



The POST Project – a  
collaboration between UW,  
SCH, and DCYF JR

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# Helping End Addiction Long-term Initiative

- \$2 billion initiative multi-institution initiative
- 12 NIH Institutes/Centers
- Federal Partners: FDA, SAMHSA, CDC, HRSA, AHRQ, Centers for Medicare & Medicaid Services, Department of Veterans Affairs, DOJ, Office of Assistant Secretary for Health



# Priority Areas

- Novel Medication Options for Opioid Use Disorder and Overdose
- Translation of Research to Practice for the Treatment of Opioid Addiction
- New Strategies to Prevent and Treat Opioid Addiction
- Preclinical and Translational Research in Pain Management
- Clinical Research in Pain Management
- Enhanced Outcomes for Infants and Children Exposed to Opioids



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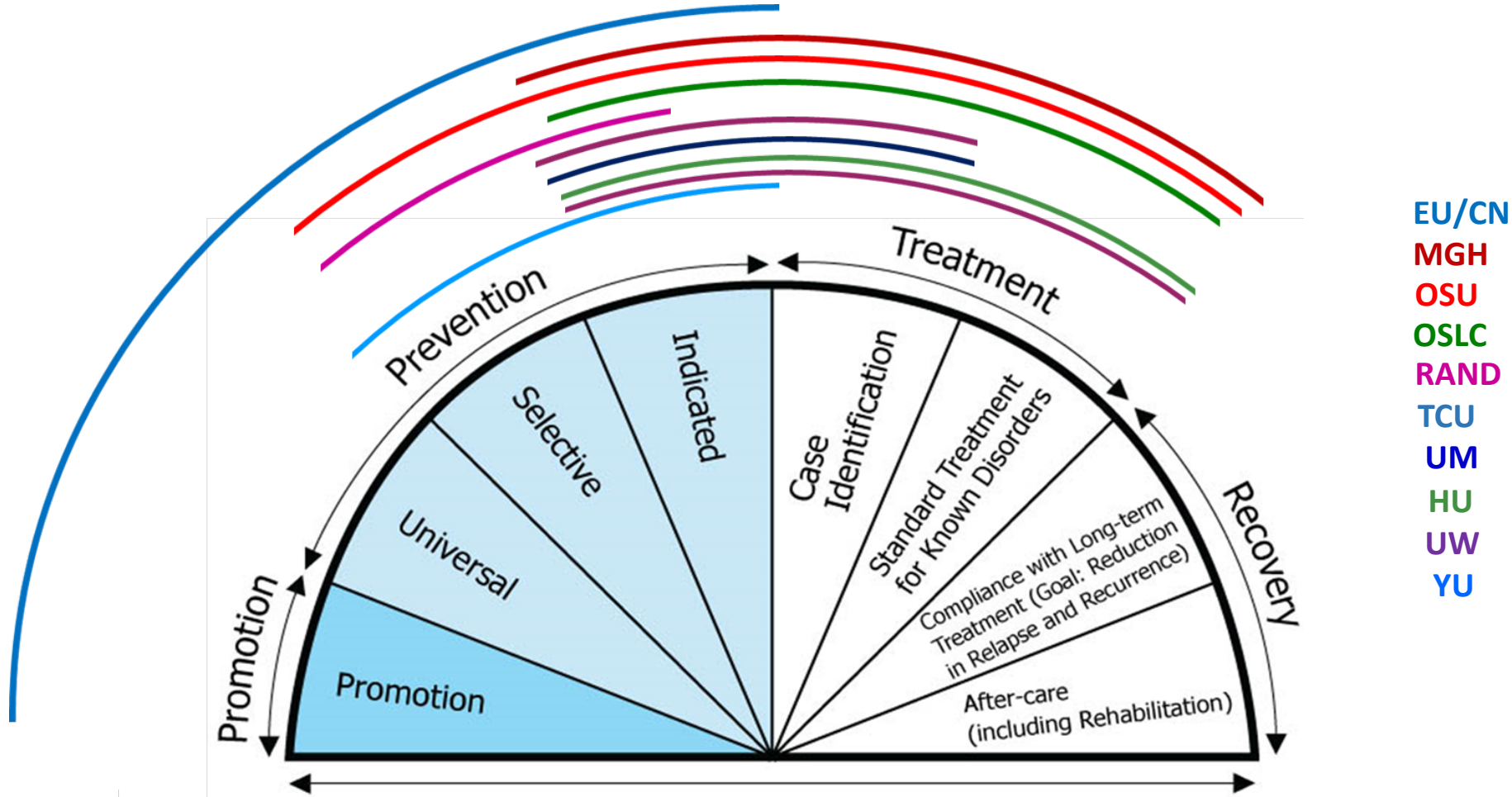
# Preventing Opioid Use Disorder in Older Adolescents and Young Adults Initiative



