

National Council

MAGAZINE

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*Toward a
Brighter Future
New Opportunities for
Children and Youth*

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Comprehensive Approach to Helping Youth with Substance Abuse

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In the late 80s, Stars Behavioral Health Group began developing mental health and related services, primarily Medi-Cal (California Medicaid) funded, through contracts with counties across northern and southern California. Agencies in the SBHG network provide a full continuum of services from early intervention in schools to secure residential treatment, and provide care to children, youth, young adult, and adults and their family members. SBHG was honored in 2006 with the National Council Awards of Excellence for its Transitional Age Youth Program in Alameda County, and for implementation of Aggression Replacement Training with EQUIP group (Goldstein, A.P, Glick, B., & Gibbs, J.C, 1998) in a number of agencies statewide that help youth and adult clients with anger management and social skills development.

A significant development affecting transition-age youth services in California was the implementation of the Mental Health Services Act passed by voters in 2004 (Proposition 63), which generates funds for mental health services via a 1% tax on annual incomes above \$1,000,000. The first round of MHSA implementation focuses resources on building transformative (e.g., integrated and

comprehensive) systems of care called Full Service Partnerships for children, transition-age youth, adults, or older adults. These partnerships, as a matter of contractual obligation, must address substance abuse issues.

As did other agencies, SBHG competed successfully to start FSP programs, including programs for transition-age youth in Santa Clara, Los Angeles, and Riverside Counties. SBHG now serves more than 300 transition-age youth annually, 200 in the new MHSA-funded programs in addition to 100 youth in Alameda County. In addition to the typical array of mental health services (eg. individual, family, group therapy and rehabilitation, medication support, crisis intervention, and case management), these programs include varied innovative features such as peer mentors, gang interventions, community resource centers, and collaborative partnerships.

Programmatically, MHSA objectives are highly consistent with company core commitments to the implementation of evidence-based or evidence-informed practices, continuous quality improvement, and the tracking the outcomes with reporting

to both internal and external stakeholders. Under the leadership of SBHG executives and particularly Dr. Peter Zucker, the Vice President of Clinical Services, a major focus has been on developing sound implementation methods – based both on national implementation research and our local experience – to support the adoption and maintenance of evidence-based practices.

Current SBHG projects encompass thirteen treatment practices with implementation choices tailored to the distinct needs of different service populations, communities, and counties. Projects for transition-age youth include the ART/EQUIP groups, Dialectical Behavior Therapy (Linehan, et al, 1999), Structured Psychotherapy for Adolescents Responding to Chronic Stress (DeRosa, R. & Pelcovitz, 2005), and the Cognitive Behavioral Therapies.

These discrete treatment practices are for different types of problems – any recommended treatment becomes easier for older youth and young adults to take advantage of once a system of care foundation for a transition-age youth

An approach that combines health education, motivational interviewing, and individualized screening and resource linkage helps to build relationships with transition-age youth and help them overcome challenges such as substance abuse.



program is established applying the Transition to Independence Process system (Clark, H.B., 2004). SBHG is working closely with the National Network on Youth Transition for Behavioral Health to bring TIP to affiliated programs as well as to provide training on TIP to other agencies in California.

The Transition to Independence or TIP system

- > Infuses system of care values, principles and practices (e.g., engagement, individualization, collaboration, personal choice and responsibility, social support, competency enhancement, outcomes focus, and partnerships) throughout interconnected agencies and programs.
- > Helps staff learn to manage the complex dynamics of effective engagement, support, and motivated retention of young people in services.
- > Offers varied opportunities for youth to master the life skills across transition domains (e.g., education, employment, living situation, personal effectiveness, and community living) they need in order to tackle the many challenges of emerging adulthood.

As much or more than any other single factor, substance abuse can greatly impede young people's positive engagement with services and their successful transition to adulthood. Depending on the service population, 5% to 70% of agency clients struggle with co-occurring substance use and/or abuse issues.

Transition-age youth and young adults report using substances regularly at the time of their mental health program enrollment. As they disclose, the substances in use are primarily alcohol, cannabis, methamphetamines, and opiates. The older youth and young adults use these substances to alter their moods, thoughts, and perceptions on a daily basis in order to cope with their psychiatric problems, temporarily forget the difficulties of their life circumstances (e.g., troubles with housing, education, work, family, friends, etc.), and/or have a recreational outlet. Substance use creates many problems including tendencies to engage in high-risk behaviors (e.g., unprotected and promiscuous sex, criminal activity, aggression, self-harm, unsafe driving, etc), legal entanglements, personal disorganization, delayed development, and potential toxicity and death.

In SBHG programs, mental health providers serve three vital roles and functions with respect to youths' substance abuse treatment needs:

- > Health education and in-services related to substance use/abuse both in individual and group rehabilitative contexts with young people and at times, with family members, as well as with other agencies' staff and community members. Increasing general health awareness and knowledge about substance use/abuse is an important background, or surrounding, ecology to effect in support of individual change.
- > Motivational interviewing, enhancement, and support (Miller & Rollnick, 2002) provided on an ongoing basis as clients cycle through the stages of use/abuse, recovery and relapse that characterizes persistent drug experimentation and addiction (Prochaska, Norcross, DiClemente, 2004).
- > Screening, referral, linkage, and care management for older youth and young adults to enroll with needed substance abuse services, be they inpatient, residential, pharmaceutical, diet and fitness-oriented, 12-Step, or AOD Wellness and Recovery Action Plan peer support groups.

The above three areas of focus – health education, motivational interviewing, and individualized screening and resource linkage – are consistent with the currently available mental health funding mechanisms in California and with the practice standards of TIP. The core aim is to build and sustain consistent, helping relationships with transition-age youth and cycle them through the process of creative, individualized problem solving to address and overcome challenges such as substance abuse.

Currently, SBHG programs rely on training in SAMSHA's Addiction Counseling Competencies (TAP 21 Technical Assistance Publication Series, 2005), which address 123 discrete areas of knowledge and ability spanning clinical evaluation, treatment planning, referral, service coordination, counseling, client/family/community education, cultural competency, documentation, and professional/ethical responsibilities. Basic orientation in Addiction Counseling Competencies is supported by a series of Treatment Improvement Protocols, also available at no cost

through SAMSHA, which are used for guidance when addressing the varied and specific needs and circumstances of different clients. Handy Knowledge Application Program or KAP Keys condense the treatment principles and practices into ringed card sets that clinicians may carry with them.

Ultimately, staff engagement, consistency, and persistence of support for wellness must outpace the addiction process for the young persons to find their way toward health.

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- These are formalized in a theory and model of stages of change (Pre-Contemplation, Contemplation, Preparation, Action, Maintenance and Recycling) with testing and documentation throughout the addiction literature. One resource is Prochaska, J.O., Norcross J.C. & C.C. DiClemente (2004) Changing for Good: Overcoming Bad Habits and Moving Your Life Forward, Avon Books, 302 pgs.*
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