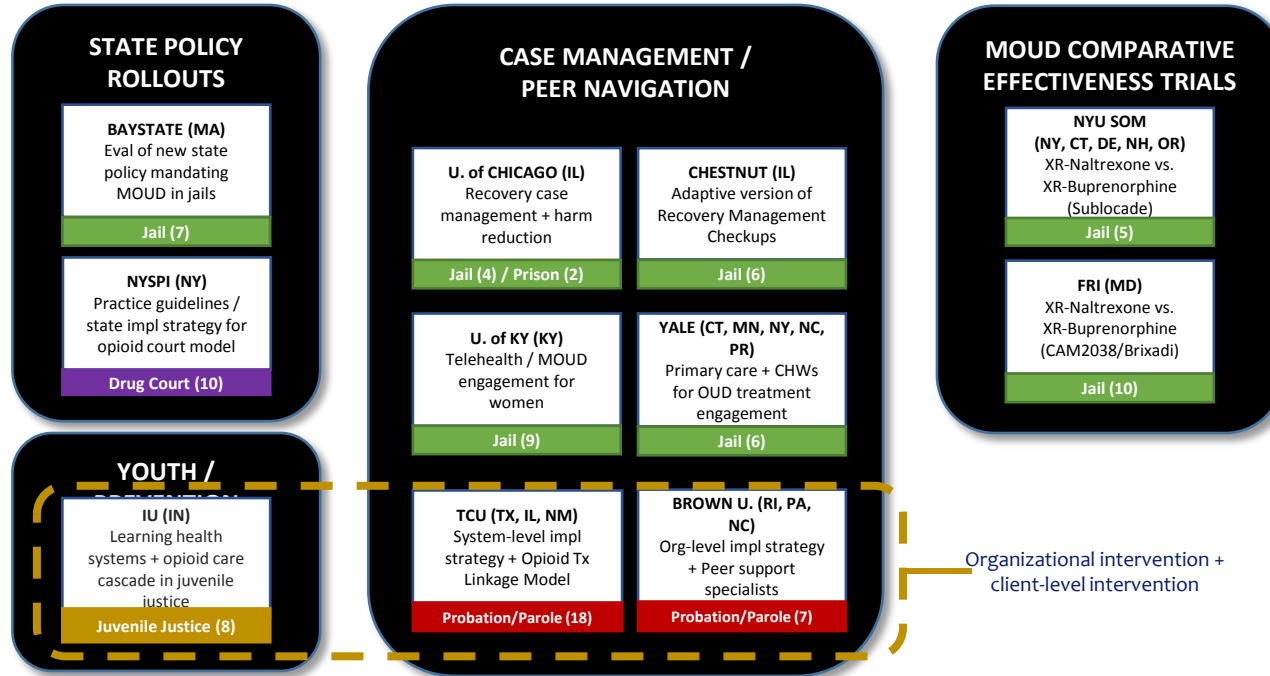
Missed Opportunities to Improve Public Health & Public Safety



- **>10M arrested & 2M incarcerated annually**
 - **17-19%** of inmates have used opioids; **< 1%** receive MOUD
 - **<5%** of jails offer MOUD to inmates
-
- **13x** risk of dying of a drug overdose during re-entry
 - MOUD during incarceration cuts mortality by up to **75%**
-
- **95% return to community; 4.7M on probation or parole**
 - Justice-referred patients are **~1/10** as likely to receive MOUD
 - Many drug courts or probation officers prohibit MOUD



JCOIN Hubs: Protocols and Themes



jcoinctc.org/jtec

The screenshot shows a web browser window with the URL jcoinctc.org/jtec/. The page features the logos for MSCHAR (School of Policy and Government) and CTC (JCOIN Coordination and Translation Center). A navigation bar includes links for About, Updates, Research, Training, and Resources, along with a prominent Register/Subscribe button. The main content area welcomes visitors to JTEC, describing it as a free learning platform for justice and health practitioners and scholars. It provides links to Login/Create an Account and About JTEC. A sidebar lists various offerings: Courses, Webinars & Quick Lessons, Aced It Podcast, LEAP Program, Fidelity Monitoring Course Series, and Training & Technical Assistance. A banner at the bottom of the main content area states that over 2,400 health and justice practitioners and scholars have enrolled. At the very bottom, there is a 'Browse JTEC' section with a graduation cap icon.

JCOIN Training & Engagement Center

maalsma [password] Log In

Register/Subscribe | Reset Password

About Updates Research Training Resources Register/Subscribe

Welcome to JTEC

The JCOIN Training & Engagement Center (JTEC) is a free learning, skill building, and facilitation platform for justice and health practitioners and scholars.

- Login/Create an Account
- About JTEC

- Courses
- Webinars & Quick Lessons
- Aced It Podcast
- LEAP Program
- Fidelity Monitoring Course Series
- Training & Technical Assistance

2,400+ Health and Justice Practitioners and Scholars Have Enrolled!

Browse JTEC



Cascade of Care

Coordinating Substance Use Disorder (SUD) Treatment Services for justice-involved individuals

Start Course

Cascade of Care | Coordinating Substance Use Disorder Treatment Services for Justice-Involved Individuals

Difficulty level: Beginner/Basic
Completion time: 1 hour(s)

Recovery Homes, Social Networks, and Sense of Community

Leonard A. Jason, Ph.D.
DePaul University
Nov. 10, 2022 Presentation to NIDA's Justice Community Opioid Innovation Network

JCOIN Webinar | Recovery Housing for Justice-Involved Individuals

Difficulty level: Beginner/Basic
Completion time: 1.5 hour(s)

Reentry Best Practices for Individuals with Substance Use Disorders

A Course for Correctional Leaders

Reentry Best Practices for Individuals with Substance Use Disorders: A Course for Correction Leaders

Difficulty level: Beginner/Basic
Completion time: 0.65 hour(s)

Reentry Course for State and Local Leaders: Reentry Best Practices for Individuals with Substance Use Disorders

JCOIN Coordination and Translation Center

Reentry Best Practices for Individuals with Substance Use Disorders: A Course for State and Local Leaders

Difficulty level: Beginner/Basic
Completion time: 0.65 hour(s)

Reentry Best Practices for Individuals with Substance Use Disorders

A Course for Prosecutors

Reentry Best Practices for Individuals with Substance Use Disorders: A Course for Prosecutors

