Youth Regional Treatment Centers – IHS/CAO Facility Update/Aftercare

October 31, 2016



Timeline

- Original Projected Completion date: December 2015
- Final Completion date: June 25th, 2016*
 8 months behind schedule
- Original Projected Opening date: September 2016
- Final Projected Opening date: January 30, 2017 5 months behind schedule

* A few construction items are outstanding



Furniture

- August 16th office furniture and meeting room furniture arrives (partial)
- September 12th residents rooms, classrooms, dining rooms
- September 14th family unit furniture
- September 22nd remainder of office furniture
- Ongoing after new fiscal year furnishings, kitchen, bedding, supplies
- Art

Education

- September 13th Notified that the agreement with Hemet Unified School District was not going to be certified
- We are in the Sacramento LEA (NOLI school and Sherman). Under the jurisdiction of the BIE
- Reviewing options for on-line schooling as a temporary solution





Staffing

- As of October 27th, the following positions have been filled
 - Psychologist
 - Psychiatric Nurse
 - Administrative Officer
 - Facilities Supervisor
 - Administrative support
 - Intake/Aftercare Coordinator (2)
 - Information Technology Specialist
 - Administrative Support Assistant
 - Residential Assistant (2)
 - Custodial Worker (2)

Billing

- All accounts are set up so that for electronic transfer of funds from billing to the IHS account.
- September 16, 2016, we met with DHCS Indian Health Program for clarification and guidance on our billing procedures, managed care providers, and billable providers.



Sites Visited

Admin	Medical	Behavioral Health	Social Services
3	2	2	
1	1	1	
3	3	5	
2	1	2	2
6	1	1	2
2	1	2	5
1	1	1	
1	1	2	1
3	1	2	
5	5	5	5
1	1	4	
2	5	5	
2	1	4	
3	2	2	3
2	1	6	3
1	2	1	1
4	5	4	2
42	34	49	24
	3 1 3 2 6 2 1 1 3 5 1 2 2 3 2 1 4	3 2 1 1 3 3 2 1 6 1 2 1 1 1 3 1 5 5 1 1 2 5 2 1 3 2 2 1 1 2 4 5	Admin Medical 3 2 1 1 3 3 2 1 6 1 1 1 2 1 1 1 1 1 2 5 5 5 1 1 2 5 2 1 4 3 2 1 4 5

Findings

- 72% of staff reported knowing about the YRTC
- Three (3) organizations have funding specifically budgeted for YRTC related costs. However, some of the organizations stated they will pay for YRTC related costs on an "as-need/case-by-case" basis.
- All 17 organizations reported to coordinate behavioral health care with primary care at their facility.

Screening Methods

- Five (5) organizations screen male youth ages 12-17 for drug use problems with a questionnaire. Most of the programs that screen male youth for drug use problems screen them in their behavioral health departments because they have already been identified to have a behavioral health problem. One (1) organization screens their general youth population in their medical department as part of an annual health check.
- Thirteen (13) organizations reported to screen male youth ages 12-17 for alcohol use problems with a questionnaire.
- It should be noted that alcohol screening for male youth is not an annual IHS GPRA measure like it is for female youth ages 15-44 years.
- As of July 1, 2016 new GPRA measures requires alcohol screening for all youth on an annual basis.

Screening/Identification Process

- A total of 6,793 youth were served at the facilities
- 3,501 Female youth served
 - ≥28% screened for alcohol use
 - 6% screened for drug use
- 3,292 Male youth served
 - -21% screened for alcohol use
 - 5% screened for drug use

^{*} Numbers are self-reported

Are there any other methods you use to identify youth with alcohol and/or drug use problems?

The answers are in order by the total number of organizations that gave the answer:

Number of Organizations	Answer
7	Other related problems or risk factors (e.g., school problems, behavior change, functioning change, domestic/family violence)
6	Information from family members (e.g., parents, siblings)
5	Home visits
5	Observation during a medical exam (e.g., chief complaint may be related to alcohol and/or drug problem)
3	Lab test
3	Other departments (e.g., HIV, ICWA, youth programs)
2	Screening at schools
1	Community outreach
1	Youth programs
1	Court ordered treatment
1	Follow-up after hospitalization
1	Community members report their concerns

2016 New GPRA Measures

Starting July 1 the following measures were added:

- Alcohol screening for all populations from ages 12-75
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - ages 9-75
- Depression Screening ages 12-17
- Antidepressant Medication Management (2 measures)
 - 12 weeks or 6 months

If a youth has an alcohol and/or drug use problem – where are they referred to?

