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MENTAL HEALTH SERVICES FOR DETAINED YOUTH

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MENTAL HEALTH SERVICES FOR DETAINED YOUTH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Arlene Padilla
Vanessa Salcedo

May 2021

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ABSTRACT

On any given day thousands of youth are detained in a juvenile detention facility in the United States as a result of involvement in the juvenile justice and criminal system. Youth's access to resources such as mental health services are often impacted by this. Therefore, the researchers of this study have analyzed the youth's utilization and access to behavioral health services within the juvenile halls of Riverside County. Using a quantitative method, the researchers found statistically significant differences between the utilization of services from the 2015-2016 fiscal year to that of 2019-2020. Additionally, the researchers provided implications and recommendations. The need to protect at-risk youth and those already detained is of importance to the social work profession, whose mission is to promote human well-being and stand against social injustice. The data analysis could have an impact on the social workers' role in making youth mental health a priority for California's juvenile justice system, including creating and implementing new policies and practices.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Social work is a helping profession that focuses efforts towards social justice and the overall well-being of vulnerable or at-risk individuals, groups, and communities. Youth in confinement facilities are among the vulnerable and at-risk populations that experience a diminished overall well-being and may encounter a lack of social justice. On any day in the United States, there are 48,000 children under the age of 17 years in confinement facilities as a result of being involved with the juvenile justice and criminal justice systems (Sawyer, 2019). According to Sawyer (2019), about 500 confined children are under the age of 12 years. The author further explains that 48,000 children in the juvenile justice system (JJS) is extreme, but the confinement of youth has actually decreased by 60% since 2000. Studies on the prevalence of psychiatric disorders among youth in the justice system indicate that as low as 30% to as high as 70% of the population have symptoms for a mental health disorder (McReynolds et al., 2010).

Aalsma, et al. (2015) state that juvenile behavioral health issues are related to recidivism. In fact, there is an expectation that mental health and offending behaviors coincide, which might be explained by the fact that certain psychiatric and behavioral disorders have criteria that constitute illegal behavior (McReynolds et al., 2010). McReynolds et al. (2010) state that there is an

undeniable risk of reoffending for youth who externalize behaviors, such as Substance-Use Disorder or Disruptive Behavior Disorder. They further explain that resources such as evidence-based behavioral and mental health interventions have proven to increase overall well-being and decrease recidivism. If behavioral health needs are properly assessed utilizing valid and reliable instruments, then evidence-based interventions and follow-up services can be effectively utilized. This would lead to economic savings, an increase in public safety, improved overall well-being of previously detained youth, and it may decrease the amount of youth that reoffend in adulthood (Aalsma, et al., 2015).

Given the prevalence of mental health needs amongst detained youth, it would be expected that laws, policies, or practices be implemented on a nationwide basis to better serve this at-risk population. According to Wachter (2015) only twenty-four states require mental health screenings by way of statute or policy during intake. By simply suggesting rather than enforcing mental health screenings are done, government officials at the national, state, and local level as well as stakeholders in juvenile detention facilities fail to acknowledge the risks and needs associated with mental illness in detained youth. According to the Mental Health needs of Juvenile Offenders (2011), many entities only screen after adjudicating and placing the juvenile in a correctional facility, which highlights the disparities in the approach to mental health treatment across agencies who work with this population.

In general, the services made available to detained youth are often lacking or missing completely. According to Underwood and Washington (2016), barriers affecting the lack of services include; lack of research, insufficient policy development, as well as ineffective experience and training of staff, amongst others. The lack of policy development can be attributed to the question of whether community-based programs should be prioritized in terms of funding versus allocating more resources to juvenile detention programs. This has become an issue given the belief that not doing so will lead to more criminalization of youth with mental health needs (Underwood & Washington, 2016).

Purpose of the Study

The purpose of this study is to consider and assess the access and utilization of behavioral/mental health services provided to children and youth involved with juvenile justice institutions in Riverside County. The authors of the study hope to contribute to the knowledge of mental health services for youth, and collect data in regards to what mental health services this population is using during their time of detainment. There are 48,000 children in correctional facilities in the United States (Sawyer, 2019), 30%-70% (McReynolds et al., 2010) of these youth have mental health needs, and this study analyzes the use of mental health services that are provided to meet such needs.

Oftentimes, youth are in need of support in the form of developing healthy emotional and behavioral skills. Gaining such skills can assist them in

overcoming challenges that might lead them to their initial involvement with the criminal justice system or even their return (Meservey & Skowrya, 2015).

Therefore, social workers and behavioral/mental health professionals should advocate for proper and beneficial mental health services. However, additional information is still required in order to understand the current services and practices available to youth so that high standards can be developed and implemented.

Given the vulnerability of the population being studied (those detained and underage), this study relies on a quantitative method for the collection of data. To gain an understanding of the accessibility and utilization of the juvenile justice system's role on the mental health component of the JJS, annual reports on the Juvenile Justice Behavioral Health have been analyzed. This helps the researchers gain a greater perspective on the experience of delivering and receiving mental health services within the JJS.