Difficulty level: Beginner/Basic
Completion time: 0.5 hour(s)

Reentry Course for Judicial Leaders: Reentry Best Practices for Individuals with Substance Use Disorders

JCOIN Coordination and Translation Center

Reentry Best Practices for Individuals with Substance Use Disorders: A Course for Judicial Leaders

Difficulty level: Beginner/Basic
Completion time: 0.65 hour(s)

Housing Stability After Incarceration

Carrie Pettus, JSP Principal
JCOIN Coordination and Translation Center

JCOIN Webinar | Approaches to Housing People Living with Substance Use Disorders

Difficulty level: Beginner/Basic
Completion time: 1.5 hour(s)

Working with Missing Data

45 Minutes Certificate of Completion

LEAP Learner | Working with Missing Data

Difficulty level: Beginner/Basic
Completion time: 0.75 hour(s)

LEAP | Learner Series

THE EMERGENCE OF RECOVERY

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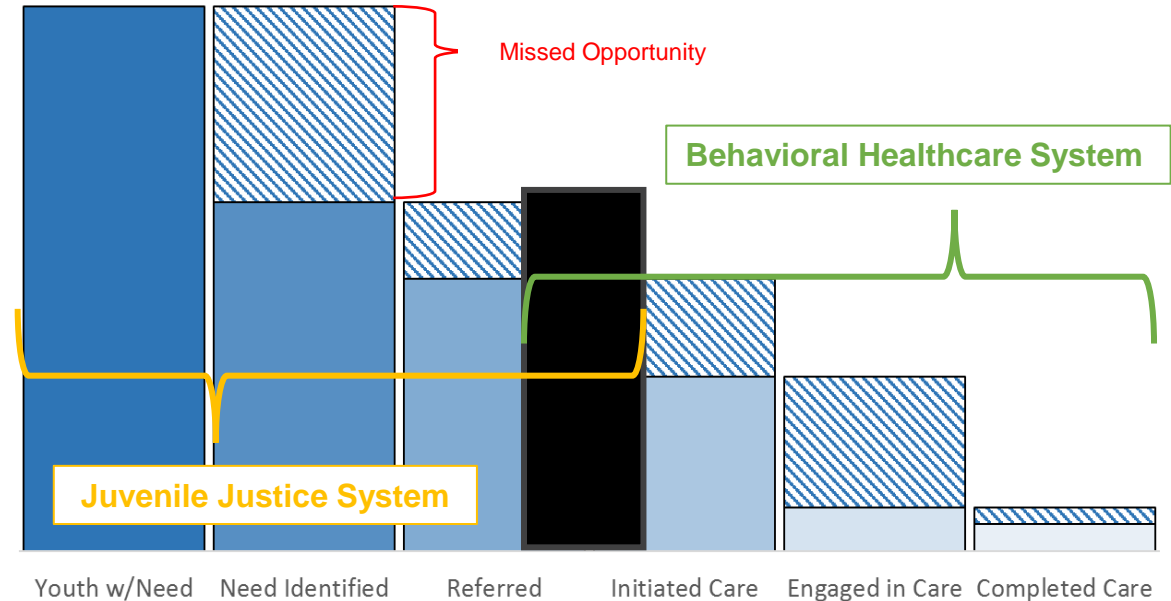
Alliances to Disseminate Addiction Prevention and Treatment (ADAPT)

A Statewide Learning Health System to
Reduce Substance Use among Justice-
Involved Youth in Rural Communities

Substance Use Disorder Care Cascade:

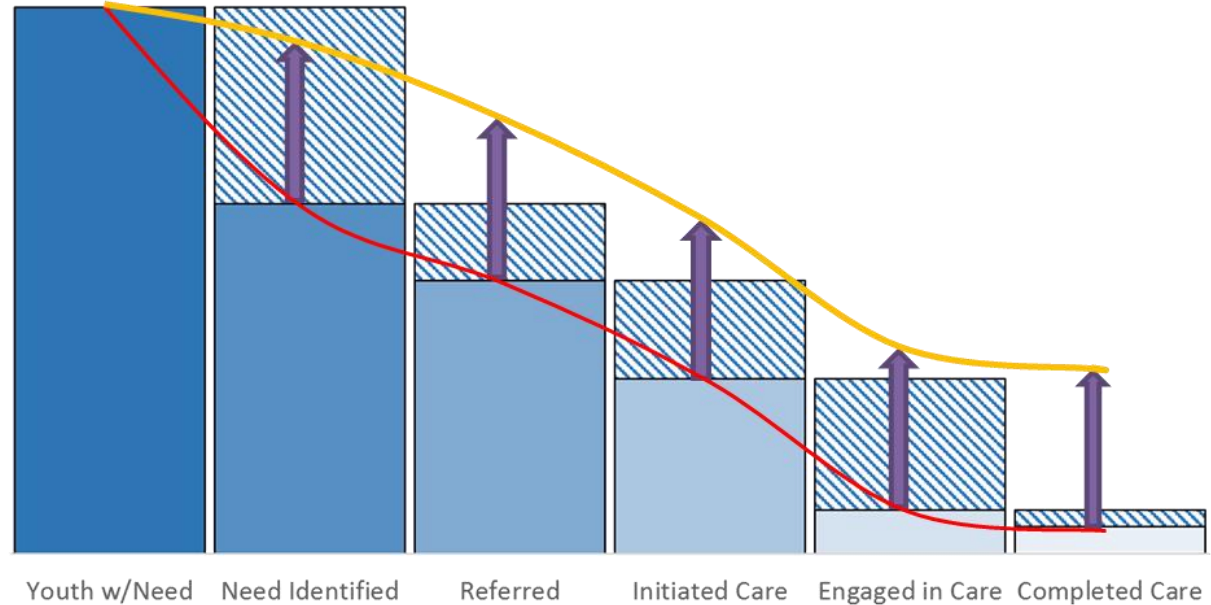
Problem:

- Justice-involved youth with a need for substance use treatment navigate between two systems of care
- Multiple opportunities to drop out of care



ADAPT: Strengthening Cross-System Alliances to Improve the Care Cascade

- Increase access to and use of evidence-based addiction services
- Reduce dropout along the Cascade

