

**Douglas County Youth Center
Behavioral/Mental Health Assessment & Treatment Draft
Pilot Proposal**

Background

Youth in residential placements have a disproportionately high rate of mental health and substance abuse disorders. The *Survey of Youth in Residential Placements* suggests that 45-69% of males have a diagnosable mental health disorder and that 50-81% of females have a diagnosable mental health disorder. This includes 22-55% of all youth in detention with a history of substance abuse. The crossover of youth reporting both mental and substance use disorders is significant. As much as 60% of youth with a psychiatric disorder also suffer with a substance abuse disorder. It is clear that timely access to assessment for and treatment of physical health, mental health, and substance use disorders is a vital part of juvenile justice health.

This proposal outlines a collaborative and multi-phase approach to provide behavioral/mental healthcare assessment and treatment for youth at the Douglas County Youth Center (DCYC). This collaboration will be managed by the Charles Drew Health Center (CDHC) in partnership with DCYC, the University of Nebraska Medical Center (UNMC), Creighton University, and the University of Nebraska at Omaha (UNO).

Assessment:

The current backlog to provide behavioral/mental health assessments for youth in DCYC is significant. These delays in assessment in turn delay the provision of adequate behavioral/mental health treatment and drive up housing costs at DCYC. This proposal calls for the formation of a cross-agency team of behavioral/mental health providers to come together to eliminate the current assessment backlog. Collaborative partners will include: Licensed Independent Mental Health Practitioners (LIMHPs) from CDHC, Child Psychiatrists, and Addiction Medicine Specialists from Creighton University and UNMC. A multi-disciplinary approach to behavioral/mental health assessment will help ensure that proper treatment planning is conducted for all required levels of care. Telemedicine technology will be utilized in some cases to maximize efficiency and cost-effectiveness of assessment services. Assessment areas of primary need include: child psychiatric services (including medication management), dual diagnosis evaluation and treatment for substance use disorders, and psychological competency evaluation services for those accused of sex offenses.

Treatment:

Accurate assessment and treatment planning are not the only barriers to the provision of behavioral/mental health treatment for youth once they leave DCYC. The lack of a "warm handoff" and a shortage of providers willing to treat the youth once they have been given a diagnosis are both significant barriers to care. An analysis of the home zip codes of the youth housed at DCYC shows that approximately 40% reside in the CDHC catchment area. This proposal calls for the establishment of an on-site collaboration between behavioral/mental health providers at CDHC and the medical care team at the DCYC. CDHC and DCYC will collaborate to develop individualized discharge planning to ensure continuity of services for youth upon release from secure care placements. One approach to ensure continuity of services calls for the embedding of CDHC therapists and contract providers in the secure placement setting. The same provider team would deliver behavioral/mental health services once the youth move from secure placement to outpatient or community-based care providers.

Workforce Development:

To begin to address the workforce shortages in this area, this proposal calls for the establishment of a structured training program for health professions students in juvenile justice settings in Douglas County. Providing structured professional training in juvenile justice settings can demonstrate the value of providing mental/behavioral health assessment and services in these unique settings. Health professions trainees in psychiatry will provide direct services to detained youth under the clinical supervision of professionals from Charles Drew Health Center, UNMC, Creighton University, and UNL.

Workforce development efforts should also include set aside funding for professional development/training for the existing team of providers to ensure delivery of the highest quality of care.

Draft Budget

Item	FTE	Total \$	Notes
Child & Adolescent Psychiatry Assessment Services	0.1	\$32,168.70	Provide psychiatric assessment services including medication management (collaboration of Creighton & UNMC faculty) (1 FTE child psychiatrist salary \$252,000 + benefits at 27.65% FTE = \$321,687. 0.1 FTE = \$32,168.70)
Pediatric Substance Use Disorder Services	0.1	\$28,192.50	Provide dual diagnosis evaluation, treatment and consultation services at DCYC (1 FTE addiction medicine salary \$225,000 + benefits at 25.3% FTE = \$281,925.00. 0.1 FTE = \$28,192.50)
Psychiatric Medication Management	0.2	\$25,720.50	Provide medication management services at DCYC (1 FTE psychiatric nurse practitioner salary \$98,925 + benefits at 30% FTE = \$128,602.50. 0.2 FTE = \$25,720.50)
Resident Stipend (Addiction Medicine Fellows/Child Psychiatry Fellows/General Psychiatry Residents)	.25	\$20,666.75	Support trainees in child and adolescent psychiatry, addiction medicine and general adult psychiatry to rotate x 6 months annually (Salary + benefits of House Officer Level 5 = \$82,667 x 0.25 FTE = \$20,666.75)
Medical Director	0.1	\$18,450	Manage delivery of behavioral/mental health assessment services in DCYC and work with external providers to ensure continuity of care in community-based settings. (1 FTE Medical Director = \$150,000 + benefits at 25.3% FTE= \$184,500 x .1 FTE = \$18,450)
Program Evaluation		\$19,498	The Juvenile Justice Institute at UNO will conduct an evaluation at the end of year 1 to determine the effectiveness of the enhanced

