

**Youth Empowerment and
Diversion: Promising
Practices**

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University of New Hampshire

Outdoor Behavioral Healthcare
Council

**(25) YOUTH EMPOWERMENT AND DIVERSION:
PROMISING PRACTICES**

JOINT COURTS, CORRECTIONS & JUSTICE
COMMITTEE AND LHHS SUMMIT
ON JUVENILE JUSTICE
SEPTEMBER 23, 2015

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BOARD MEMBER, SFMC

Four Key Questions

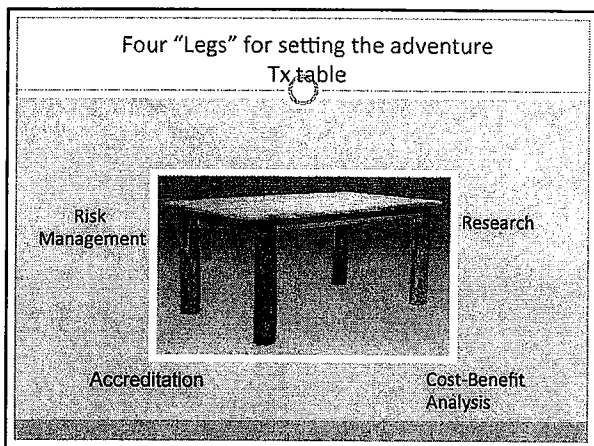
- Does the program really work?
- Can you keep consumers/providers safe?
- How can you tell good programs from bad ones?
- Is it worth the money?

OBH programming defined

- "...the prescriptive use of adventure experiences by mental health professionals, often conducted in natural settings that engage clients on cognitive, affective, and behavioral levels." (Gass, Gillis, & Russell, 2012)

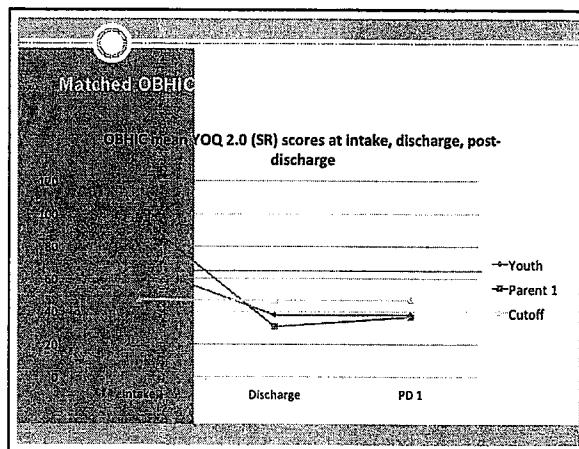
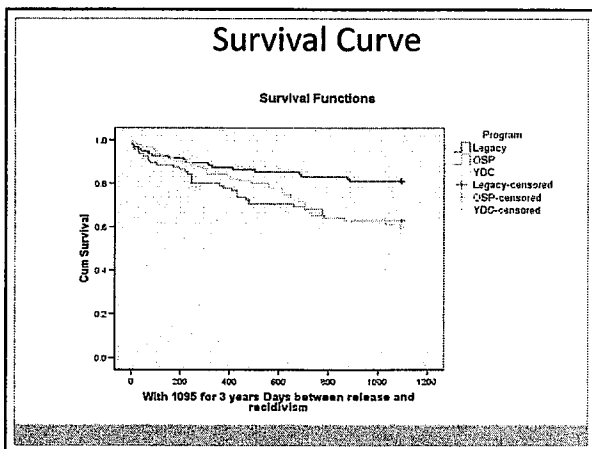
OBH ELEMENTS

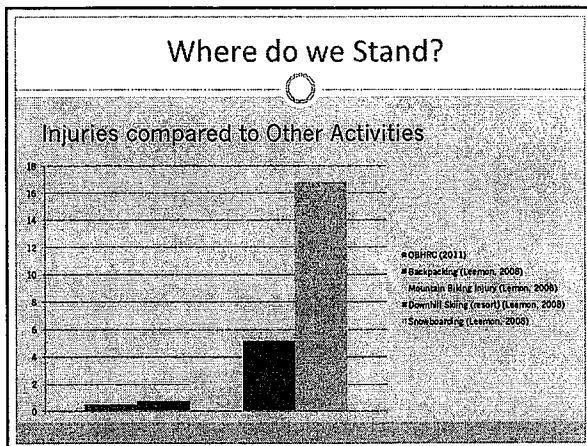
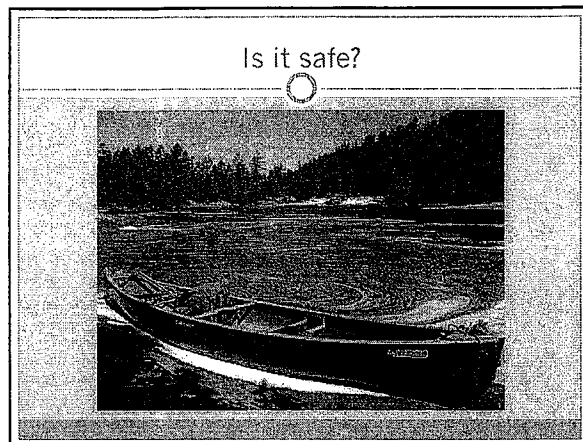
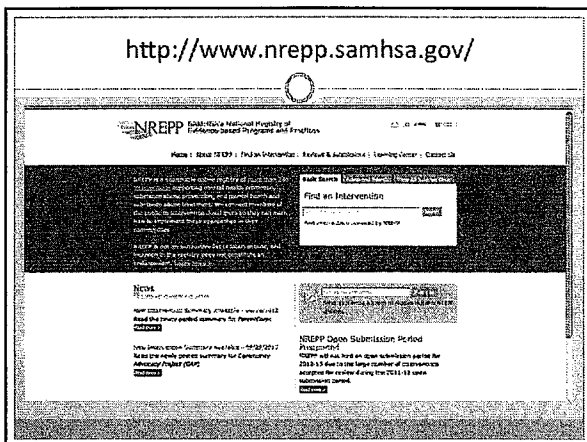
- Extended backcountry travel and wilderness living experiences long enough to allow for clinical assessment, establishment of treatment goals
- Active and direct use of clients' participation and responsibility
- Continuous group living and regular formal group therapy sessions to foster social interactions
- Individual therapy sessions, often supported by family therapy,
- Adventure experiences utilized to appropriately enhance treatment by fostering the development of eustress (i.e., the positive use of stress).
- The use of nature in reality as well as a metaphor within the therapeutic process, and
- A strong ethic of care and support throughout the therapeutic experience.