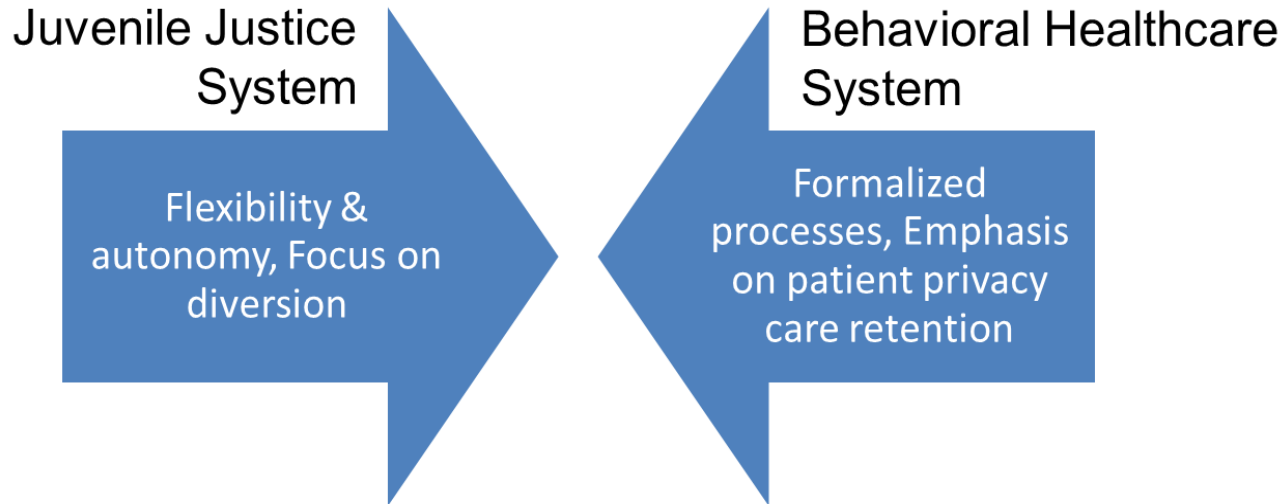


Existing Biases

- JJ system thinks that CMHCs don't hold clients accountable and are too "soft" with the evidence-based recovery approach
- CMHCs think the JJ system is too punitive even though they may be trying to incorporate treatment



Depolarization of the Care Cascade Problem



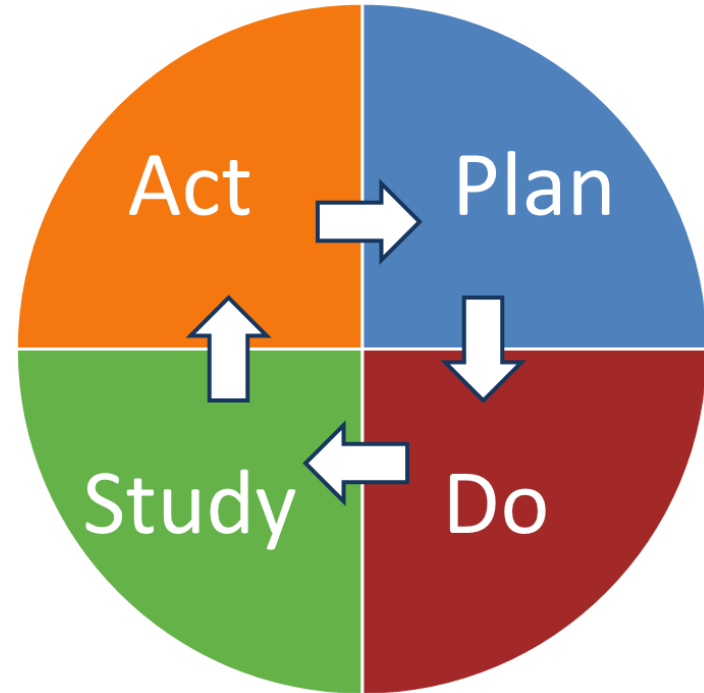
Learning Health System Approach

1. Develop collaborative alliances between local juvenile justice agencies and CMHCs
2. Review local data on SUD Care Cascade
3. Generate local, tailored solutions to address gaps in the Care Cascade
4. Conduct continuous quality improvement cycles (PDSA) to test solutions



ADAPT: Data-Driven Continuous Quality Improvement

- Review local Cascade data to visualize gaps in care
- Tailor solutions to local needs
 - Screening at intake
 - Improve referral processes for diversion/informal probation
 - Peer recovery coaches
 - Brief substance use interventions
- Define intervention success and failure



Collaborative data visualization development

Iterative process with site champions to:

- Define and clarify *local* Cascade step completion
- Expand data sources and captured fields
- Improve data entry practices
- Modify Tableau workbook functionality
 - Add ability to review sample subgroups
 - Add instructions and definitions
 - Remove distracting anomalies

