



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

June 26, 2015

The Honorable Peter MacGregor, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, Michigan 48933

The Honorable Earl Poleski, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, Michigan 48933

Dear Senator MacGregor and Representative Poleski:

This report is provided pursuant to the Department of Human Services' (DHS) Fiscal Year 2015 Appropriations Act, PA 252 of 2014, Article X, Section 711. This section requires the department unless already provided in the previous fiscal year, to submit the behavioral health study of juvenile justice facilities operated or contracted for by the state not later than June 30 of the current fiscal year.

The attached report is the result of the behavioral health study conducted by the University of Michigan. Pages 8 and 9 provide responses to the required criteria of the study in Fiscal Year 2014 Appropriations Act, PA 59 of 2013, Article X, Section 711.

If you have any questions, please contact Dr. Herman McCall, director of Juvenile Justice Programs, at (517) 241-3294.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nick Lyon".

Nick Lyon

Attachment: The Mental Health and Substance Abuse Status of Adolescents in Residential Placement

cc: Senate and House Appropriations Subcommittees on DHS
Senate and House Fiscal Agencies
Senate and House Policy Offices
State Budget Director

The Mental Health and Substance Abuse Status of Adolescents in Residential Placement

Principal Investigators

**Brian E. Perron, Ph.D. and Joseph P. Ryan, Ph.D.
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Research Associate

**Bryan G. Victor, MSW
Wayne State University**

**Final Report Submitted November 2014
State of Michigan, Department of Human Services
235 S. Grand Avenue, Suite 1201, Lansing, MI 48933
AGREEMENT NO: ADMIN-14-99022**

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Table of Contents

Executive Summary	5
Boilerplate.....	8
Background	10
<i>Residential Care, Mental Health and Substance Abuse in Juvenile Justice</i>	11
Methods.....	13
<i>Overview</i>	13
<i>Overview of Safety and Security</i>	13
<i>NIH Certificate of Confidentiality</i>	13
<i>Data Security</i>	14
<i>Recruitment Procedures</i>	15
<i>Study Arm 1: Parent Interview</i>	15
<i>Study Arm 2: Youth Interview</i>	16
<i>Measurement</i>	16
<i>Mental Health and Substance Use Disorders</i>	18
<i>Services for Mental Health and Substance Use Disorders</i>	19
<i>Study Arm 3: Case Record Extraction</i>	19
<i>Consent and Inclusion Rate</i>	20
<i>Analytic Strategy</i>	21
<i>Sample Description</i>	22
<i>Risk Assessment</i>	22
<i>Summary of Service Utilization for Mental Health and Substance Use Disorders</i>	34
<i>Summary of Residential Placement</i>	45
<i>Supplemental Analyses</i>	49
Discussion.....	50
<i>Summary of Findings</i>	50
<i>Methodological Consideration</i>	51
<i>Generalizability</i>	51
<i>Sample Size</i>	53
<i>Implications for Practice and Policy</i>	53
References.....	56

List of Tables

Table 1. Summary of MAYSI subscales	17
Table 2. Caution and warning thresholds	18
Table 3. Diagnostic summary of mental health and substance use disorders (SUD).....	25
Table 4. Prevalence of mental disorders with and without co-occurring substance use disorders (SUD)	25
Table 5. Prevalence of past 12-month drug use by drug type	29
Table 6. Summary of current mental health and substance use disorders observed in case records.....	29
Table 7. Summary of currently prescribed medications from case record extraction	32
Table 8. Mean and median of drugs taken by each juvenile justice detainee	32
Table 9. Summary of current prescription drugs	32
Table 10. Number and percentage of juveniles with current mental health or substance use needs	34
Table 11. Perceived social support for overall sample and by current mental health need and current substance use need	43
Table 12. Parents' explanation of barriers to mental health services for juveniles.....	44
Table 13. Summary of adolescent history and out-of-home placements based on case record review ...	45
Table 14. Breakdown of current DHS-determined risk level	46
Table 15. Summary of offenses by offense codes listed in DHS Juvenile Justice Field Services Manual Item JJ3 300.....	47
Table 16. Lifetime history of head injury, tobacco use and school related problems	49

