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Did you know?

49% of adolescents in the U.S. who were admitted to substance abuse treatment in 2009 were referred by the criminal justice system.¹

60 to 70% of the young people in the juvenile justice system meet the criteria for a mental disorder.²

More than 60% of youth with a mental disorder also meet criteria for a substance use disorder. ²

7% of U.S. youth between the ages of 12 and 17 have a problem



Did you know?

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with illicit drug dependence or abuse. Only 8% receive treatment.3

5% of U.S. youth between the ages of 12 and 17 have a problem with alcohol dependence or abuse. Only 6% receive treatment.³

In this issue of ASI-MV Connect

Moving young people with mental health and substance abuse issues away from the juvenile justice system and into appropriate treatment has become a primary goal of behavioral health and justice reform advocates. To achieve this goal, timely and effective behavioral health screenings and assessments are essential. Back to top

Adolescent assessment and juvenile justice

Organizations as diverse as the Substance Abuse and Mental Health Services Administration (SAMHSA), the John D. and Catherine T. MacArthur Foundation, and the U.S. Department of Justice's Office of Juvenile Justice are working to develop best practices for diverting young people from the juvenile and criminal justice systems to appropriate behavioral health treatment. (You can see some of the programs on the MacArthur Foundation's Models for Change: Systems Reform in Juvenile Justice website.)^{4,5} As states and local jurisdictions adopt these models, they will need to add earlier and more frequent behavioral health screenings within the juvenile justice process. Behavioral health providers will

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be needed to work with schools, police, and courts, to provide screenings and assessments when young people come in contact with the juvenile justice system, and ideally, to identify youth in need of treatment *before* they come into the legal system. A self-administered assessment such as The Comprehensive Health Assessment for Teens (CHAT) can make clinically-validated, standardized assessments available in more settings. CHAT's interactive, multi-media design engages adolescents' attention, and young people are especially likely to be more forthcoming on a computer than in a face-to-face interview. CHAT follows a developmental approach and assesses strengths as well as problem areas, providing a comprehensive assessment. Because CHAT is online, it can be administered wherever there is Internet access, enabling timely assessment for behavioral health risks at more points in the system. Back to top

Introducing the CHAT Summary Report

You spoke; we listened.

We've been surveying customers about how they use CHAT and how we can improve it. Many of you asked for a report that summarizes the results of the assessment in a briefer format than the full CHAT Narrative Report, which can run more than 20 pages. In response, we've added the CHAT Summary Report to supplement the more detailed CHAT Narrative Report. The summary calls out psychiatric risks in an easy-to-read table, and assigns composite numeric scores in six domains (psychological health, family relationships, peer relationships, tobacco use, alcohol use, and drug use), presented in a bar chart. The chart also shows the client's

degree of concern and desire for help for each domain. For counselors who share the CHAT results directly with clients, the chart and table provide a springboard for further discussion. The chart of psychiatric risk and trauma can help counselors identify and focus on any issues that take immediate priority. The summary's visual representation of problem areas and their severity can help adolescents recognize that their issues are real and serious, which is often an important step with teens who may regard their drug and alcohol use as normal.

Psychiatric risk, physical health, substance use, family relationships, peer and sexual relationships, school, employment, and legal issues are summarized in brief narrative paragraphs that quickly provide supporting detail without resulting in an overly-lengthy report. The CHAT Summary Report is available now to customers who use the online version of CHAT.

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Help for ASI-MV and CHAT users

Do you have staff members who are just getting started with ASI-MV or CHAT? Or maybe you'd like a quick review yourself? The Quick Start Guide, provides a six-page summary, with screen shots, of how to access and organize your interviews and reports.

The <u>Analytics Guide</u> is a good starting point when you want to view aggregated data about your client populations. The guide includes descriptions of the standard available reports and screenshots that show you how to choose and generate the reports you need. You can also contact our Customer Support for help and information about webinar training at (800) 848-3895 option 4.

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Does "relapse prevention" have a place in treatment? What are your favorite relapse prevention tactics? <u>Join the discussion</u> with other substance abuse professionals on the *ASI-MV Connect* group on LinkedIn.

The ASI-MV Connect LinkedIn group is a source of new contacts and connections among behavioral health researchers, technology developers, and clinicians who are using technology to enhance their practices.

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About this newsletter

The ASI-MV Connect newsletter is a free bimonthly publication for professionals in the substance abuse field. It will keep you updated on addiction and assessment research, ASI-MV Connect product developments and features, and ways to make the most of your ASI-MV Connect subscription.

We encourage you to forward this newsletter to your colleagues.

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