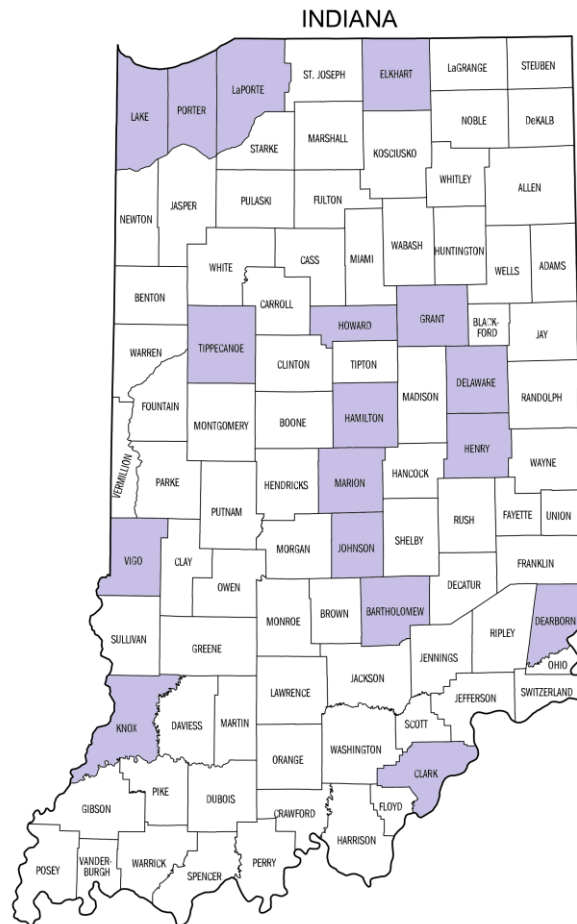


Challenges to data visualization development

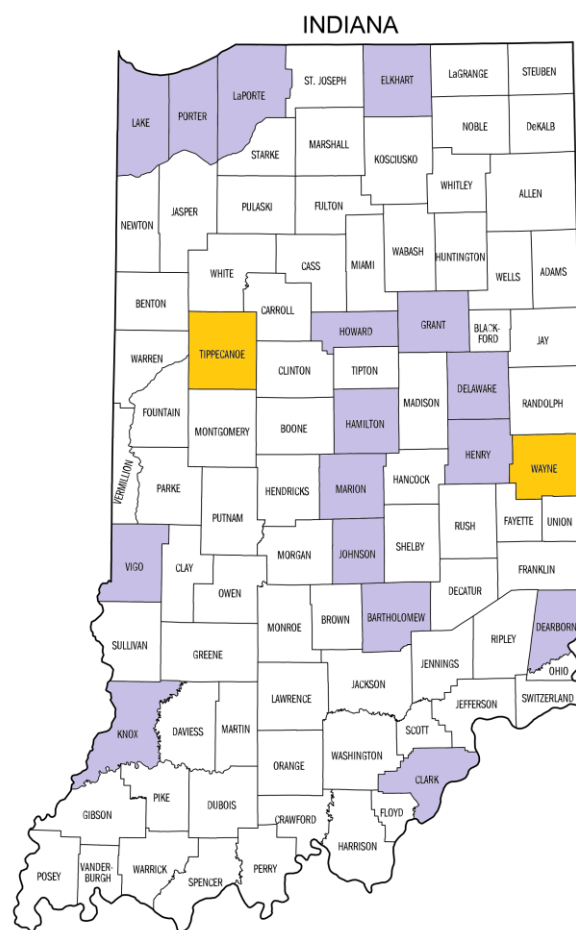
- Timely transfer of data from agencies
 - Significant agency champion and staff turnover
- Balancing conflicting needs: capture local process variation vs. ability to compare across communities
- Overcoming data security protections to give site champions access to Tableau workbook through Tableau Server



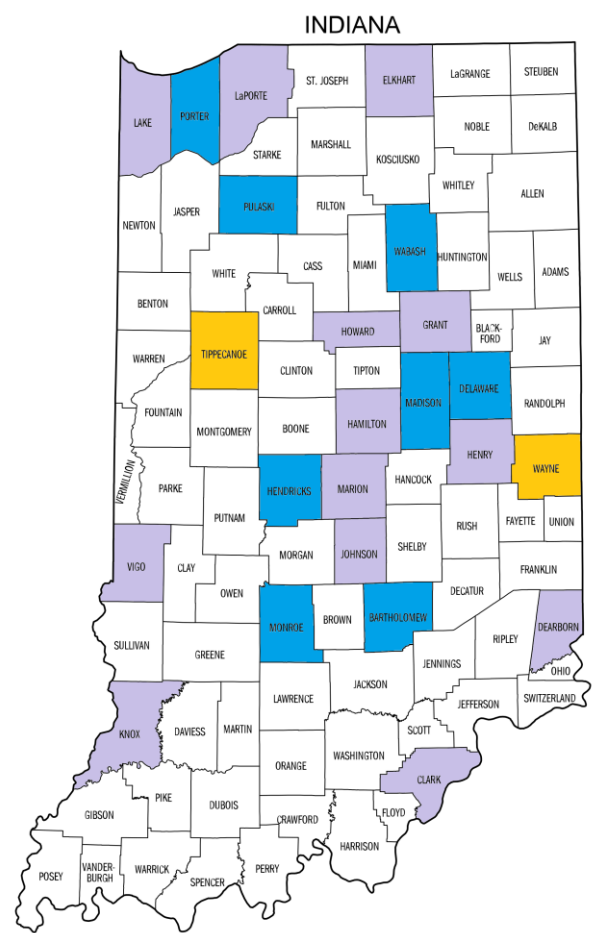
Context for ADAPT expansion: original Mental Health Screening Project