Gillis, Gass, & Russell (2008)
Residential Treatment of Children & Youth

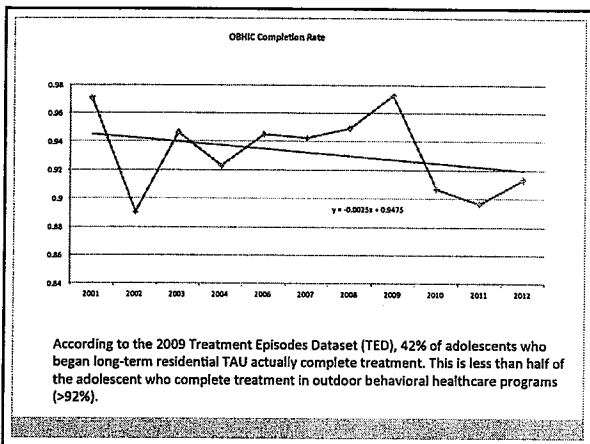
- Compared PA's BMtA, outdoor therapeutic camping, & group homes in GA
- Significant re-arrest rates differences 1, 2, & 3 years later





Risk Management

In 2014, an adolescent was about 2 times more likely to go to the emergency room for an injury at home as they were on an OBHHC program

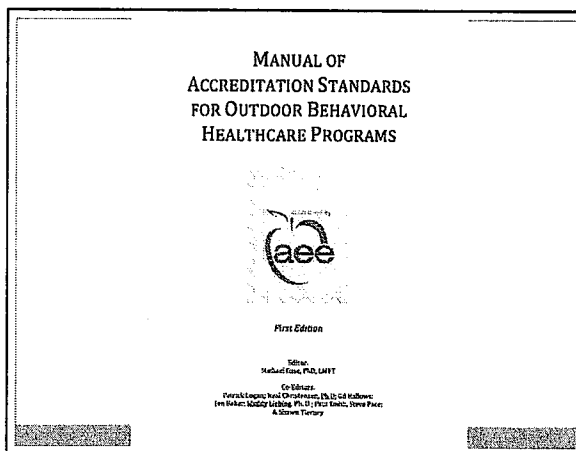


Advancing LEGACY Claims

Even though the LEGACY Program costs more than the treatment as usual program (YDC), its significant treatment effectiveness *not only produced more non-reeidivating youth, it also resulted in a savings of \$205,135 over the YDC "treatment as usual" program* for each successfully treated adolescent. When compared to the *Specialized Treatment Program it resulted in a \$747,549 savings* for the State with these youth.

Legacy Program Advance in Adventure Programming

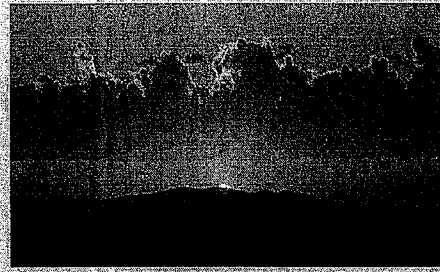
Program	Length of stay in Placement Mean (N) (SD)	Cost per day of Program	Average cost of treatment	Benefits (total) minus costs per participant	Total Savings for State (Benefits x number of non-reeidivating youth)
YDC	173 (88) (75.6)	\$192	\$33,216	28,769 (x 56)	\$1,611,064
LEGACY	177 (93) (77.6)	\$217	\$38,409	23,587 (x 77)	\$1,816,199
SP	198 (85) (74.5)	\$220	\$43,560	18,425 (x 58)	\$1,068,650
Total	182 (266) (76.4)				



OBH Accreditation

- AEF and OBHIC created an OBH-specific accreditation process
- Related OOPs accreditation research – AEF accredited programs 6x less accidents than non-accredited colleague programs
- Sets the bar for excellence in OBH
 - Policy
 - Program administration
 - Risk management
 - Research
 - Therapeutic approaches
 - Ethical treatment of clients

The Outdoor Behavioral Healthcare Center at the University of New Hampshire



obhcenter.org

What we know....

- The prescriptive use of wilderness experiences provided by mental health professionals to meet the therapeutic needs of clients.
 - Quality programs do work
 - Adolescents are safer in treatment than in their communities
 - Accreditation can help you identify excellent programs
 - Research suggests it is worth the money

WHY RESEARCH?



When done correctly, research encourages to reach for the highest ethic of *care* and *compassion*.

Questions?



Thanks!
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