# HEAL Prevention Initiative Projects

- 10 projects
- All focused-on adolescents and young adults (AYA) 16-30 years
- Target populations
  - Incarcerated AYA (2)
  - Native AYA (2)
  - Homeless AYA (1)
  - School-based settings (2)
  - Youth with mental illness (1)
  - AYA parents involved with child welfare system (1)
  - AYA in hospital ER setting (1)

# HEAL Prevention Initiative Project Continuum



Substance Abuse and Mental Health Services Administration, 2014. Retrieved from <http://www.samhsa.gov/prevention>

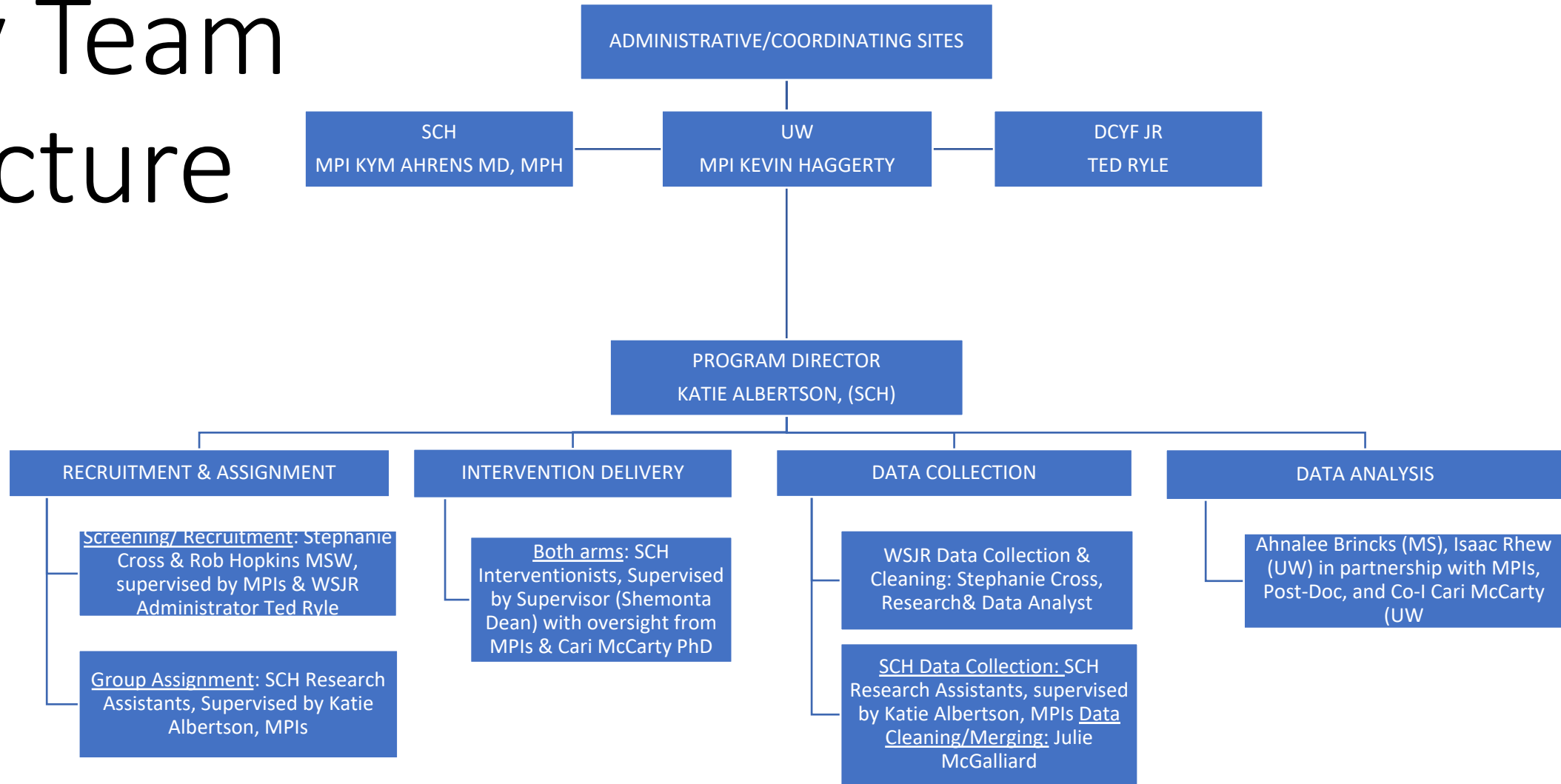
# POST Study

- Partnership between Seattle Children's Hospital, University of Washington, and Washington State Department of Children, Youth, and Families Juvenile Rehabilitation (DCYF JR)