Significance of the Project for Social Work Practice

The need to protect at-risk youth and those already detained is of importance to the social work profession, whose mission is to promote human well-being and stand against social injustice. The social work profession played an important role in the development of the juvenile justice system, but it no longer plays the same decision-making role as it once did. Currently, a little under 2% of the social work force is employed in corrections (NASW, 2020). Therefore, the implication for social work is that there is a need for social workers

to become more involved in policy and advocacy in the juvenile justice system. As previously mentioned, the lack of consistent mental health treatment for detained youth often leads to recidivism and an impact on economic and public safety. Therefore, an in-depth analysis on the matter helps inform the assessment and implementation phases of the generalist practice model.

According to Leone (2015), current policy that informs practices in place to treat juveniles in the JJS are largely influenced by the under informed public, political expediency and the media, which ultimately results in harm and neglect of detained youth. As such, acknowledging the disparities and areas of need in the mental health sector of the juvenile justice system can potentially help alleviate or avoid an impact on social workers by proactively reducing community mental health needs before juveniles are released. Accordingly, a recent study of surveys found a positive public response in regard to rehabilitation as a tool for working with juvenile offenders (Scott & Steinberg, 2020). Therefore, the results from studying the JJS mental health system as it stands can lead to social worker's increased interest in researching or developing innovative, rehabilitative, and collaborative programs for youth within the JJS. The results of this study could encourage the social work profession to initiate the reform of mental health policy within the JJS. Thus, this study aims to address the question, what is the access and utilization of mental health services for detained youth?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents literature related to the behavioral and mental health needs of youth involved with the juvenile justice system, as well as the quality and accessibility of mental health services. This review considers screening and assessment services, the utilization of mental health services, and standards of mental health services for the population of interest. There is a presentation of some resources that are available to the population, as well as the consideration of potential risks of recidivism. Finally, the researchers have presented the theories that guide the conceptualization of providing mental health services for detained youth.

Detained Youth with Mental Health Needs

A majority of the youth in correctional facilities present with a mental health disorder, which requires treatment (DSG, 2017). Across multiple studies, there are reports that approximately two-thirds of detained youth present with symptoms that meet the criteria for a mental health disorder (Meservey & Skowrya, 2015; White, Aalsma, et al., 2019). Additionally, Barnert, Perry, and Morris (2015) report that for youth involved with the juvenile justice system, as many as 93% report that they have lived through a minimum of one experience that could be considered an Adverse Childhood Experience (ACE). The authors

argue that mental health needs increase the risk of incarceration for youth and are likely to contribute to a decline in their physical health, as well.

Braverman, Murray, et al. (2019) assert that oftentimes, youth involved with the juvenile justice system are in need of mental health services before confinement. However, they find that the mental health need is not addressed until they are admitted to a juvenile facility. This is often due to the fact that youth involved with the juvenile justice system come from underserved communities. For this population, common mental health needs include substance use disorders, depressive disorders, psychotic disorders, anxiety disorders, conduct disorder, attention-deficit hyperactivity disorder, and oppositional defiant disorder (Underwood & Washington, 2016). Incarcerating youth with a mental health disorder that goes unaddressed can further exacerbate their symptoms and affect their ability to engage in healthy social reintegration after confinement (Meservey & Skowrya, 2015).

Screening and Assessment

As explained by Braverman, Murray, et al. (2011), youth involved with the justice system do not receive adequate screening services. The authors claim that these young detained individuals often come from communities that have insufficient availability of psychiatric services, as well as insufficient availability of substance abuse services. The Development Services Group (2017) argues that screening should be utilized as an initial phase of addressing mental health needs, then assessment should be utilized to further gather information and

individualize a treatment plan for the client. However, they further report that screening is not a standardized procedure, so the available statistics of detained youth with a mental health diagnosis may not be a comprehensive representation of the true mental health needs.

Utilization of Mental Health Services

If a youth is in crisis, emergency mental health services are a required provision during pretrial detention, but other services, such as long-term or rehabilitative interventions, cannot be utilized until the young individual is admitted to the juvenile justice system (Underwood & Washington, 2016). White, Aalsma, et al. (2019) explain that at some point in time, only about 33% of detained youth received mental health services, but two times as many youth were in need of such services. Their findings suggest that one third of detained youth have unmet mental health needs as proven by the lack of service utilization. Furthermore, Barnert, Perry, and Morris (2015) found that among youth with a mental health disorder, minorities are less likely to participate in mental health services than their white counterparts. White, Aalsma et al. (2019) attribute the unmet needs of the youth to the lack of required standardized guidelines for mental health care in juvenile correctional facilities. The authors further found that mental health services are not being utilized both within juvenile facilities nor are they being utilized upon release. They argue that the justice system is not taking on the task of case management; there is a shortage

in making proper treatment referrals for care outside of the facility and in the community.