List of Figures

Figure 1. Flow chart of study recruitment	21
Figure 2. Summary of MAYSI subscale scores	23
Figure 3. Prevalence of summary disorder categories by gender.....	27
Figure 4. Prevalence of summary disorder categories by race	28
Figure 5. Current and past service utilization for mental health and substance use needs based on case records.....	34
Figure 6. Mental health and substance use service utilization by mental health need based on case record	35
Figure 7. Mental health and substance use service utilization by substance-related need based on case record	36
Figure 8. Mental health and substance use service utilization by race based on case record	37
Figure 9. Mental health and substance use service utilization for overall sample as reported by juveniles	38
Figure 10. Mental health and substance use service utilization by mental health need as reported by juvenile	39
Figure 11. Lifetime mental health and substance use service utilization by substance use service need.	40
Figure 12. Mental health and substance use service utilization and need by gender	41
Figure 13. Mental health and substance use service utilization by race as reported by juveniles	42
Figure 14. Perceived social support for overall sample and by mental health need, substance use need, gender and race	44

Executive Summary

Background: The State of Michigan, via 2012 PA 200 sec. 1205, commissioned a study to review rehabilitative programming and residential placement of youth in the juvenile justice system to determine what changes, if any, may improve outcomes. Specifically the State of Michigan was interested in (1) the rates of mental health and substance use disorders associated with adolescents in Department of Human Services (DHS) supervised placements and (2) the mental health and substance abuse services associated with these adolescents. The information generated from the current study is designed to help Michigan DHS “assess the adequacy of juvenile justice assessment and treatment for emotional and addiction disorders; ascertain types or patterns of juvenile offenses and demographics that can and should be targeted for special preventive or rehabilitative measures. The executive summary highlights several of the main findings. The report also includes a “boilerplate summary” which captures the key findings as specified by the contract with DHS.

Methods and Sample Description: Participants in this study were youth residing in DHS supervised residential placements and their parents. Youth in this study (referred to as juvenile justice detainees or JJDs in the official study contract) were in placement as a result of a delinquent offense and limited or insufficient treatment options in their home community. The study consisted of three arms to collect the data necessary to determine the prevalence of mental health and substance use disorders among juvenile delinquents. The first arm was a parent interview to obtain initial consent and collect information (from the parent perspective) on the adolescent’s mental health, substance abuse and delinquent offending history. The second arm consisted of an on-site structured interview with the youth for whom parental and youth consent was obtained. The adolescent interview included an initial screen for acute mental health issues and a comprehensive diagnostic interview to assess for mental health and substance use disorders. The third arm was a thorough review of the individual case records maintained by the DHS caseworker.

Eighty-six juvenile detainees were interviewed. Youth were between the ages of 13 and 17 with a median age of 16. Eighty-eight percent were male, 39% identified as White, 27% as African American, 23% as multiracial, 5.5% as American Indian and 2.7% as Latino. Approximately 41% of youth were held back at least one grade, 78.1% experienced at least one out of school suspension and 62.5% experienced at least one expulsion from school. Also notable is the high prevalence of self-reported head injury (23.4%) and smoking (39.1%). On average, youth were 12.6 years of age at the time of their first arrest and had experienced more than five prior out of home placements. With regard to length of stay in residential care, youth were in placement approximately 11 months.

Mental Health and Substance Abuse Diagnoses: The findings indicate that approximately 75% of juvenile detainees met the diagnostic threshold for at least one mental health disorder. Mood disorders such as major depressive disorder and externalizing disorders such as conduct disorder were among the most prevalent. Approximately 30% of the youth interviewed met diagnostic criteria for a substance use disorder. Twenty five percent of youth met the diagnostic criteria for *both* a specific mental health disorder and a substance use disorder. Males in residential placement appear at higher risk of a substance use disorder, whereas female appear

at higher risk of an externalizing behavioral disorder. When comparing mental health and substance use disorders by race, youth self-identifying as “multiracial” (which represents 23% of the study sample) appear at a relatively high risk for anxiety disorders, externalizing disorders (approximately same risk as African American youth) and mood disorders. African American youth were associated with the lowest prevalence rates for a substance use disorder. More than 80% of the sample was taking at least one prescription medication. With regard to services, virtually all youth that need mental health services (as indicated by diagnostic criteria) receive mental health services. The findings are different with regard to substance use services – as less than 70% of youth identified with a substance use disorder report receiving services (of any kind) focused on substance use issues. The study was not able to capture anything specific to the frequency or quality of services. Overall, the findings reported from this study are consistent with much of the mental health and substance abuse literature focused on juvenile justice populations.

Conclusions and Recommendations: This study provides the basis for a number of policy and practice recommendations. The research process itself also yielded a number of other unanticipated but equally as important insights.