- Funded 2.5 years ago
- Project aims: Evaluate the effectiveness of supporting transition out of confinement for youth confined in the 11 DCYF JR facilities as opioid use prevention strategy.
- First two years = planning and piloting process to ensure success of full trial
- Full trial phase = 3 years





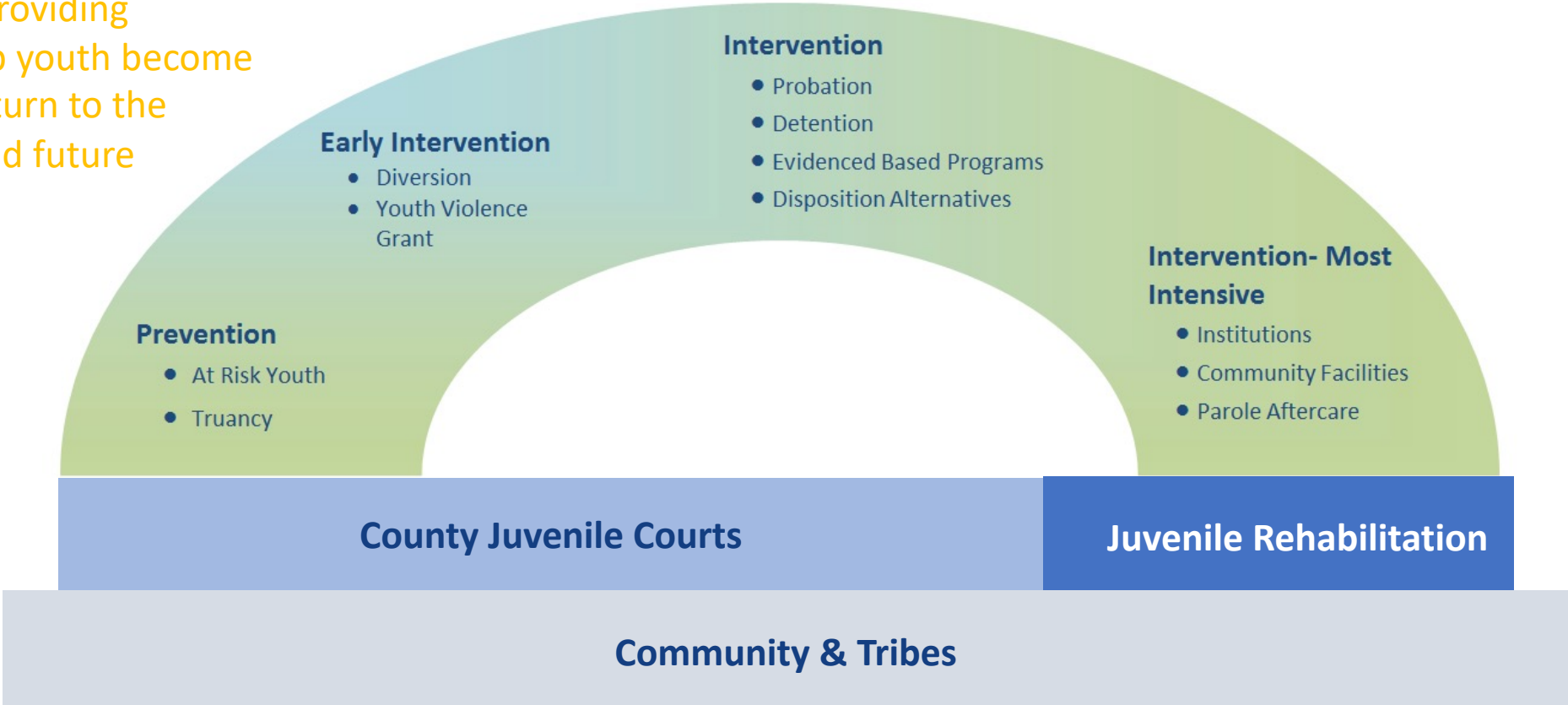
# Study Team Structure



# Washington Juvenile Justice System

**Counties and state juvenile programs share the same goal:**

Public safety while providing rehabilitation to help youth become successful adults, return to the community, and avoid future crimes.