Underwood and Washington (2016) argue that the response to the mental health needs of youth should be embodied in successful development of community based service, so that mental health resources are not allocated to the juvenile justice system. Their argument is that such allocations of resources allow for the criminalization of youth when the youth is actually in need of the support that can come from community-based mental health services.

Standard of Mental Health Services

Underwood and Washington (2016) present a variety of effective evidence-based treatment models, including Cognitive-Behavioral Therapy, Integrated Co-Occurring Treatment Model, Functional Family Therapy, Family Integrative Transition, Multisystemic Therapy, and a Wraparound approach to treatment. They further clarify that the treatments are most effective when they are carried out by trained professionals, while involving the youth, their family, and community-based resources. However, as Meservy and Skowyra (2015) argue, the staff that are hired to supervise the youth in juvenile facilities do not have much of a formal training on adolescent mental health. They further claim that the staff do not have the knowledge or skills to adequately supervise and care for the youth in their facilities. The authors conclude that this leads to the common use of ineffective and unnecessarily punitive responses from the staff to

the youth. This can have negative impacts on the youth's symptoms, further exacerbating them and creating a stressful environment.

An important component for providing mental health services is a strong therapeutic relationship, but Underwood and Washington (2016) state that such relationships can be difficult to foster because the therapist is seen as a part of the system that takes away their liberty. The authors go further to express that some treatments may be counterproductive because of the environment of the juvenile facility. Therefore, their suggestion is to invest in psychiatric consultation services and hire professionals from the mental health field, so they can implement psychosocial interventions.

Resources to address Mental Health Needs

There are currently more than 300 programs directed at servicing youth within the Juvenile Justice System. These include evidenced based, youth prevention, and reentry programs of which 18% have been proven to be effective (Office on Juvenile Justice and Delinquency Prevention). There is limited data available to compare the differences in monetary and social investment for mental health needs between community-based services and the Juvenile Justice System. Nonetheless, researchers have deduced that the Juvenile Justice System or JJS has become the gateway system for detained youth who were failed by the lack of quality mental health care in their communities (Desai, 2019). There are various studies (Desai, 2019; Holloway et. al, 2017; and Wasserman et. al, 2010) that have highlighted the additional role Juvenile

Probation Officers have had to take in identifying, initiating, and even treating mental health issues in incarcerated youth. It is important to analyze such roles to help determine the quality of mental health services in detention and residential facilities. Because despite the extensive role the Juvenile Justice System plays in the life of detained youth, there are disparities in the protocol for addressing mental health needs within facilities.

For example, staff in juvenile residential facilities were said to lack competence and training in responding to youth distress as it relates to their mental health and trauma history (Ford & Blaustein, 2013). As it relates to risk of suicide, the response to a Juvenile Residential Facility Census revealed that 31% of facilities failed to use either a mental health professional or counselor to conduct suicide screenings. Given the aforementioned limitations in the level of adequately trained mental health practitioners in the JJS, attempts have been made to address them. California's Task Force for Criminal Justice collaboration on Mental Health (2011) recommends that training and funding for collaboration between all levels of the systems handling juvenile cases is increased using new technology, communication techniques and evidenced based practices.

Recidivism and Past Research

Detained youth are a diverse population in terms of gender, ethnicity, social economic status, health history and trauma experiences and other factors that may affect the risk of recidivism. Approximately two thirds of detained youth have a minimum of one diagnosable psychiatric disorder and of this population

48% recidivate, the data especially holds true for youth diagnosed with a substance use disorder (Hoeve et. al, 2013). A study by Wylie and Rufino (2018) supports similar findings where it has been determined that substance use plays a significant role in predicting time to recidivism. The levels of comorbidity in mental health prognosis amongst detained youth is high, meaning proper diagnoses and treatment in this area is needed. When comparing youth at system intake versus youth in incarceration settings, youth were reported as having higher rates of comorbidity and suicide attempts in the latter (Wasserman et. al, 2010).

The Office of Juvenile Justice and Delinquency Prevention or OJJDP state that as much as 60% of facilities screen all youth for mental health needs, while 86% assess for substance use. Although no studies were found to address the specific practices used in the JJS to address the comorbidity of mental health issues in detained youth, Hoeve et. al (2013) suggest that service referrals may be effective in reducing recidivism amongst juveniles with substance abuse diagnoses in conjunction with other disorders or behavioral issues. A study examining the connection between victimization experience and mental health symptoms to recidivism, highlighted the important role diversion programs play in addressing mental health needs in juveniles as their first point of contact with the JJS (Wylie & Rufino, 2018). Though limited research specifically aimed at studying treatment referrals, quality of mental health services and accessibility to

it by youth involved with the JJS exists, analysis on the effectiveness of certain evidenced based programs is made available by the OJJDP.

Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) were highlighted as programs targeted toward juvenile offenders resulting in a reduction of recidivism and symptomology associated with mental health diagnoses. Therefore, this study attempts to build on such studies that highlight the disparities in trained mental health practitioners and evidenced based programs already put in practice, as well as recidivism rates to address the quality of mental health services in the Juvenile Justice System that still needs attention.

Theories Guiding Conceptualization

A theory used to conceptualize the ideas in this study is Trauma Informed Practice (TIP). Trauma Informed practice aims to educate and inform clinicians who work directly with clients challenged with current or past trauma (Katz, 2019). Meanwhile, trauma informed care also rests on the principles of recognizing how violence and victimization have affected individuals receiving mental health services, while highlighting collaboration, client self-determination and an empowerment model approach (Butler et. al, 2011). Adverse childhood experiences or ACEs are generally associated with the experience of childhood trauma that span across the lifetime. Given the ethnic and socio-economic disparities within the Juvenile Justice System and 93% of detained youth reporting at least one lived experience definable as an ACE, exposure to such

trauma is believed to influence higher risk for incarceration (Barnet et. al, 2015). As such, Donisch et. al (2016) assert that the time has come for a conceptualization and operationalization of TIP under a common understanding and metric applicable to various sectors such as; Education, the Juvenile Justice System, Child Welfare, and all other child service practitioners. Having a Trauma Informed Approach in practice could help address the quality of therapeutic relationships between clinicians and youth in the JJS. Given that the experience of trauma alters the development and function of the brain in children and adolescents (Katz, 2019), these changes can be deduced as possibly affecting their decision making, relationship building, behavioral and social attitudes amongst other factors. All of the aforementioned factors may be predictors for whether detained youth are willing to accept treatment or whether facilities render specialized mental health services, thus possibly affecting what is considered quality and accessible mental health care.

Summary

This chapter is a presentation of literature related to the mental health needs and current mental health services provided to youth involved in the juvenile justice system. A majority of the youth involved with the juvenile justice system have a mental health need. Oftentimes, the need for services are present before the youths' involvement with the juvenile justice system. However, the youth are unable to access or utilize quality services beforehand. For many, this means that the juvenile justice system might be the first line of access to mental

health services. Therefore, the researchers are concerned with the accessibility and utilization of current mental health services. The population has an extremely high rate of experiencing at least one ACE in their lifetime, which can be addressed with Trauma Informed Practice. The researchers have presented that Trauma Informed Practice serves as the guiding evidence-based theory worth employing while working with this population.

CHAPTER THREE

METHODS

Introduction

To assess the current accessibility and utilization of mental health services for detained youth, this study has taken on a quantitative approach. In regard to a quantitative data collection, the researchers have employed data from Juvenile Justice Behavioral Health Services Annual Reports from Riverside County's behavioral health department. Because the data has been used to describe and explain relationships amongst numerous variables, this study is descriptive.

Study Design

This study has made use of a quantitative research method, in order to conduct a descriptive study that describes and explains information about the access to and utilization of mental health services within Riverside County's juvenile justice system. A strength associated with the use of quantitative research is the ability to limit the impact of researcher bias. Given that the data is collected and provided by the agency itself and not the researchers, there is more room for objectivity. Another benefit to a quantitative approach is that it has allowed the researchers to conduct statistical comparisons between various groups. Comparison between groups is essential in helping to determine the utilization of the mental health services provided to the youth across two distinct

fiscal years. Additionally, using quantitative data helps to ensure that data is a consistent and reliable reflection of the agency's protocol for the provision of mental health services.

Despite the benefits of utilizing quantitative data, there are also limitations. One prominent limitation was the challenge of obtaining and gaining access to that secondary data, especially due to the fact that it was from a bureaucratic agency, Riverside County. Furthermore, the researchers gained access to the secondary data, but there was a limitation in regards to the necessary information needed to thoroughly answer the proposed research question. Analyzing secondary data has also proven difficult for the researchers, because some variables did not have a clear picture of the procedure and/or criteria used to create the annual reports. Overall, this design has allowed the researchers to begin the conversation about the access and utilization of mental/behavioral health services for detained youth.

Sampling

The data source determined to be most adequate for addressing access to and utilization of mental health services within Riverside County's department of Juvenile Justice are annual reports collected and published by the County's Juvenile Justice Behavioral Health department. The annual reports contain data collected from the county's electronic health records system and data as reported

by the behavioral health employees within the county's juvenile justice sector. The reports are an appropriate sample given that they are formulated on an annual basis and provide an overview of the demographics, intake procedures, services, diagnosis treated, etc within the three Juvenile Halls across Riverside County in addition to one Youth and Education Center (YTEC) for each fiscal year. The researchers have limited the sample from which data has been observed to only two annual reports. This was feasible, as it permitted each researcher to analyze one report in its entirety and come together to determine what comparisons between the two would help answer the research question best. This is important considering that the numerical data in annual reports is often recorded in quarterly and yearly formats, which allowed for comparisons to be made between different points in time.

