Youth Regional Treatment Centers – IHS/CAO
Aftercare Planning
Presented to: 2016 Annual Tribal Consultation
March 9, 2016
AFTERCARE PLANNING

In order to continue therapeutic services and increase the chances for a successful recovery, aftercare services must be considered and planned.

IHS has hired a consultant to perform an aftercare analysis and evaluation of selected tribal and urban Indian healthcare sites located throughout California.

A short pre-meeting questionnaire will be sent to selected program directors prior to the meeting and the actual meetings will require approximately 45 minutes – but will not exceed 1.5 hours per department.
AFTERCARE PLANNING

- A youth who returns to a community may have more than behavioral health needs. They could have social services needs, medical needs, etc.

- Administration allocates resources, so they play a part in aftercare and outcome management.

- We should be treating the whole person and should be interested any department that will wrap around a returning youth to deliver follow-up services.
AFTERCARE PLANNING

- The consultant will develop discussion guides to evaluate:
- 1) Existing community-level substance abuse/mental health and aftercare services to include service/resource needs;
- 2) YRTC post-treatment outcome evaluations in the following departments:
  - Medical
  - Behavioral Health
  - Social Services or Tribal TANF
  - Administration
AFTERCARE PLANNING

In addition to asking for data and statistics, we asked questions to assess:

1) Level of knowledge about YRTC
2) Community level communication and strategies
3) Behavioral Health service coordination
4) Screening and identification methods
5) Referral processes for youth that are identified as having drug and alcohol problems
6) Barriers to care
7) Post-treatment outcome monitoring and care capabilities
YRTC
Referral and Aftercare Evaluation Project
(2015/2016 Health Program Meetings)
# Preliminary Numbers (5 Sites)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total Youth Receiving Services</th>
<th>Screened for Drug Problems</th>
<th>Screened for Alcohol Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>987</td>
<td>136</td>
<td>373</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.8%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Female</td>
<td>1,027</td>
<td>128</td>
<td>443</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12.5%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Total</td>
<td>2,014</td>
<td>264</td>
<td>816</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.2%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>
POSSIBLE REASONS FOR LOW NUMBERS

- Adolescents don’t normally go to the Dr. unless they have a chronic condition
- Lack of staff/resources to add this to work flow
- Different types of tests to measure behavioral patterns
- Not required by GPRA
PRELIMINARY NUMBERS (5 SITES)

Source of referrals to Behavioral Health

1) Family
2) Medical Department
3) Courts/Probation
4) Social Services (TANF)
### PRELIMINARY NUMBERS (5 SITES)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth receiving treatment for drug and alcohol problems</td>
<td>320</td>
</tr>
<tr>
<td>Youth admitted to a YRTC</td>
<td>16</td>
</tr>
<tr>
<td>Youth completing treatment</td>
<td>10</td>
</tr>
<tr>
<td>Number of estimated referrals each year to the YRTC</td>
<td>44</td>
</tr>
</tbody>
</table>
PRELIMINARY NUMBERS (5 SITES)

Reasons youth do not complete treatment

1) Family
   a) parents sabotage the treatment process
   b) parents miss their children
   c) parents aren’t engaged in the process and may be using substances themselves

Reasons for relapse

1) Family (not involved in the treatment phase or aftercare)
2) Lack of follow-up
3) Lack of support
4) Peers
PRELIMINARY NUMBERS (5 SITES)

Activities recommended at the YRTCs

1) Physical activity (gym, sports, trips)
2) Art
3) Cultural events/activities
PRELIMINARY NUMBERS (5 SITES)

FINDINGS FROM INITIAL INTERVIEWS

- The communities see a huge need for these services.
- Every site has different resources and capabilities (some communities have more services pre- and post placement). This gives us a starting point for each community.
- It is important to work very closely with each community before and after placement to ensure that proper follow up is done and that the youth are not lost after discharge. Aftercare was identified as one of the most important issues across all sites.
- The cultural perspective is very important.
- Keeping families involved is key.
AFTERCARE PLANNING

- Admissions and Intake Process
  - At the Annual Best Practices in May we will have a detailed intake and enrollment process for all attendees.
  - It is very important that any staff referring youth to the facility attend the meeting.
CONTACT INFORMATION

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

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