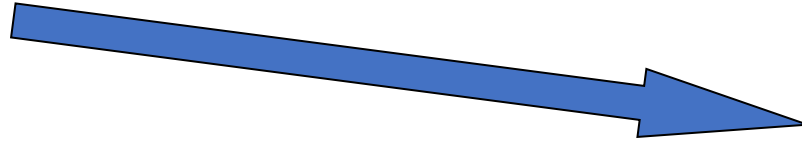
# JR Service Delivery System



## Institutions

- Echo Glen Children's Center(Snoqualmie)
- Green Hill School (Chehalis)
- Naselle Youth Camp (Naselle)

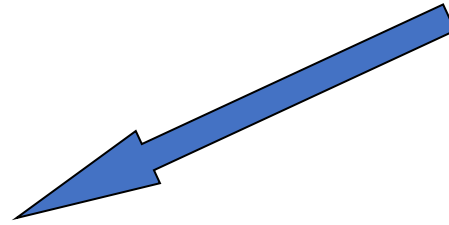
Residential care: 852 youth served (FY2020)  
Average length of stay: 391 days (FY2020)



## Community facilities

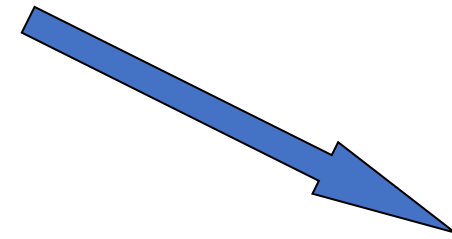
Located in Kirkland, Lakewood, Olympia, E. Wenatchee, Ephrata, Kittitas, Yakima, Richland

**434 young people released in FY20**



Parole aftercare 48%

Average Length for Parole: 4-6 months  
Sex Offender Parole: 24-36 months



**Coming soon:**

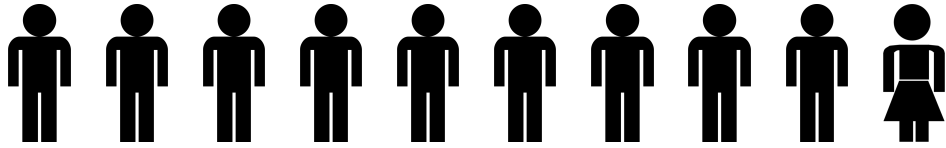
## Community Transition Services

Young person serves portion of sentence in home community

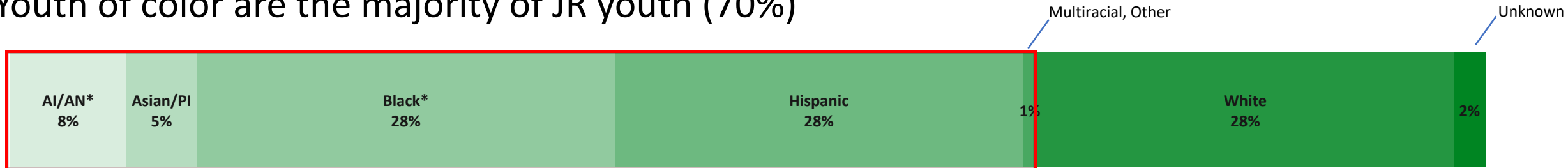


# Current residential population

- Over nine in ten JR youth are male (92%)



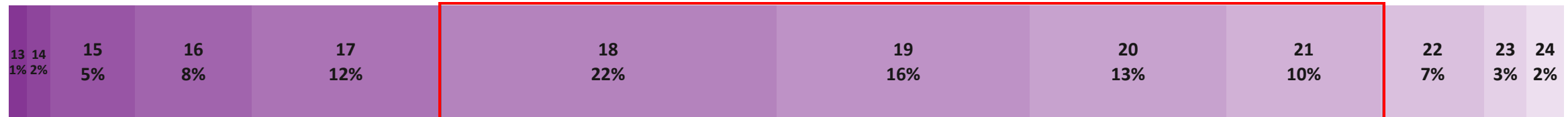
- Youth of color are the majority of JR youth (70%)



\*American Indian/Alaska Native (AI/AN) - Multiracial and Black – Multiracial categories have been combined with AI/AN and Black respectively, according to the [WSRDAC M standard](#).

- 72% of JR Youth are age 18 or older; 61% are age 18-21

## Current Age:



Due to rounding, age categories do not sum to 100%.