Data Collection and Instruments

Given the quantitative design of this research project, the data collected were the raw numbers and percentages provided within the annual reports. However, because the reports were already complete, the researchers worked with the made available data and no further data was collected beyond that. Additionally, despite having a quantitative approach, there were no independent or dependent variables used to conduct the analysis. Instead the researchers focused on comparing the numerical data between two fiscal years to determine

whether any significant differences existed between the two. Accordingly, no instruments were used to collect the data.

Procedures

The data, in the form of annual reports were requested from the Behavioral Health Supervisor at Riverside County's department of Juvenile Justice. The researchers established contact via email and provided the department supervisor with details outlining the purpose of the study and solicited their support in accessing the department's most recent annual reports. Given that the work of department supervisors typically involves looking over large groups of employees, the researchers have reached out in a timely manner as to allow enough time for an email response. A timely email was sent out months prior to the expected data collection deadline, which was important to avoid any set back that may have come with possible prerequisites put forth by Riverside County. This included prior approval from other program directors and/or managers.

At any point in time, the department supervisor was able to request more information or inquire with additional questions, and the researchers set up a more formal meeting via phone or webcam to address any request or inquiry. Once access to the annual reports was granted, the researchers asked that digital versions of the annual reports in addition to any relevant raw data be

delivered via email for easier accessibility. Both researchers had access to the Annual Reports and collaborated virtually to determine which of the data within the reports was most appropriate to analyze in order to answer the proposed research question.

Protection of Human Subjects

The researchers have not gathered information about or from detained youth, because youth involved with the juvenile justice system are considered vulnerable populations that are protected in terms of being subjects of a study. However, the researchers analyzed demographic data that was included in the annual reports for descriptive purposes. During this study, transmission of COVID-19 has been mitigated by avoiding all in person contact. The request for access to and permission of use of the annual reports has been conducted via email and phone. Considering the population of interest, the researchers were not able to directly ask the youth about their experiences, but this study has taken necessary steps to create a fuller understanding of mental health services provided to detained youth.

Data Analysis

Given the study's quantitative research design, the researchers have used two annual reports from the 2015-2016 and 2019-2020 fiscal years, which were provided by the Riverside County department of Juvenile Justice - Behavioral Health. These reports include demographics, the types of services provided,

services per hour received, services per location, and common diagnosis. To determine the access to and utilization of mental health services, the researchers have looked at five different sets of variables between the two annual reports to conduct a population proportion comparing the two fiscal years. The five sets of variables included the number of; assessments and screenings (total number of youth), open mental health cases and screenings, the number of youth receiving mental health services and screenings, the number of suicide watch consults and the number of suicide attempts, the youth prescribed medications and youth refusing medications, and the services provided by category for each year. The five sets of variables were tested using their corresponding numerical values for significance using a two-tailed population proportion z-test. To support the results from the z-test, the researchers also highlighted the demographics provided in the annual reports that included gender, age, and ethnicity.

Summary

The researchers have conducted a descriptive study to create a fuller understanding of the access to and utilization of mental health services within the Riverside County juvenile justice system. The study has been completed by analyzing and comparing different variables between the two annual reports provided by the department of Juvenile Justice-Behavioral Health. An online z-test tool was used to compare the two population proportions to determine any

significant differences. The researchers have utilized email correspondence to request permission of use and gain access to the annual reports.

CHAPTER FOUR

RESULTS

Introduction

The researchers analyzed the quantitative data from the Juvenile Justice Behavioral Health Services Annual Reports by utilizing an online tool, titled the Z score calculator for two population proportions. The online tool was employed to compare a variety of variables related to mental/behavioral health services within the Riverside County Juvenile Justice department. The data was analyzed between two distinct fiscal years, which were 2015-2016 and 2019-2020. Researchers compared multiple variables: the assessments to the screenings (total number of youth), the open mental health cases to the screenings, the number of youth receiving mental health services to the screenings, the number of suicide watch consults to the number of suicide attempts, the youth prescribed medications to the youth refusing medications, and the services provided by category. The service categories include psychiatrist/nurse services, case management services, individual services, crisis services, assessment services, group services, and client supportive services.

Both researchers found that detained youth within the Riverside County Juvenile Justice Department have full access to behavioral health services, as evidenced by the screening of every individual that is detained. The utilization of services varies among the compared categories listed above.

Presentation of the Findings

Behavioral Health

There are a total of eight behavioral health department variables that have been compared and analyzed. Each youth that enters the juvenile justice system is screened, therefore, screenings for each fiscal year are indicative of the total number of youth who were detained. The assessments variable is a count of the assessments provided by the Juvenile Justice Department behavioral health staff. The open mental health cases are the total number of cases open within the county of Riverside's behavioral health department, which means that some youths' behavioral health cases are open before entering the juvenile justice system. The following variables: total number of youth receiving services, suicide watch consults, suicide attempts, youth prescribed medications, and youth refusing medications are self-descriptive. Table 1. displays the eight variables that have been compared in this analysis. Note that for all comparisons made, the result is significant at $p < .05$.