The following recommendations are therefore offered:

- The State in partnership with the residential providers must develop a mechanism to ensure working contact information for at least one parent or guardian. The researchers did not have any working contact information for 14% of the residential population. This is concerning as family contact and family engagement in treatment is critical to interrupting offending trajectories and improving the outcomes associated with adolescents in the juvenile justice system.
- A standardized set of assessments (across residential providers) must be developed to accurately and comprehensively identify youth at intake for mental health and substance abuse problems. This system would be relatively low cost to develop. A standardized assessment system would provide residential providers detailed information for treatment planning and would provide State administrators real time estimates of mental health and substance abuse needs at the population level. Such a system would also allow the State to compare outcomes for similar youth across different residential providers.
- The juvenile justice system needs improved information with regard to service delivery. Although it is important to know if youth are receiving mental health and substance abuse services in general, systems run more efficiently and more effectively when there is information specific to the types of services provided (i.e. quality) and the evidence base for such services.
- The juvenile justice system must collect longitudinal data (i.e. following individuals over time) for all youth assigned to a residential provider. Cross sectional data are useful in capturing a snapshot in time of the residential population. Unfortunately these data do not help system administrators and service providers understand youth outcomes over time. *How well are youth doing in residential care? How well are youth doing upon termination from residential care? How does the residential experience help prepare youth for the transition to adulthood? Which youth are mostly likely avoid subsequent contact with the justice system?* These questions are undoubtedly on the minds of

stakeholders with a shared interest in the juvenile justice population. Yet the answers to these questions require longitudinal data.

Boilerplate

The following items represent the seven questions put forth by the State of Michigan.

Please note: The reader is strongly encouraged to refer to the actual Results and Discussion section for further explication of the results. This will provide further context for understanding how percentages were calculated; percentages based on other measures and data sources; and their respective limitations.

(a) The proportion of juvenile justice detainees with a primary diagnosis of emotional disorder (74.4%, see Table 10), the percentage of those detainees considered to currently require mental health treatment (100% of those with a diagnosis require treatment), and the proportion of those detainees currently receiving mental health services (95%, see Figure 6), including a description and breakdown, encompassing, at a minimum, the categories of inpatient, residential, and outpatient care, of the type of mental health services provided to those detainees (see Figure 10).

(b) The proportion of juvenile justice detainees with a primary diagnosis of addiction disorder (29.5%, see Table 10), the percentage of those detainees considered to currently require substance abuse treatment (100% of those with a diagnosis require treatment), and the proportion of those detainees currently receiving substance abuse services (67%, see Figure 7), including a description and breakdown, encompassing, at a minimum, the categories of residential and outpatient care, of the type of substance abuse services provided to those detainees (see Figure 11).

(c) The proportion of juvenile justice detainees with a dual diagnosis of emotional disorder and addiction disorder (25%), the percentage of those detainees considered to currently require treatment for their condition (100% of those with dual diagnosis require treatment), and the proportion of those detainees currently receiving treatment for **both** disorder (16.4%), including a description and breakdown, encompassing, at a minimum, the categories of mental health inpatient, mental health residential, mental health outpatient, substance abuse residential, and substance abuse outpatient, of the type of treatment provided to those detainees.

(d) Data indicating whether juvenile justice detainees with a primary diagnosis of emotional disorder (27% ever hospitalized, see Figure 10), a primary diagnosis of addiction disorder (35% ever hospitalized, see Figure 11), and a dual diagnosis of emotional disorder and addiction disorder (50%) were previously hospitalized in a state psychiatric hospital for persons with mental illness. These data shall be broken down according to each of these 3 respective categories.

(e) Data indicating whether and with what frequency juvenile justice detainees with a primary diagnosis of emotional disorder (100% with at least one prior placement, see Table 13), a primary diagnosis of addiction disorder (100% with at least one prior placement, see Table 13), and a dual diagnosis of emotional disorder and addiction disorder have been detained previously (100% with at least one prior placement). These data shall be broken down according to each of these 3 respective categories.

(f) Data classifying the types of offenses historically committed by juvenile justice detainees with a primary diagnosis of emotional disorder, a primary diagnosis of addiction disorder, and a dual diagnosis of emotional disorder and addiction disorder. The most common single offense was

a probation violation (13.35%). Assault related offenses accounted for approximately 27% of all offenses and sex related offenses accounted for approximately 9% of all offenses (see Table 15). There were no differences with regard to the distribution of prior offenses by mental health and/or substance use diagnosis.

(g) Data indicating whether juvenile justice detainees have previously received services managed by a community mental health program or substance abuse coordinating agency. These data shall be broken down according to the respective categories of detainees with a primary diagnosis of emotional disorder (45.9% received services managed by a community mental health program or substance abuse coordinating agency), a primary diagnosis of addiction disorder (24.6% received services managed by a community mental health program or substance abuse coordinating agency), and a dual diagnosis of emotional disorder and addiction disorder (19.7% received services managed by a community mental health program or substance abuse coordinating agency),.