# Recent Legislative Changes & Investments

- **JR to 25**
  - Moved young people from DOC to JR who qualified, expanded age to 25
  - Investments in post-secondary and vocational programs
- **Less restrictive care (HB1186)**
  - Community Transition Services – serving part of sentence on EM in home/community
  - Community facility investments
  - Expand reentry aftercare support for all young people
  - Revamp risk/needs and actuarial assessments
- **MH and SUD interventions**
  - Increased investment
- **Institutional Education (HB1295)**
  - Dropout reengagement examination
  - Professional development for IE staff
  - OSPI to modify or establish IE requirements
  - Develop recommendations of a reformed & funded IE program
- **Solitary confinement**
  - Increased focus and requirements
  - Limited Room Confinement and Isolation only



# Serving Young Adults to Age 25

- 2018

- E2SSB 6160
- Extends **juvenile jurisdiction** for three types of crimes up to age 25
- A++ Crimes include:
  - Robbery 1
  - Drive By Shooting
  - Burglary 1 (if juvenile has a prior felony or misdemeanor offense)
- 12 month Firearm enhancement
- 3 month Gang enhancement.

- 2019

- E2SHB 1646
- Individuals convicted in **adult court of a crime that was committed while under the age of 18** are placed in the initial custody of the DCYF instead of DOC.
- These individuals may remain in the custody of the DCYF until the age of 25 (previously 21).
- Creates an MDT process
- Allows persons in the custody of the DCYF with an earned release date between age 25 and 26 to serve sentence in partial confinement on electronic home monitoring.

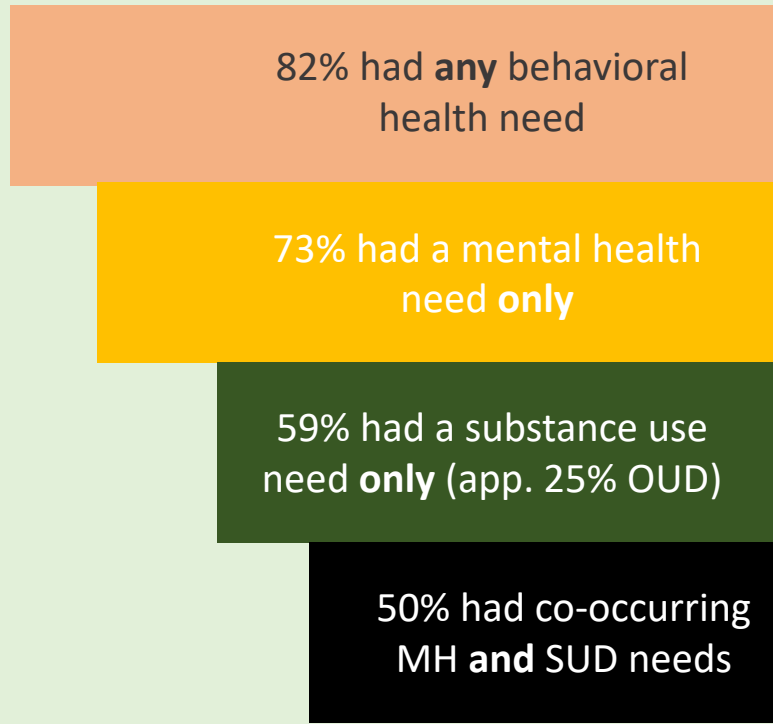
*“Every person has a gift – if we put these gifts together we can make a difference.”*

– P.V. young adult, JR to 25 workshop, November 2018

# Medicaid Coverage & Behavioral Health 2019

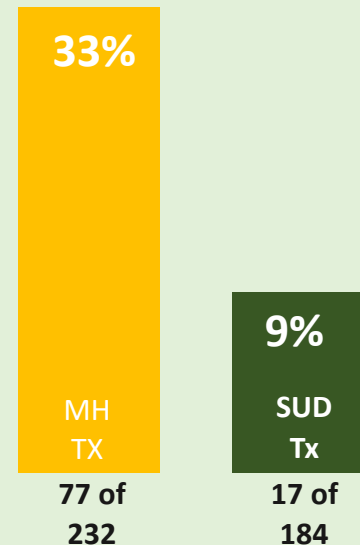
## Needs

Behavioral health needs of youth released with Medicaid (344, 86% of all releases)



## Services

Youth with Medicaid and need receiving service three months post release.



## Disparities

Rate of service access for BIPOC relative to White, Non-Hispanic.