Table 1. Behavioral Health

Variables	2015-2016	2019-2020
Screenings	1,160	890
Assessments	173	34
Open Mental Health Cases	1,103	798
Total Number of Youth Receiving Services	688	514
Suicide Watch Consults	307	441
Suicide Attempts	4	0
Youth Prescribed Medications	655	546
Youth Refusing Medications	318	224

When comparing the number of assessments to the screenings, or total number of detained youth, between the distinct fiscal years, the researchers found that there is statistical significance. In 2015-2016, 173 assessments were completed of the 1,160 total number of youth screened compared to the 34 assessments completed of the 890 total number of youth screened in 2019-2020. When comparing the assessments to the screenings between both fiscal years, the results present that the z value is 8.2627, and the p value is <.00001, which indicates statistical significance.

There were 1,103 open mental health cases of the 1,160 screenings in 2015-2016 compared to 798 open mental health cases of the 890 screenings in

2019-2020. The results present that the z value is 4.6879 and the p value is < .00001, which also indicates statistical significance.

In 2015-2016, 688 total youth were receiving services out of the 1,160 youth who were screened compared to the 514 total youth receiving services out of the 890 youth who were screened in 2019-2020. The z value is 0.7097, the p value is .4777, which indicates that there was no statistical significance for the number of youth receiving services out of the number of screenings between the two fiscal years.

Of the 307 suicide watch consults made within the 2015-2016 fiscal year, there were 4 suicide attempts compared to 0 suicide attempts of the 441 suicide watch consults made in 2019-2020. There is statistical significance between the two years, as the z value is 2.4035 and the p value is .0164.

655 youth were prescribed medication by the psychiatrist in 2015-2016 and 318 youth refused medication at least one time during the year compared to 224 refusing medication out of the 546 youth who were prescribed medication in 2019-2020. There is statistical significance between the two years, as the z value is 2.6091 and the p value is .00906.

Services by Category

A total of 11,437 services were provided to the youth during the 2015-2016 fiscal year, whereas 9,422 services were provided during the 2019-2020 fiscal year. Assessment services are among the total number of services, but not included in this section as they have been analyzed in the first section. The

remaining services are distinguished by six different categories, as shown in Table 2.

Table 2. Services Provided by Category

Variables	2015-2016	2019-2020
Total Number of Services	N = 11,437	N = 9,422
Psychiatrist/Nurse	2,173	1,225
Case Management	572	848
Individual	4,689	3,675
Crisis	457	377
Group	2,516	1,319
Client Supportive	801	1,884

The researchers compared the psychiatrist/nurse services (2,173) provided in 2015-2016 to the psychiatrist/nurse services (1,225) provided in 2019-2020. The results show a z value of 11.6749 and a p value of < .00001, which indicates statistical significance between the fiscal years.

Case management (572) services in 2015-2016 compared to the case management (848) services in 2019-2020 also resulted in statistical significance, as the z value is 11.4113 and the p value is < .00001.

Individual services (4,689) in 2015-2016 compared to the individual services (3,675) in 2019-2020 resulted in statistical significance. The z value is 2.9244 and the p value is .0035.

Crisis services (457) in 2015-2016 compared to the crisis services (377) in 2019-2020 resulted in no statistical significance. The z value is 0.0201 and the p value is .98404.

Group services (2,516) in 2015-2016 compared to the group services (1,319) in 2019-2020 resulted in statistical significance. The z value is 14.8433 and the p value is $< .00001$.

Client supportive services (801) in 2015-2016 compared to client supportive services (1,884) in 2019-2020 resulted in statistical significance. The z value is 27.8842 and the p value is $< .00001$.

Summary

Utilizing the 2015-2016 and 2019-2020 annual reports from Riverside's department, the researchers compared variables to obtain the p-values and z-values. The p-values and z-values allowed the researchers to determine whether there was statistical significance between the two fiscal years. The variables compared include: assessments, screenings, open mental health cases, the number of youth receiving mental health services, suicide watch consults, suicide attempts, youth prescribed psychiatric medication, and youth refusing psychiatric medication. Lastly, the six services provided by category were analyzed, which

include psychiatrist/nurse services, case management services, individual services, crisis services, group services, and client supportive services. A majority of the comparisons determined that there was statistical significance between the two fiscal years; the implications of the differences will be discussed in the following chapter.

CHAPTER FIVE

DISCUSSION

Introduction

Both of the annual reports utilized for evaluation and analysis sourced data from electronic medical records and data collection by the juvenile justice department's behavioral health staff. The researchers found that comparing the two reports provided evidence of statistical significance in a majority of the variables compared. In 2015-2016, the juvenile justice department of Riverside county had more detained youth (1,160) than compared to the detained youth (890) of 2019-2020. The researchers have taken into consideration the decrease in detained youth from one fiscal year to the other while conducting the analysis. This chapter has provided a discussion of the eight variables compared in the first portion of chapter four, and the six categories of services provided in the second portion of chapter four. The differences from the 2015-2016 fiscal year to the 2019-2020 fiscal year allows the researchers to discuss the access and utilization of behavioral health services. Finally, the researchers pose recommendations for the social work profession.