ADAPT pilot: IU Grand Challenge



ADAPT



INDIANA UNIVERSITY SCHOOL OF MEDICINE

Community Mental Health Center Partners

Centerstone

- Bartholomew, Delaware, Monroe, & Madison Counties

Porter Starke Services

- Porter County

Cummins Behavioral Health

- Hendricks County

Four County Counseling Center

- Pulaski County

Bowen Center

- Wabash County

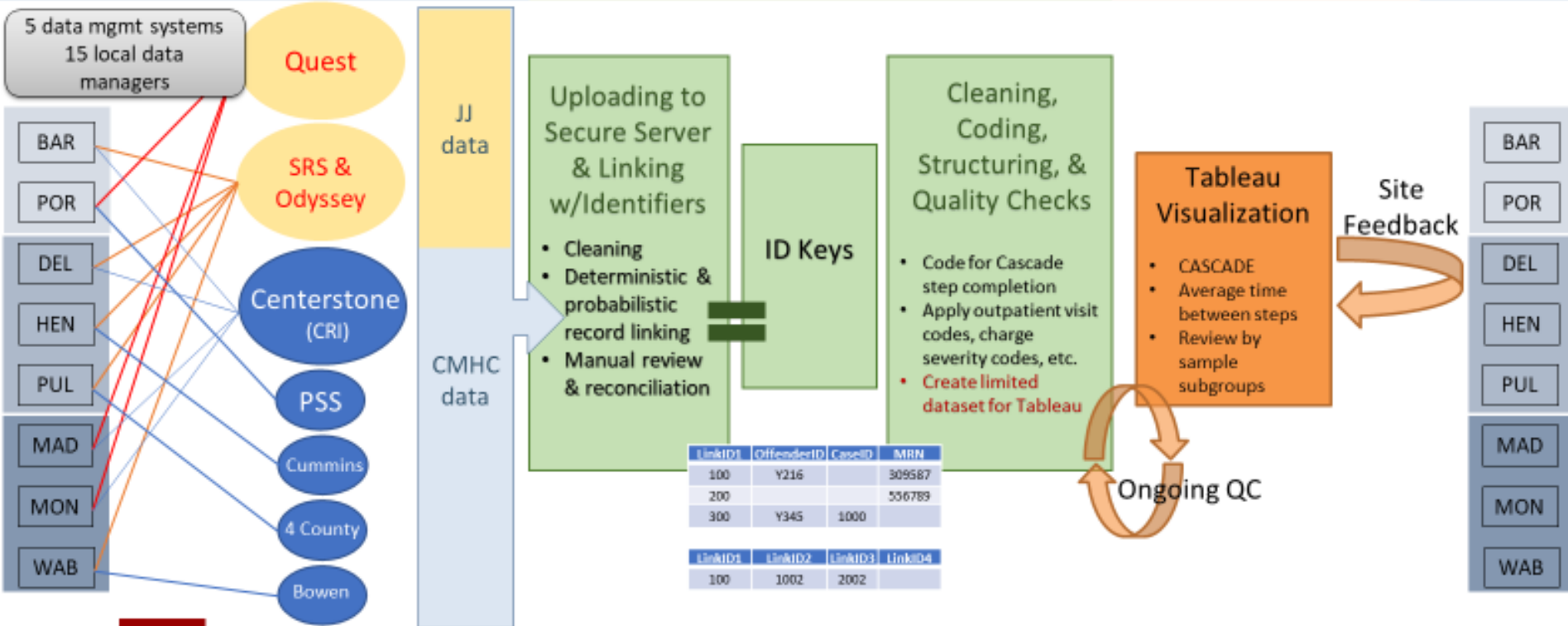


Data Linking and Visualization – Players & Steps

Local Teams

Indiana University School of Medicine

EMPACT Solutions, LLC





3,559

Youth in Sample



1,093

30.7% Youth of Color



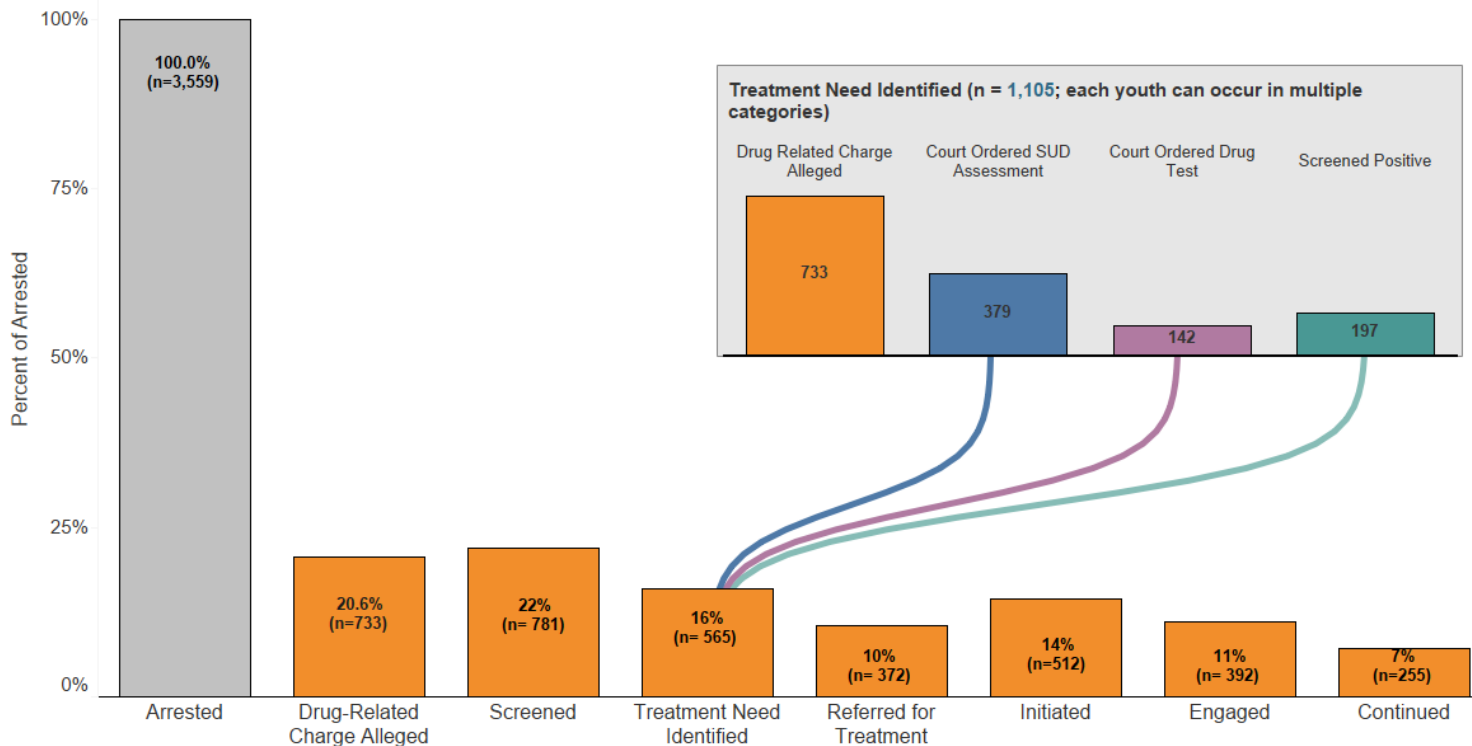
2,224

62.5% Males



1,325

37.2% Females



Filters (Will Update Entire View)

Select Date Range of Interest
1/2/2020 to 8/30/2022

Race
All

Sex
All

NOTE: When cascade step totals are 5 or less, bars will not be displayed in this view!