The answers are in order by the total number of organizations that gave the answer:

	Number of Organizations	Answer
1	15	Behavioral health department
1	3	Outside agencies (e.g., to maintain privacy)
١	3	County services
	1	Psychiatrist

On average, the largest number (27%) of youth referrals to behavioral health services are made by the medical department. Twenty-five percent (25%) are made by family members.

Medical	Family	Social Services	Probation	Court	Other	Tribe	TANF
27%	25%	15%	11%	7%	7%	5%	2%

YRTC Experience

- Overall, 655 youth received alcohol and drug services in 2015
- 12 programs referred youth to a YRTC
- 50 youth referred to a YRTC
- 44 youth admitted to a YRTC
- 31 Completed treatment at a YRTC
- 124 estimated youth who need YRTC admission

REASONS WHY YOUTH DON'T COMPLETE YRTC SERVICES

- 1 The youth misses their families
- 2 Family members sabotage treatment (e.g., use guilt to get them to come home)
- 3 Youth don't take treatment seriously (e.g., won't conform to the program)
- 4 Co-occurring problem(s) not treated correctly
- 5 Lack of family support

Family/Staff Involvement

- Twelve (12) organizations reported that family members were not required by the YRTC to participate in counseling sessions with their youth. They YRTC programs encouraged participation, which was usually done by telephone.
- Mine (9) organizations reported that their staff traveled with a youth to place them in treatment.
- Twelve (12) organizations reported that family members traveled to a YRTC to visit their youth in treatment.
- Six (6) organizations reported that their staff traveled with a youth to visit them in treatment.

If yes, what youth regional treatment center programs do you currently use?

The answers are in order by the total number of organizations that gave the answer:

Number of Organizations	Answer
9	Red Rock, UT
7	Desert Visions, AZ
5	Cinnamon Hills, UT
4	Nevada Skies, NV
4	Healing Lodge, WA
1	Wilderness Program, UT
1	Camp Recovery Center, CA
1	Falcon Ridge, UT
1	Turning Winds, MT
1	Wembly House, OR

Who pays for the youth regional treatment center programs that you currently use?

The answers are in order by the total number of organizations that gave the answer:

Number of Organizations	Answer
15	Indian Health Service
5	Insurance (e.g., Medi-Cal)
5	Health center (third-party revenue)
2	Tribe
1	PRC (Contract Health Service)

What cultural activities do you think youth from your community would enjoy or benefit from at the youth regional treatment center?

The answers are in order by the total number of organizations that gave the answer:

Number of Organizations	Answer
13	Drumming
13	Sweat lodge
10	Dancing
10	Beading
6	Singing
6	Pow Wow
6	Basket making
6	Traditional games (e.g., stick games, hand games)
5	Language lessons (e.g., learn to introduce self in native language)
5	Art (e.g., painting, crafts)
4	Tribal history or stories
4	Regalia making

Resources

- Sixteen (16) organizations have tele-health/tele-medicine equipment.
- Six (6) organizations currently use their tele-health/tele-medicine equipment for behavioral health services, primarily to consult with psychiatrists.
- Fourteen (14) organizations have certified chemical dependency counselors on staff.
- Each organization has licensed psychologists, MFT, and/or LCSW on staff.
- Twelve (12) organizations have psychiatrist on staff, either as permanent employees, contractors, or through telehealth/tele-medicine agreements. Six (6) organizations do not have psychiatrists.

Resources

- Thirteen (13) organizations offer recovery support services to youth. They specified the types od services they offer. The thirteen (13) organizations that offer recovery support services to youth do not require family members to attend the services. These organizations do encourage family members to attend the services.
- An average of thirty-eight percent (38%) of family members attend recovery support services with their youth.
- Fourteen (14) organizations reported that attitudes or perceptions about alcohol and/or drug use in the community present barriers to you receiving services.

Ongoing evaluation

- Our contractor or has signed on to assess an additional 16 sites throughout California
- Once completed, all of the California sites will have been assessed for their capabilities and services that they offer
- This project will save us a tremendous amount of time and will direct our aftercare planning so that we are not wasting resources







Outreach Efforts

- IHS Website
- Newsletter emailed to all contacts
- Indian Health Council staff and board presentation August 4th
- Soboba Clinic Open House September 1st
- Job Fair at Desert Sage September 21st
- Native American Day at the State Capitol September 23rd
- Presentation at the RSBCIHI Strategic Planning Meeting September 29th
- Rolling Rock Heath Board October 7th
- ▼ Toiyabe Health Board October 13th
- California Indian Conference, San Diego State University October 20-22nd
- CA Tribal TANF Coalition November 1st
- Native American Healthcare Conference, Viejas Casino November 14-15th

CONTACT INFORMATION

If you would like me to present to your community or organization, please contact me:

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