Discussion

Behavioral Health

The first variable for both years are screenings, the decrease in screenings simply indicates that there were less youth detained in the 2019-2020 fiscal year when compared to the 2015-2016 fiscal year.

The z value and p value calculations reveal that the 173 assessments of 1,160 youth in 2015-2016 compared to the 34 assessments of 890 youth in 2019-2020 are significantly different. Additionally, the 1,103 open mental health cases of the 1,160 youth detained in 2015-2016 compared to the 798 open mental health cases of the 890 youth detained in 2019-2020 show a significant difference. However, the total number of youth receiving services (688) in 2015-2016 and the total number of youth receiving services (514) in 2019-2020 does not indicate a statistically significant difference. Although there is a statistically significant difference among the assessments and open mental health cases, the number of youth receiving services is consistent. This is indicative of a similar number of youth utilizing services, about 59.3% of the youth in 2015-2016 and 57.8% in 2019-2020. Overall, screenings are conducted as part of the intake process at each Riverside County Juvenile Hall facility and although not all incoming youth receive an assessment, behavioral health services become more accessible to all of them based on the initial screening.

The data comparison shows that there were 307 suicide watch consults and 4 suicide attempts in 2015-2016, whereas 2019-2020 shows 441 suicide

watch consults and 0 suicide attempts. The difference is statistically significant. One thing to consider is that although there were more youth in 2015-2016 there were less suicide watch consults. The consults increased in 2019-2020, even with less detained youth. The researchers consider a variety of factors that might contribute to this fact. It is possible that the detained youth have in fact expressed more suicidal ideation in the 2019-2020 fiscal year. It is possible that the behavioral health staff have received more extensive training in regards to suicidal ideation and risk assessments. It is also possible that new suicide rating scales and tools are being utilized by the behavioral health staff compared to the 2015-2016. Further qualitative research would have to be conducted to determine the factors that contribute to this contrast. The implication is that an increase in suicide watch consults led to a significant decrease in suicide attempts. To move from four suicide attempts to zero is a significant factor that should be evaluated in future research.

In 2015-2016, 655 youth were prescribed psychiatric medication and 318 youth refused medication at least one time within a month-long period, whereas 224 youth refused medication of the 546 youth who were prescribed psychiatric medication in 2019-2020. The refusal to take prescribed psychiatric medication between the two fiscal years is statistically significant and indicative of an increase in medication compliance. The detained youth who were prescribed psychiatric medication were more inclined to comply with taking medication in 2019-2020, therefore there was an increase in the adherence to psychiatric

recommendations. Medication compliance could be a result of many factors such as medication education for the youth, although more research is needed to determine what exact factors led to the increase in compliance. Nonetheless, it is important to recognize the increase in use of psychiatric services because it serves as proof that youths' access to them is somehow being made more user-friendly. Not only that, but it supports past research (Underwood and Washington, 2016) that suggests psychiatric services help promote stronger and more productive therapeutic relationships.

Services by Category

There was a total of 11,437 services provided in 2015-2016 and 9,422 services provided in 2019-2020. The services are categorically divided into psychiatrist/nurse services, case management services, individual services, crisis services, assessment services, group services, and client supportive services. It was important for the researchers to highlight this portion of the Juvenile Justice Behavioral Health Services Annual Reports because it helped to acknowledge that youth have access to and are utilizing behavioral health services that target various needs.

First, the types of services provided to youth between the two fiscal year reports remained the same, which could mean that those are the types of services the department deemed most important or appropriate for their agency. Either way, the youths' access to each of the services was maintained as none were eliminated between 2015-2020. From analyzing data in the Annual Reports,

the researchers determined that all youth have access to the same mental health services, with referrals being made by staff or the youth themselves. Of the six services, crisis services were the only category that did not show a statistically significant difference. This means that such service utilization remained consistent between the two fiscal years, although no details were made available in the reports as to what helped maintain the use or delivery of the services.

As for the other service categories, there was statistical significance in reduction of service utilization for Psychiatry/Nurse visits, Individual, and Group between the 2015-2016 and 2019-2020 fiscal years. It is important to note that the number of services are reflective of the Juvenile Hall facilities and does not include services delivered or utilized within the YTech facility, a detained youth and education center. Therefore, this reduction could be attributed to the youth being transferred to a YTech facility and obtaining the services there rather than within the Juvenile Halls. Additionally, other factors may be impacting the reduction in use, such as, reduced therapy needs or increased symptom management amongst the youth, although it could possibly be reflective of noncompliance by the youth as well.

