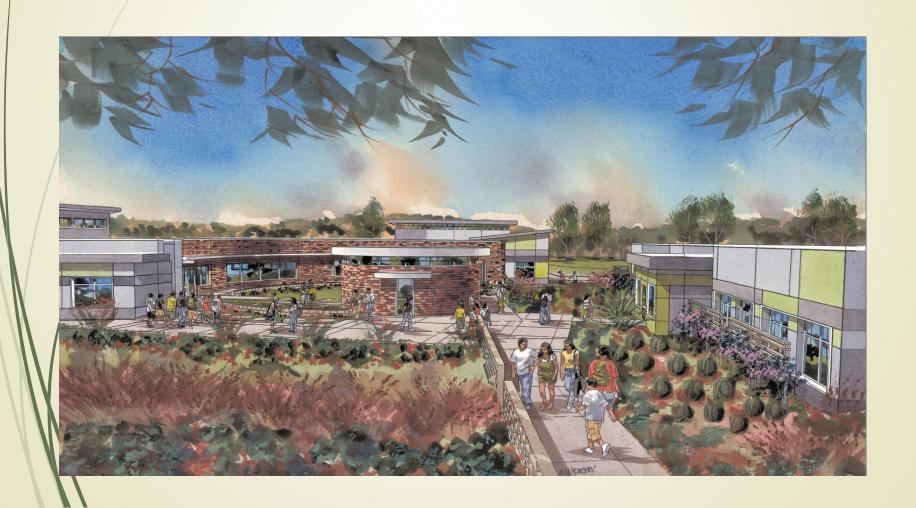
# Youth Regional Treatment Centers – IHS/CAO Aftercare Planning Presented to: 2016 Annual Tribal Consultation March 9, 2016



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.

- 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.

- 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

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

- 1) Level of knowledge about YRTC
- 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



Gender	Total Youth Receiving Services	Screened for Drug Problems		Screened for Alcohol Problems	
Male	987	136	13.8%	373	37.8%
Female	1,027	128	12.5%	443	43.1%
Total	2,014	264	13.2%	816	40.5%

# 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

Source of referrals to Behavioral Health

- 1) Family
- 2) Medical Department
- 3) Courts/Probation
- 4) Social Services (TANF)

Youth receiving treatment for drug and alcohol problems	320
Youth admitted to a YRTC	16
Youth completing treatment	10
Number of estimated referrals each year to the YRTC	44

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

Activities recommended at the YRTCs

- 1) Physical activity (gym, sports, trips)
- 2) Art
- 3) Cultural events/activities

#### 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.
- Let 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.

- 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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