ADAPT Cohort Screening Over Time



2,213
Youth in
Sample



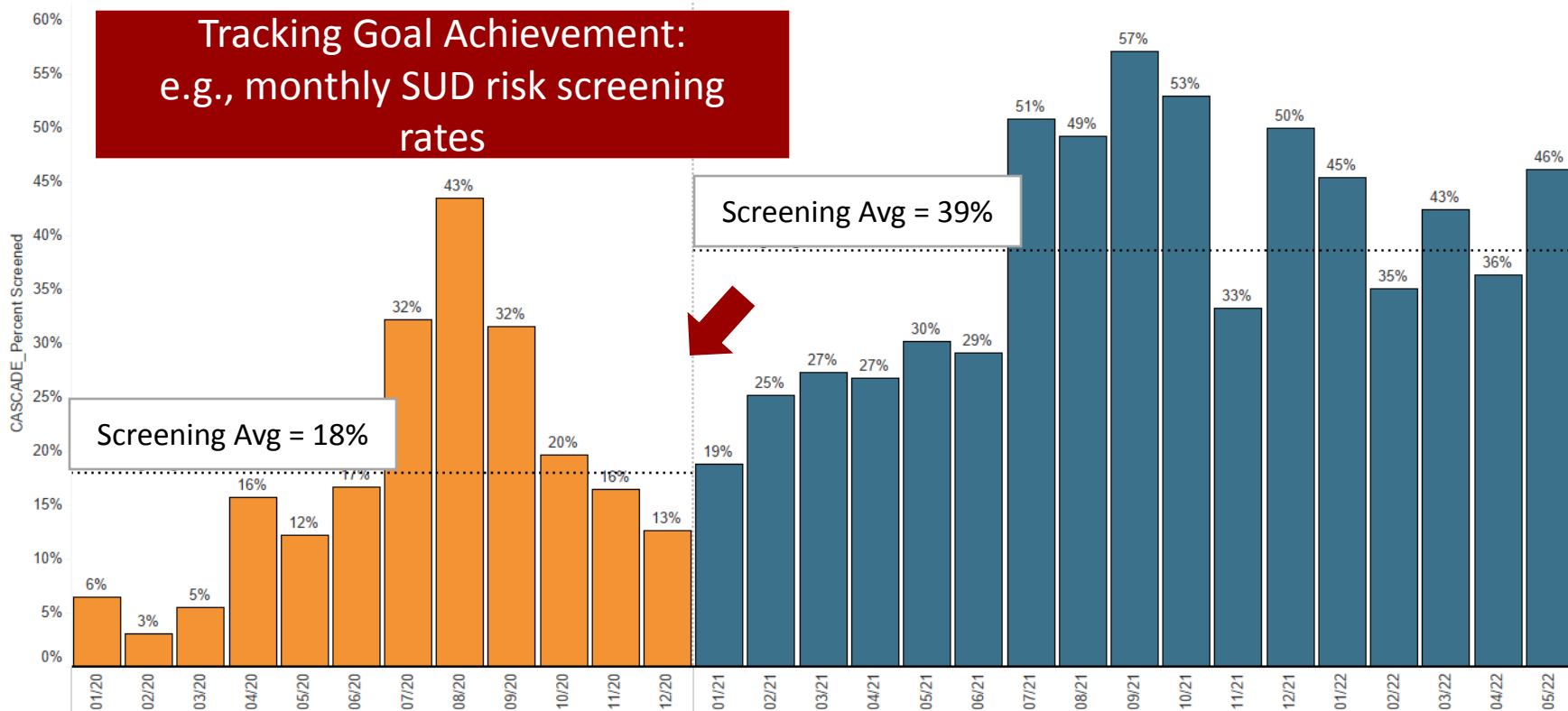
650
29.4%
Youth of Color



1,388
62.7%
Males



816
36.9%
Females



ADAPT Cascade Duration



1,488

Youth in
Sample



460

30.9%
Youth of Color



941

63.2%
Males

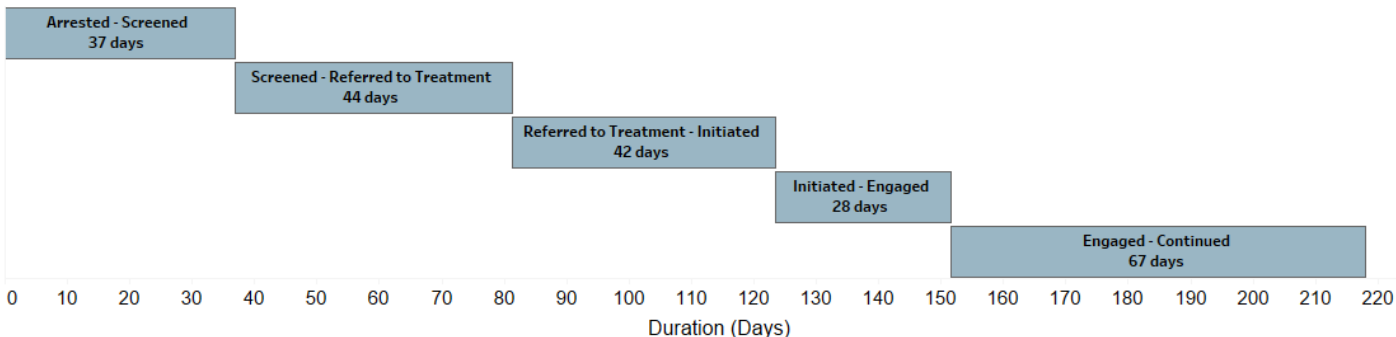


544

36.6%
Females



Longitudinal Cascade: Time Between Steps



Note: The top view represents the average time between each cascade step, and does not take into account the overlaps in step completion that occur within individual cases. That is, if each step was completed independently and in order, this view shows how long that process would take on average.

Filters (Will Update Entire View)

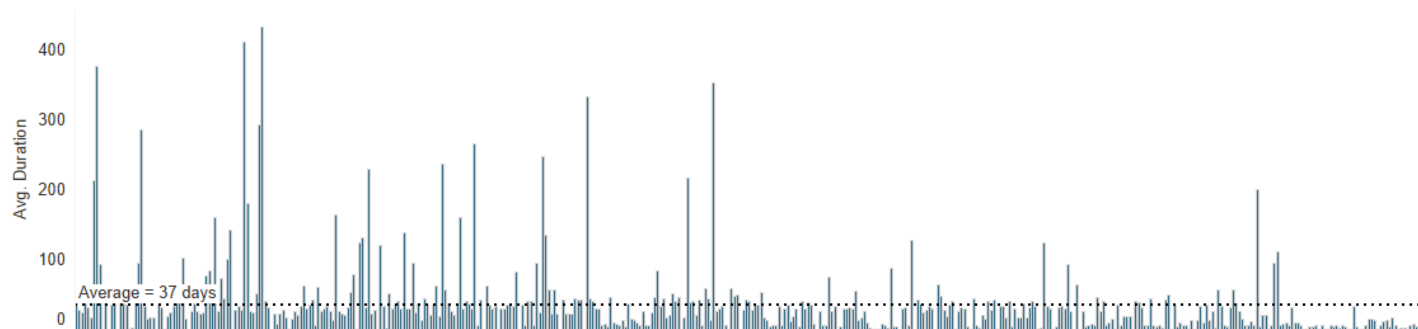
Select Date Range of Interest
1/8/2021 to 8/30/2022

Race
All

Sex
All

Cascade: Time Between Steps for Individual Youth (Current Interval Shown: **Arrested - Screened**)

(View shows individual youth cascade step duration in chronological order)



Note: The bottom view shows the time between cascade steps for each youth completing the selected interval. If filtered to 5 or less youth, no bars will be shown in this view.

