

Youth Regional Treatment Centers – IHS/CAO

Aftercare Planning

Presented to: 2016 Annual Best Practices
May 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

The consultant will develop discussion guides to evaluate:

- 1) Existing community-level substance abuse/mental health and aftercare services
- 2) YRTC post-treatment 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 (10 SITES)

Gender	Total Youth Receiving Services	Screened for Drug Problems		Screened for Alcohol Problems	
Male	2,502	654	26%	1,047	42%
Female	2,617	642	25%	1,212	46%
Total	5,119	1,296	25%	2,259	44%



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 (10 SITES)

Source of referrals to Behavioral Health

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



PRELIMINARY NUMBERS (10 SITES)

**Youth receiving treatment for
drug and alcohol problems**

382

Youth admitted to a YRTC

33

Youth completing treatment

24

**Number of estimated referrals
each year to the YRTC**

74



PRELIMINARY NUMBERS (10 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 (10 SITES)

Activities recommended at the YRTC's

- 1) Physical activity (gym, sports, trips)
- 2) School/Education
- 3) Art
- 4) Cultural events/activities
- 5) Field Trips

PRELIMINARY NUMBERS (10 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.



CONSIDERATIONS

Alternatives for the youth

- ▶ Transitional Homes
 - ▶ Career training (Job Corps)
 - ▶ Alternative placement (relatives, etc.)
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CONTACT INFORMATION

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

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