DEMOGRAPHIC	MH	SUD
Black	-22%	-15%
Asian American/ Pacific Islander	-20%	-17%
American Indian/ Alaska Native	-11%	-12%
Hispanic	-8%	-5%



# POST OUD Prevention Project DCYF Team Members

- **Ted Ryle**, Clinical Director, Co-Investigator
- **Robert Hopkins**, POST Project Manager
- **Stephanie Cross**, Data Analyst, Office of Innovation, Accountability & Alignment
  - **Year 1 Planning** (2019-20)- Relationship building, visioning, and problem solving
  - **Year 2 Piloting** (2020-21)- Field orientation. Testing of processes and procedures. Frequent leadership and field/facility input
  - **Year 3-5 Full Study** (2021-2024)- Systems developed to coordinate opt in, surveys and intervention. Continuing education of DCYF/JR staff and young people regarding the project, service and opportunities.





# INTRODUCTION

**Overarching UG3/UH3 Goal:** Evaluate opioid prevention intervention strategies of various intensity levels among SUD and non-SUD youth transitioning from juvenile justice back into the community.

- Adolescent Community Reinforcement Approach (ACRA) is an evidence-based package for SUD treatment; it hasn't been studied as prevention.
- Also included Motivational Interviewing (MI) and Trauma Affect Regulation: Guide for Education and Treatment (TARGET) content.

**Overarching Hypothesis:** Prevention/treatment of non-opioid substance use disorders (SUDs) by strengthening skills and social connections is the best way to prevent opioid use initiation/escalation.

## UG3 AIM

- To develop and refine feasibility of protocols and procedures, recruitment, engagement, and retention strategies.

## METHODS

- Sequential Multiple Assignment Randomized Trial (SMART) experiment
- Pilot study with 31 incarcerated youth transitioning out of WA State detention facilities; full trial with 200-250 youth
- 2 intervention intensities based on ACRA
- Youth with OUD currently excluded (prevention grant)



# INTERVENTION DEVELOPMENT/MODIFICATION PROCESS

- Intervention supervisor hired during UG3 phase to deliver the intervention during the pilot and give integral feedback for the development and modification process.
- Weekly (or more frequent) intervention development meetings with the research team.
- Periodic meetings with developers of ACRA and TARGET.
- Fluid modification of intervention content throughout pilot to allow for testing of modified content.
- Participant feedback regularly solicited by interventionist.

# PILOT RESULTS

Variable	% or Mean (Range) (N=31)
Age	18.4 (16-23) years
Gender	94% Male
Race/Ethnicity	
Black/African American	39% (↑↑)
White/Caucasian	35% (↓)
Latinx/Hispanic	26%
Asian/Pacific Islander	0%
American Indian/Alaskan Native	16% (↑↑)
Something else	32%
Unknown	3%
Had non-Opioid SUD at Baseline	<b>74%</b>

**Prior to pilot estimate = 55% SUD → pilot = 74% SUD → 1<sup>st</sup> 3 months full study = 95% SUD**

# PILOT RESULTS (Continued)

Topic	Examples of changes made	
<b>Screening</b>	Reconfirmed or corrected state SUD classification	Changed SUD definition for over 21 years
<b>Recruitment</b>	Obtained parental consent waiver for some youth	Adapted flyer based on youth feedback
	Created video flyer for youth with literacy challenges	Translated materials into Spanish
<b>Data collection</b>	Replaced some measures with RTI common measures	Rearranged questions to decrease survey fatigue
<b>Intervention</b>	Increased # of in-person sessions	Revised content for both intensity interventions to make more distinct
	Defined minimum sessions	

**Recruitment rate:** 39% 1<sup>st</sup> ½ of pilot → 60% 2<sup>nd</sup> ½ → 70-80% 1<sup>st</sup> month of full study!

# MAIN UPSHOTS RELEVANT TO THIS AUDIENCE

- It is feasible to develop a university/hospital/agency collaboration and conduct a prevention study
- Populations highly affected by adversity/negative adolescent outcomes need prevention too
- We needed two years of planning time to ensure success of full study as well as personnel both in and out of DCYF JR
- Partnerships in one aspect (research) can lead to other collaborations (eg other grants, Dr. Ahrens' Medical Director role)
- Anecdotal data suggest ACRA-based preventive intervention is a promising approach

## NEXT STEPS

- UH3-funded full SMART trial with 200-300 youth is currently underway
- Seeking SAMHSA funding to include youth with existing moderate or severe OUD