Select below to show cascade steps of interest in the bottom view

Cascade: Time Between Steps
Arrested - Screened

ADAPT Cohort: Cascade Step Completion by Characteristic



3,559

Youth in
Sample



1,093

30.7%
Youth of Color



2,224

62.5%
Males

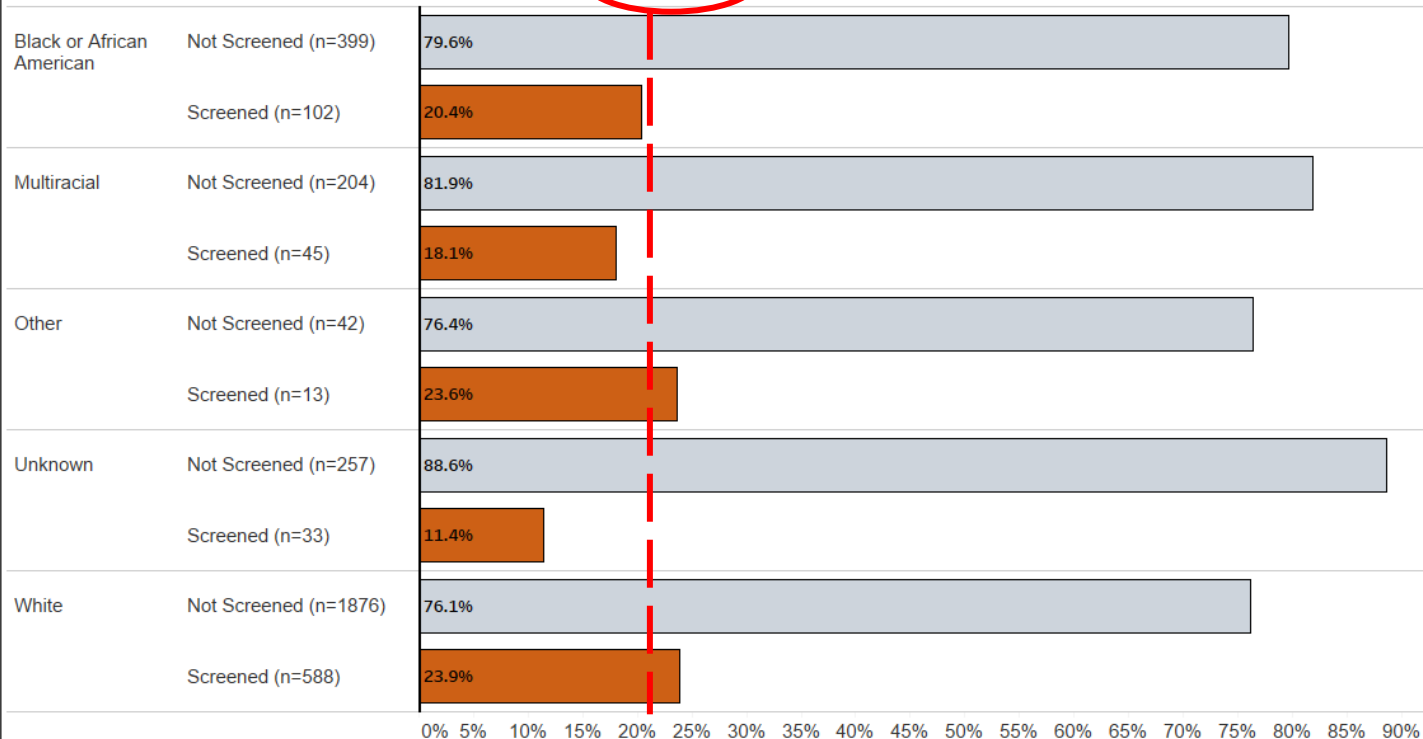


1,325

37.2%
Females



Cascade Step: **Screened** Characteristic: **Race**



Use dropdowns below to update view

- 1) Select cascade step of interest
- 2) Select characteristic distribution you want to explore for the selected step

CASCADE Step
Screened

Characteristic
Race

Filters (Will Update Entire View)

Select Date Range of Interest
1/2/2020 to 8/30/2022

Race
All

Sex
All

NOTE: When cascade step totals are 5 or less, bars will not be displayed in this view!

ADAPT Cohort: Cascade Step Completion by Characteristic



3,559

Youth in Sample



1,093

30.7%
Youth of Color



2,224

62.5%
Males



1,325

37.2%
Females



Cascade Step: **Initiated Treatment** Characteristic: **Race**

Black or African American

Initiated (n=36)

7.2%

Not Initiated (n=465)

92.8%

Multiracial

Initiated (n=38)

15.3%

Not Initiated (n=211)

84.7%

Other

Initiated (n=9)

16.4%

Not Initiated (n=46)

83.6%

Unknown

Initiated (n=24)

8.3%

Not Initiated (n=266)

91.7%

White

Initiated (n=405)

16.4%

Not Initiated (n=2059)

83.6%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Use dropdowns below to update view

- 1) Select cascade step of interest
- 2) Select characteristic distribution you want to explore for the selected step

CASCADE Step
Initiated Treatment

Characteristic
Race

Filters (Will Update Entire View)

Select Date Range of Interest
1/2/2020 to 8/30/2022

Race
All

Sex
All

NOTE: When cascade step totals are 5 or less, bars will not be displayed in this view!