The remaining categories that include Case Management and Client Supportive services both resulted in statistical significance for increase in utilization between 2015/16 and 2019/20. This is significant because although the

previously mentioned services decreased in use, the aforementioned services increased meaning that youths' needs possibly changed and didn't require therapeutic services such as individual and group services. Instead, youths' needs were addressed via Case Management and Client Supportive services.

Limitations

Many limitations were identified in the process of analyzing and reaching conclusions for the access and use of mental health services within Riverside County's Juvenile Justice Facilities. One of the major restrictions being the limited amount of data made available in the annual reports. Although areas such as gender, ethnicity, services, and diagnosis were addressed by the numbers, no data was presented according to engagement by demographics. This made it difficult for the researchers to properly assess whether youth utilized services equally or disproportionately. This is relevant to know, given that minorities are overrepresented in California's Juvenile Justice System (California Department of Corrections and Rehabilitation Division of Juvenile Justice, 2020). Furthermore, there was little to no explanation for what changes were made between fiscal years that could constitute for the increase and decrease of certain services between the years, leaving much room for interpretation from the researchers. Additionally, the researchers believe the annual reports lacked information in regard to what classified a case management or client supportive service. An

additional limitation is the lack of details on the amount of behavioral health practitioners employed for each year.

Recommendations for Social Work Practice, Policy, and Research

The study provides many implications for the role of social workers in Juvenile Justice facilities, such as Juvenile Halls. First, it is important to note that as leading mental health practitioners, social workers serve an important role in the delivery of behavioral health services within Juvenile Hall facilities. To support their efforts, counties should look to establish consistent long-term funding for such roles. An increase in staff can help lead to manageable caseloads which can help avoid burnout and compassion fatigue amongst clinicians and influence greater quality service to youth. Additionally, licensed social workers can help in the process of educating and training all other staff (i.e. probation and corrections staff) involved in the care of the detained youth on the basics of mental health and detecting crisis situations that may entail mental health interventions. This is important given that past research (Meservy and Skowrya, 2015) suggests that staff hired to supervise or work with detained youth have little to no formal training in youth mental health.

An implication for future policy advocacy includes promoting policies that address both early intervention and reintegration of juvenile justice involved youth. Creating and funding early intervention programs, specifically centered

around community and school mental health can be beneficial to at risk youth, as accessing resources early on can help mitigate future involvement in the Juvenile Justice system. As the research has shown, many of the youth who become detained are in the county mental/behavioral health system. Therefore, it is important to note that the county behavioral health services would require more funding and training to provide higher quality services to assist in the mitigation of detainment. Family based programs can also be beneficial in creating a systems approach to addressing the at risk youths needs and diverge them from entering a detention facility as a result of mental health, substance use, or social problems that could have been addressed outside of the Juvenile Justice System.

Furthermore, reintegration programs for youth being released from detention facilities can help in reducing recidivism rates. This is important given the cost of housing incarcerated youth has continued to increase in recent years (California Department of Corrections and Rehabilitation Division of Juvenile Justice, 2020).

Overall, these changes can begin to be discussed through collaborative meetings that include all stakeholders involved in the Juvenile Justice System.

Future studies should focus on gathering and reporting more relevant data on the intersection between mental health and the juvenile justice system, as only a small amount of research on this topic exists today.

Conclusions

This chapter focused on discussing the major themes resulting from the data comparison between the Juvenile Justice Behavioral Health Services Annual Reports. The researchers discussed the areas that saw an increase and decrease in utilization, as well the access to various behavioral health services. Limitations such as lack of data and details regarding engagement based on demographics have impacted the analysis. Suggestions for social work implications, policy, and research to improve at risk and detained youths' access to mental health services were also provided.

APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



Vanessa Salcedo <007072332@coyote.csusb.edu>

IRB-FY2021-68 - Initial: IRB Admin./Exempt Review Determination Letter

IRB@csusb.edu <IRB@csusb.edu>

Mon, Dec 21, 2020 at 10:46 AM

To: arlene.padilla7219@coyote.csusb.edu, Armando.Barragan@csusb.edu, vanessa.salcedo2332@coyote.csusb.edu



December 18, 2020

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-68

Armando Barragan Jr. Vanessa Salcedo, Arlene Padilla
 CSBS - Social Work
 California State University, San Bernardino
 5500 University Parkway
 San Bernardino, California 92407

Dear Armando Barragan Jr. Vanessa Salcedo, Arlene Padilla:

Your application to use human subjects, titled "Mental Health Services for Incarcerated Youth" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-68 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
 CSUSB Institutional Review Board

ND/MG

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ASSIGNED RESPONSIBILITIES

Both researchers, Arlene Padilla and Vanessa Salcedo, worked collaboratively throughout the formation of this research proposal. All five chapter sections and requirements were divided evenly between the two researchers and later revised by both to make edits and suggestions. Both researchers have contacted juvenile detention and treatment facilities to solicit annual reports and available quantitative data.