



Existing service gaps identified by 19 Wisconsin counties

A critical *Project Fresh Light* goal is to “Identify existing gaps and subsequent models/solutions to provide seamless services for adolescents with mental health and substance abuse issues.”

As you know, the Wisconsin human services system is organized by county to be responsive to local needs. Each county has developed its own structure for adolescent substance abuse. In our travels, we have found some challenges and gaps that apply in many circumstances.

On the Road

is a monthly column. It will feature *Project Fresh Light* Strategic Consultants **Judy Adrian** and **Carol Lobes** as they make their travels through several Wisconsin counties that are partnering with *Project Fresh Light*. They are charged with identifying and defining a baseline of treatment services related to adolescent substance abuse and co-occurring mental health conditions in those counties.

We’ve visited 19 counties to date in order to formulate the baseline information on existing service to youth with substance abuse/co-occurring mental health challenges. The counties visited are diverse by region, rural/urban population, and culture.

Below is a list of challenges and gaps that respondents identified in the course of these county visits. They are organized in four categories: (1) Work force and system development; (2) Evidence-based programs; (3) Finances; and, (4) Family. Within each category, the items most discussed across the county interviews appear first.

Work force and system development

- **Intensive in-home therapy** (Need in-home teams; Intensive in-home care)
- **Inpatient treatment** (Need for adolescent specific inpatient and longer residential treatment; Adolescent day treatment)
- **Adolescent psychiatric** (Need for adolescent psychiatric services/child psychologist access; Adolescent mental health facility; Tele-psychiatry start-up costs and face-to-face time)
- **Aftercare** (Need for adolescent-specific aftercare; Aftercare in subsidized adoption situations; Alateen program)
- **Family therapy** (Need for family systems therapy in addition to one-to-one therapeutic approach; Wraparound program for older teens; Out-of-home placements increased and youth are staying longer)
- **Waiting lists** (Need for immediate treatment; No emergency services for adolescents; Use of out-of-state services)
- **School relationships** (Need for expanded school relationships; Alternative and/or recovery schools; Question zero tolerance programs in schools; Need for connections across agencies and organizations working with youth)
- **Judicial** (Need for assigned juvenile judges and/or longer rotations when possible)
- **Data management** (Need for better data completeness and management; Baseline of information regarding practices for adolescent gender-specific substance abuse and co-occurring treatment; Less paperwork and a better tracking system needed)

(continued on Page Eleven)

On the Road

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*Judith Adrian &
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(continued from Page Ten)

- **Girls** (More girls needing treatment; Significant mental health and AODA connection with girls; Targeted services for girls and their mothers)
- **Training** (More adolescent-trained police-school resources and counselors; More adolescent social workers)
- **Co-occurring** (AODA and mental health issues significant in detention and mental health systems)

Evidence-based programs

- **Continuing education** (Need continuing education for providers, staff, judges, and district attorneys on trauma and adolescent brain development)
- **Co-occurring** (Need for treatment for adolescents with co-occurring diagnoses; Adolescent treatment facility that focuses on criminal thinking, choices and anger management)
- **Trust of adults** (Need adults to trust; Youth seem disenfranchised from adults and from services; Great distance between youth and adults; No mentoring program for youth in recovery; Understand the power of the nonprofessional adult in recovery process)
- **Continuity of care** (Need for continuity of care; Integrated services team)

Finances

- **Funding shortages** (Needed programs are being cut: Youth early-intervention program was cut--sorely missed; Homework Center was cut; Delinquency worker position lost)
- **Underinsured youth** (Need to access county services; Hard to find treatment; Few avenues for families who are not indigent but have few resources; Higher limits for in-patient care)
- **MA-CSS** (Concerns about match requirement to become CCS county; Would MA-CCS benefit fund intensive in-home program?)

Family

- **Voices** (Need increased opportunities for family and youth voices to be heard throughout the system; Need for more parent involvement)
- **Family networks** (Need family networks that focus on mental health issues and adolescent substance abuse)

This list identifies major gaps named in the 19 county interviews. The second phase of the goal is to identify “. . . subsequent models/solutions to provide seamless services for adolescents with mental health and substance abuse issues.” A number of project initiatives are already underway through *Project Fresh Light* to begin to address these issues.

Another gap for consideration is the research to practice (or science to service) gap. As we move forward in incorporating new models and solutions into our organizations, we need to consider how to best consciously implement these changes. We refer you to an excellent article on this topic: *Implementation: The Missing Link between Research and Practice* by Dean Fixsen, Sandra Naom, Karen Blase, and Frances Wallace. (Winter/Spring, 2007). (APSAC Advisor Excerpt, University of South Florida; http://cfs.fmhi.usf.edu/cfsnews/2007news/APSAC_Nirn.html) In this article, the authors explore the challenges and strategies related to implementation of evidence-based treatment interventions into direct practice.