Visualizing Flow through Cascade Steps

Identifying SUD Tx Need → Tx Referral

Tx Referral to Tx Initiation

Tx Initiation to Tx Engagement

Arrested for alleged drug-related offense

Positive SUD risk screener
(e.g., CRAFFT)

Court-ordered to formal SUD
assessment by
clinician

Required Random
Drug Testing

No Tx need, but referred

YES

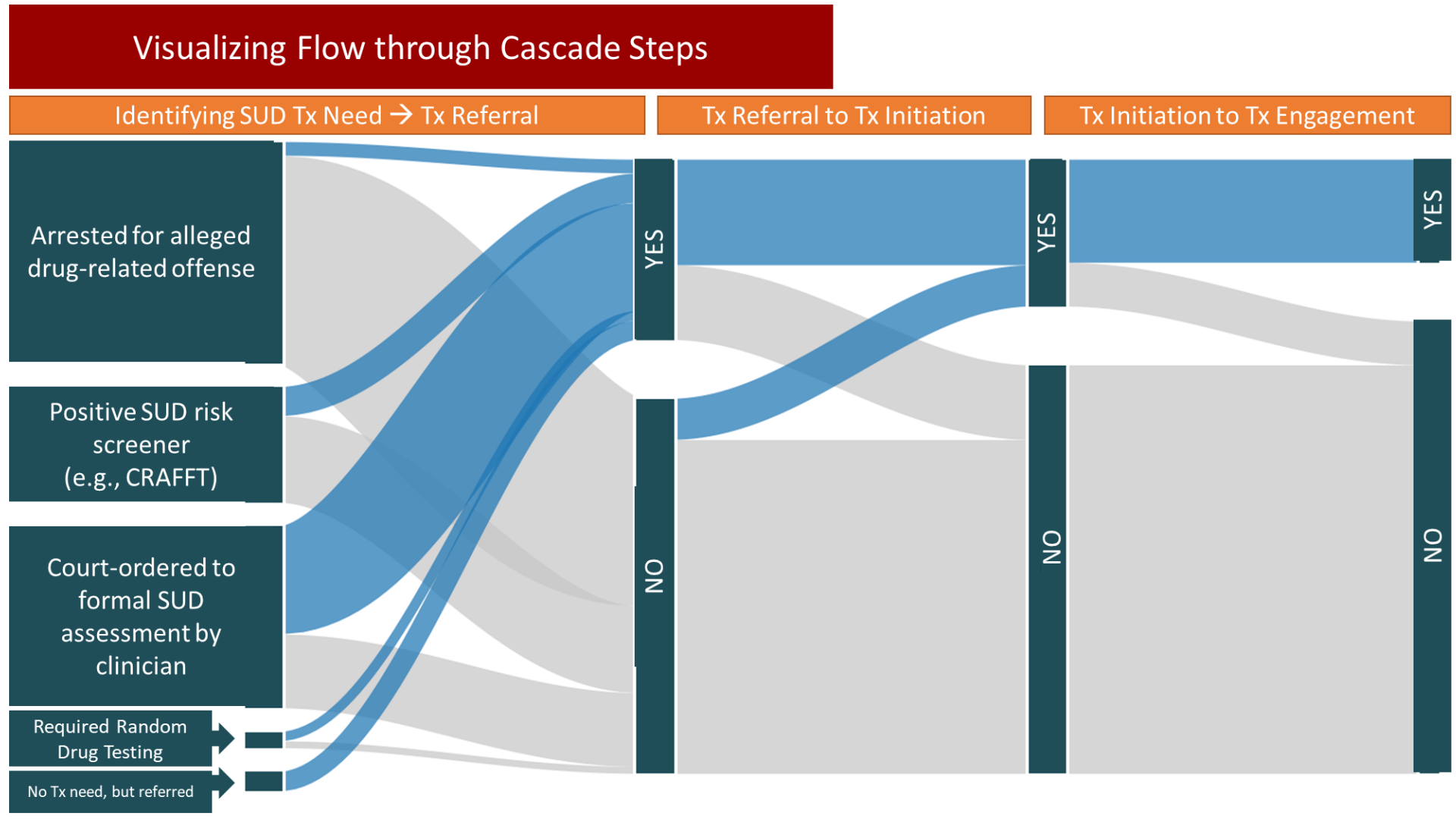
NO

YES

NO

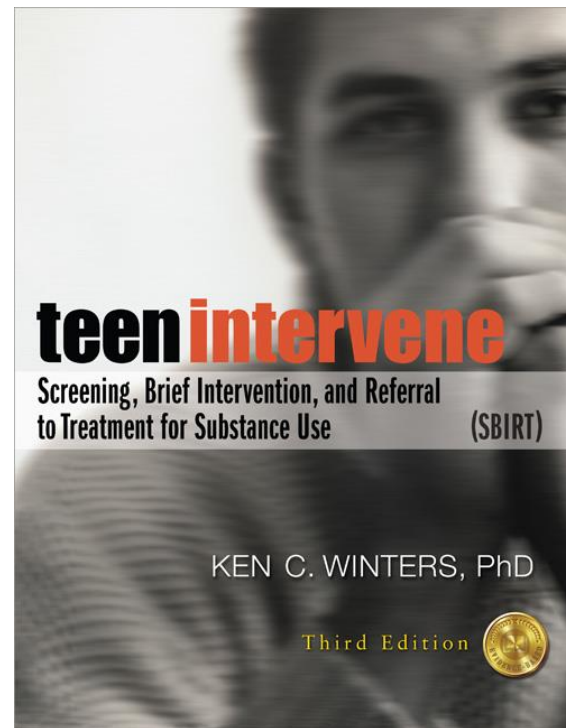
YES

NO



Examples of Local Solutions

- Implement substance use risk screener (e.g., CRAFFT) at probation intake
- Train CMHC providers in EBPs; ~30 trained in MET/CBT or Teen Intervene
- Host countywide provider meetings to identify resources and service gaps
- Pivot to schools to provide brief SUD risk intervention
- Reserve CMHC intake slots for probation referrals



ADAPT DEI Supplements

1. Riley and Zapolski – Assess and characterize racial/ethnic inequities across SUD Care Cascade and identify related barriers and promotive factors among Black and Hispanic families
2. Rodriguez – Characterize and compare availability of SUD EBPs and workforce among more urban vs. more rural communities



ADAPT Next Steps

- Evaluation
 - Data linking across statewide datasets, including Medicaid, DCS/KidTraks, Addiction Commons
- Sustainability
 - HB 1359 Justice Oversight Committee
 - Interest in expansion of ADAPT across Indiana





Questions?