

PROGRAM INFORMATION:

Program Title:	Juvenile Justice Center Psychiatric Services	Provider:	Corizon Health
Program Description:	Corizon Health at Juvenile Justice Center provides psychiatric and mental health evaluation and assessment, crisis intervention, medication management, acute psychiatric referrals and case management services	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	June 23, 2014 to Present
Age Group Served 2:	TAY	Reporting Period:	July 1, 2017 - June 30, 2018
Funding Source 1:	Realignment	Funding Source 3:	Other, please specify below
Funding Source 2:		Other Funding:	Health Realignment.

FISCAL INFORMATION:

Program Budget Amount:	\$2,392,157 Behavioral Health Services	Program Actual Amount:	\$1,495,603
Number of Unique Clients Served During Time Period:	582		
Number of Services Rendered During Time Period:	7,273		
Actual Cost Per Client:	\$2,569.76		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	March 2014 – June 30, 2019 (3/25/2014 to 6/30/2017 plus two optional twelve-month periods)	For Other:	Correctional Facility
		Renewal Date:	07/01/2019

Level of Care Information Age 18 & Over:

Level of Care Information Age 0- 17:

The levels of care shown above do not apply. This program provides behavioral health services to juvenile patients housed at the Juvenile Justice Facility.

TARGET POPULATION INFORMATION:

Target Population: All youth in need of any type of mental health service while incarcerated or detained at the Juvenile Justice Campus.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Please describe how the selected concept (s) embedded :

Typically patients are identified through the intake process, sick call process, and CANS scoring assessment tool. Youth requiring an on-going treatment plan are seen bi-weekly and weekly as needed. All other youth are seen through the referral process. Encounters are recorded in the electronic health record (her) for all services. Services which meet criteria for Avatar entry are entered into the Avatar system.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Program Outcome Goals:

- 1) In-Custody youth detained at Juvenile Justice Campus facility will show a 5% improvement in the CANS-Life Domain Functioning Score.
- 2) Reduction of the number of youth placed on suicide precautions.
- 3) Reduction in the number of youth suicide attempts.

Access:

Every youth housed at the Juvenile Justice Center (JJC) has the ability to access mental health services via request or referral. In Fiscal Year (FY) 2017-18, the program provided 7,273 units of service to 582 unique patients. Services included mental health encounters (3,070), Mental Health referrals (1,569), Mental Health sick call requests (871), crisis intervention (228), Court ordered evaluations (135), Case management/linkage services (421), youths placed on suicide precautions (77), psychiatrist encounters (445) and medication support services (457).

Effectiveness:

The CANS assessments were tracked for the intake portion of every youth but the follow up 6 and 12 month CANS were not tracked. Due to an 8-month staffing vacancy during the fiscal year, focus was placed on day to day operations and Corizon was unable to track the CANS during this period.

The program met goals for reduction in suicide precaution placements as FY 2015-16 placements were at 159, FY 2016-17 placements were at 91, and FY 2017-18 placements were at 77. This lower number could be attributed to the Safety Cell program which provided safe placement of youth on Suicide Precautions as well as the ongoing suicide prevention trainings offered to JJC and Corizon staff. This was also the fourth year of the program which led to more familiarity with youth and better therapeutic rapport with youth. The downward trend from FY 2015-2016 to FY 2017-18 shows the effectiveness of the continued collaboration with custody staff and mental health clinicians. The clinicians were proactive in requests to see youth and were able to see youth prior to them acting out in attempts of self-harm. The collaboration with custody staff has continued to improve and has led to seeing warning signs earlier; therefore avoiding the need to be placed on watch.

The program did not meet goals for suicide attempt reduction as the number increased by fifteen. The increase could be attributed to having a number of higher risk youth who were less stable during this timeframe as well as an influx of new custody staff being employed. Corizon continued to provide more and effective mental health training for the officers with a continued emphasis on suicide prevention. We are working on having staff being more proactive and less reactive to working with youth before it escalates to a suicide attempt as well as identifying youth that meet the criteria for having a higher risk of attempting suicide.

Efficiency:

In FY 2017-18, there was an average of only 2 days wait time from placement of mental health request until service provided by a licensed mental health clinician. Information in Avatar does not account for patients who are not in crisis, not on psychotropic medication, not on a treatment plan, and do not have a serious mental illness, but still require mental health-type treatment. Some examples are: youth having a difficult time adjusting to being in custody, moderate depressive symptoms and disorders. Corizon also offers services to youth who have other conditions that may be a focus of clinician attention such as parent/child relational problems, disruption of family by separation or divorce, upbringing away from parents, sibling relational problems, personal history of self-harm and phase-of-life problems.. At JJC, we see all children who require services, even if only in a singular instance.

DEPARTMENT RECOMMENDATION(S):

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