			evaluation and treatment options for detained youth.
Program Co-Coordinator	0.1	\$8,869.30	Provide oversight of programmatic operations and outcomes (1 FTE of Program Coordinator = \$68,226 + benefits at 30% = \$88,693.80 0.1 FTE = \$8,869.30)
Clinical Program Co-Coordinator	0.1	\$8,430.50	Provide oversight of clinical operations and outcomes (1 FTE of Clinical Program Coordinator = \$64,850 + benefits at 30% = \$84,305 0.1 FTE = \$8,430.50)
Projected Total		\$161,996.25	

Behavioral Health Re-Entry Program

Item	FTE	Total \$	Notes
Behavioral/mental health treatment services (new hire)	1.0	\$85,428.50	Masters level therapists to provide individual, group, and family treatment (includes salary & benefit costs)
Program Navigator	1.0	\$67,143	Assist with case management, referral management and supports the youth in connecting and accessing care during the reentry process. This person will also assist in providing a warm hand off to the youths school, the youth's home and any other community based programs in need to support (includes all salary & benefit costs)
Child & Adolescent Psychiatry Treatment Services	0.2	\$62,442.50	Provide psychiatric treatment services, including medication management (collaboration of Creighton & UNMC faculty) (1 FTE child psychiatrist salary \$225,000 + benefits at 27.65% FTE = \$312,212.50. 0.2 FTE = \$62,442.50)

Pediatric Substance Use Disorder Services	0.2	\$56,385.00	Provide dual diagnosis evaluation, treatment and consultation services at CHDC (1 FTE addiction medicine salary \$225,000 + benefits at 25.3% FTE = \$281,925.00. 0.2 FTE = \$56,385)
Resident Stipend	.25 FTE	\$20,666.75	Support trainees in child and adolescent psychiatry, addiction medicine and general adult psychiatry to rotate x 6 months annually (Salary + benefits of House Officer Level 5 = \$82,667 x 0.25 FTE = \$20,666.75)
Professional Development		\$10,000.00	Sponsor and attend local trainings to stay up to date on best practices in juvenile justice behavioral/mental healthcare delivery and host an annual live conference
Projected Total		\$302,065.75	

DCYC Evaluation & Assessment Cost Structure:

Co-Occurring Evaluation

\$313/Evaluation. No rate change if the evaluator has to go into DCYC. This evaluation includes a substance use evaluation, which complies with the Standardized Model for the Delivery of Substance Use Service requirements and an Initial Diagnostic Interview.

Juvenile Who Sexually Harm Evaluation

\$1,200/Evaluation. No rate change if the evaluator has to go into DCYC. A comprehensive evaluation to determine the risk of a client continuing sexually inappropriate behaviors and treatment recommendations. These evaluations are completed with juveniles who are adjudicated for a sexual offense, or in a Pre-Treatment Evaluation further evaluation for sexual issues were indicated. This evaluation shall include the elements as found in the Youth Who Sexually Harm Evaluation Attachment.

Psychiatric Evaluation

\$324/Evaluation; \$399 (if detained and conducted at the facility). Psychiatric Interview Only (conducted subsequent to an evaluation which included a social history) \$127/Interview \$202 (if detained and

conducted at the facility). This outpatient interview is conducted as a stand-alone evaluation to include a Biopsychosocial and Initial Diagnostic Interview, by a Physician or PA/APRN. It assesses or reassesses, if the juvenile presents with a behavioral health condition, and focuses on the possible need for psychotropic medication.

Medication Management

\$69/session. Service rendered by a qualified physician with the sole purpose of evaluating the juvenile's continued need for psychotropic medication, the provision of a prescription, and ongoing medication monitoring.

Psychological Evaluation

\$750/Evaluation Additional Testing \$90/Unit. No rate change if the evaluator has to go into DCYC. Evaluation consists of a Biopsychosocial evaluation, mental status exam and not to exceed 5 hours of psychological testing. Standardized testing is utilized to assess a juvenile's psychological or cognitive functioning

Substance Use Disorder Evaluation

\$190 / Addendum \$68. No rate change if the evaluator has to go into DCYC.

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