



**Council of the District of Columbia
Committee on the Judiciary
Performance Oversight Hearing
Pre-Hearing Questions and Answers**



Services for Committed Youth 4,5

4. Please describe any actions taken by DYRS in FY15 or FY16, to date, to identify those youth in the custody of the agency who have mental health challenges. Please also describe any additional services or supports that are provided to these youth while they are committed to DYRS, including a list of available residential placements that offer intensive mental health care. Please include any steps the agency has taken to increase the availability of placements in the District of Columbia that provide mental health care.

At the Youth Services Center, all youth detained regardless of legal status are screened for mental health issues using the MAYSI-2. All new admits, who are there for at least 24 hours, are assessed via a behavioral health intake. Clinicians use information from the MAYSI-2, intake assessment, file, and interview with the family to determine mental health status. After admission, youth continue to be monitored by direct care and behavioral health staff for any signs of distress to identify needs. The YSC provides individual therapy, psycho-educational groups (for committed youth only), crisis intervention, and connection to core service agencies for continuity of care, medication management, and psychiatric evaluations.

Every youth that enters New Beginnings Youth Development Center undergoes an intake which seeks to ascertain the youth's history of mental and behavioral health issues based on self-report. Any reported information that indicates a history of mental health concerns are further assessed by the Mental Health Specialist. In addition, the MAYSI-2 is utilized in order to further assess for mental health, as well as substance abuse, concerns. All youth who receive elevated scores on the MAYSI-2 are further assessed by the Mental Health Specialists to determine level of severity. After youth have been assessed, parents and/or legal guardians are contacted in order to obtain additional information, as well as confirm information provided by the youth. Previous psychological and psychiatric evaluations are also reviewed, and the Mental Health Specialists consult with the assigned Social Worker for additional information. After the aforementioned assessment process, the youth's identified difficulties are utilized to develop the youth's treatment plan. As new issues are revealed (through further assessment as the youth remains at our facility) the treatment plan is updated.

All committed youth at New Beginnings Youth Development Center receive individual therapy on a weekly basis, as well as specialized mental health groups and psychoeducational groups on a daily basis.



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As we entered 2016, we are increasing our assessment process in order to identify youth who have experienced significant trauma for the purpose of even more specialized treatment. Through the use of Trauma Informed Care Practices and Trauma Systems Therapy, we are adding to our assessment process. With the use of the Trauma Systems Therapy Assessment Form (along with other evidence-based trauma assessment tools) we are better able to determine which youth are in need of Trauma Systems Therapy.

Furthermore, as we entered 2016, New Beginnings Youth Development Center entered into a Memorandum of Understanding with The Wendtz Center for Grief and Loss who has agreed to provide specialized grief and loss, as well as traumatic grief and loss groups, to identified youth at the facility. In addition, we contracted with an Art Therapist who will provide behavior support services to youth receiving such services through their Individualized Education Program at Maya Angelou Public Charter School (housed at New Beginnings Youth Development Center).

Effective May 2014, DYRS began using the Child and Adolescent Functional Assessment Scale (CAFAS) to better assess each youth and to better inform the treatment planning process. The CAFAS is used to assess the degree of impairment in children and adolescents with emotional, behavioral or substance use symptoms/disorders. The CAFAS provides a rapid, visual profile of problem areas across settings.

July 2014 DYRS opened the Youth Assessment Unit (YAU). The YAU was established to help improve, strengthen and coordinate overall case planning. The core functions of this department are: to centralized the intake assessment process under one team; interpret and administer assessments and write initial treatment recommendations that identify the needs to be addressed through deliberate case planning.

The YAU is where the first contact with a youth takes place when in the community. Once assessments are completed and it is determined the youth requires intensive residential services, a referral is submitted to providers. If deemed the youth will remain in the community, the youth is referred to a core service agency (DBH) for individual and family therapy.

The following providers are Out-of-State psychiatric residential treatment facilities (PRTF) utilized to provide intensive mental health services to DYRS male and female youth from ages 16-18:

- *Acadia Millcreek Arkansas*
- *Alabama Clinical Schools*



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- *Coastal Harbor Treatment Center*
- *Devereux Treatment Center*

As the agency only offers four (4) intensive PRTF's to committed youth, it is with knowledge that there are clear challenges, youth with mental health needs often acquire especially in the capacity to maintain services they need to successfully transition to adulthood including mental health treatment, employment and vocational rehabilitation, and housing. However, DYRS has taken the necessary steps to ensure that a wide range of comprehensive mental health services are available to committed youth. To include, the increase in service delivery such as programming for youth with fire setting behaviors, sexual trauma, human trafficking, low IQ, chronic substance abuse and delinquent harmful behaviors. The agency has identified facilities to work with DYRS youth using an array of evidenced based approaches.

In addition, the agency has increased family engagement efforts at the onset of a youth's commitment by offering intensive wrap around services to include post discharge and family connections.

The agency has also increased collaborative efforts with District agencies to include the Children's SOC Roundtable meetings initiated by DBH which is geared to open the discussions around effective youth services, allocating pathways to positive youth treatment and expansion to mental health treatment services to include placement options. This allows DYRS to keep the lines of communication open with HCSN, DBH, CFSA and others to increase youth placement options outside of the DYRS network.

5. Please describe any actions taken by DYRS in FY15 or FY16, to date, to identify those youth who require treatment for substance abuse or addiction and describe any additional services or supports that are provided to these youth while they are committed to DYRS.

During FY15, DYRS addressed substance abuse barriers faced by the population through a variety of different mechanisms including, identifying varying substance abuse providers in the community, placing youth requiring severe intensive inpatient treatment in contracted facilities as well as collaborating with DBH on strategizing targeted programming for the transitional age youth population.

Hillcrest is located at the Achievement Center at 450 H. Street on Wednesdays to do Gain I assessments for DYRS youth in the community. We also brought on Life Deeds to do substance abuse education/prevention through DC Youth Link. For more intensive outpatient, we refer our youth to the APRA A STEP providers, Hillcrest, LAY and Riverside for assessment and treatment.



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At NBYDC, identified youth receive individual therapy once a week and participate in 12 weeks of substance abuse therapy utilizing the motivational enhancement therapy and cognitive behavioral therapy models. We conduct 12 weeks of SAMHSA (Substance Abuse and Mental Health Services Administration) approved education.

At the Youth Services Center, youth are administered the MAYSI-2, a mental health and substance abuse screening, upon entry. If committed youth flag on the MAYSI-2, the GAIN-Q is administered. Once completed the results of the GAIN-Q are forwarded and communicated to the assigned social worker of the youth. Afterwards, behavioral health clinicians interview all youth. This interview includes a series of questions used to assess substance abuse issues.

Currently, the YSC provides substance abuse education via individual sessions as well as psycho-educational groups. During both individual and group sessions, youth are provided education regarding substance use, and the clinicians work with the youth to identify the underlying issues that support continued substance use in order to assist with identifying healthy lifestyle options.

In 2016, the YSC will implement Adolescent Cannabis Users, Motivational Enhancement and Cognitive Behavioral Therapy, Cannabis Youth Treatment Series 1. Per its name, the program targets adolescent cannabis users. Per reports, cannabis usage is very high when we look at the youth served at the YSC. This identified program consists of five sessions and is a powerful treatment model that has been tested and proven effective in hundreds of outpatient treatment, juvenile facilities, and school based intervention sites throughout the United States and Canada. The course of treatment consists of two individual motivational enhancement therapy (MET) sessions, followed by participation in three group cognitive behavioral therapy (CBT) sessions.