

Youth Waiting Residential Treatment Survey Results

Introduction

Bernalillo County has been interested in assessing their special needs population for several years. A particular population of interest is those youth who had contact with the juvenile justice system (JJS) with mental health needs. As reported in several other states (JDAI, 2007), youth who committed crimes with mental health conditions are steadily rising throughout the nation (National Institution of Mental Health, 2006). This past fiscal year researchers revealed that on average just over half of the held population in the Bernalillo County Detention Center was awaiting some kind of mental health assessment or evaluation (case expediter). The present research looked into whether or not our mental health population was being appropriately served or in fact, appropriately detained for mental health evaluation and/or assessment.

Purpose

Specifically, we wanted answers as to why youth with mental health conditions were averaging much longer days in detention than those youth without mental health conditions (average day: 50). Secondly, at what rate do youth with mental health conditions recidivate? Thirdly, do residential treatment centers (RTC) mitigate recidivism rates? Lastly, is there a correlation between mental health needs and income? In other words, are the youth who are being held at the detention center with mental health needs concentrated in one residential area?

Sample

One-hundred youth were sampled for the present study (GPower analysis). Youth who were sampled were those youth who were held at time of booking and put on an RTC waiting list. Both males and females were sampled. Zip code was utilized for socioeconomic status; income status could not be effectively obtained. Participation by youth was voluntary and some chose not to answer all the questions asked of them. For this reason, these participants were dropped from a few of the analyses.

Figure 1 indicates where the sampled youth resided in Albuquerque. As thought, most youth came from lower socioeconomic neighborhoods. Figures 2 & 3 illustrate the gender and ethnic make-up of those youth sampled.

As may be seen in Figure 4, there were no significant differences in number of days waiting for a residential treatment bed as a function of gender. This is signified by the two bars above overlapping. However, also noticeable is the somewhat high degree of variance within each group and the inequitable number of females to males. It is recommended that if some variable of importance reported below is significant we should

follow-up this study adding 50-60 new participants considering Gender as a level of a variable and running this average length of stay statistic again.

Figure 5 depicts the type of charge the youth was held on at the time of booking. As one may observe warrants and holds are the top two charges which youth are held at the detention center. This also correlates with the top two overall crimes youth are held for (non-mental health related).

Figure 1.

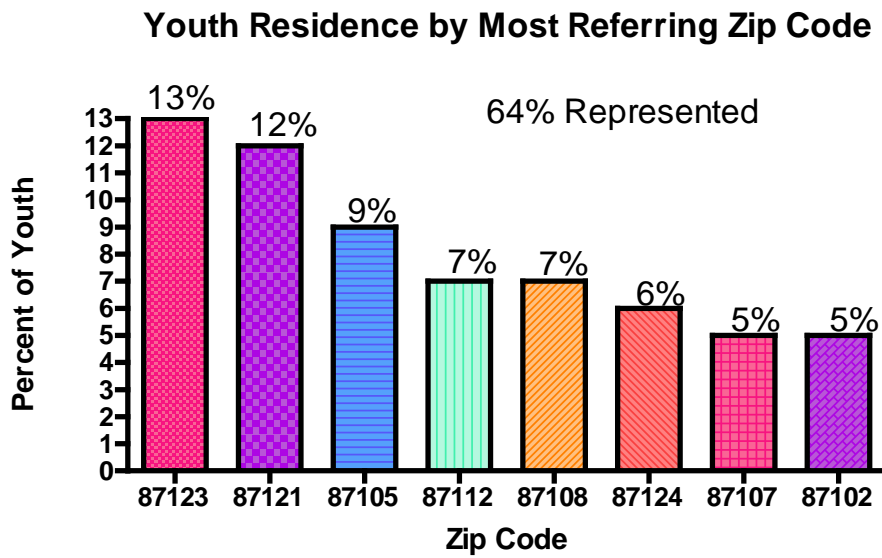


Figure 2.

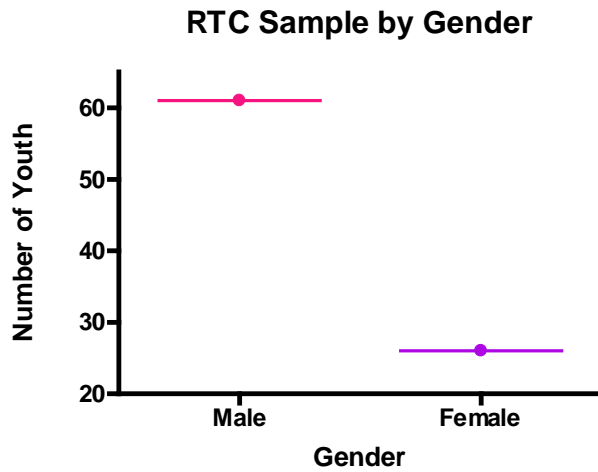


Figure 3.

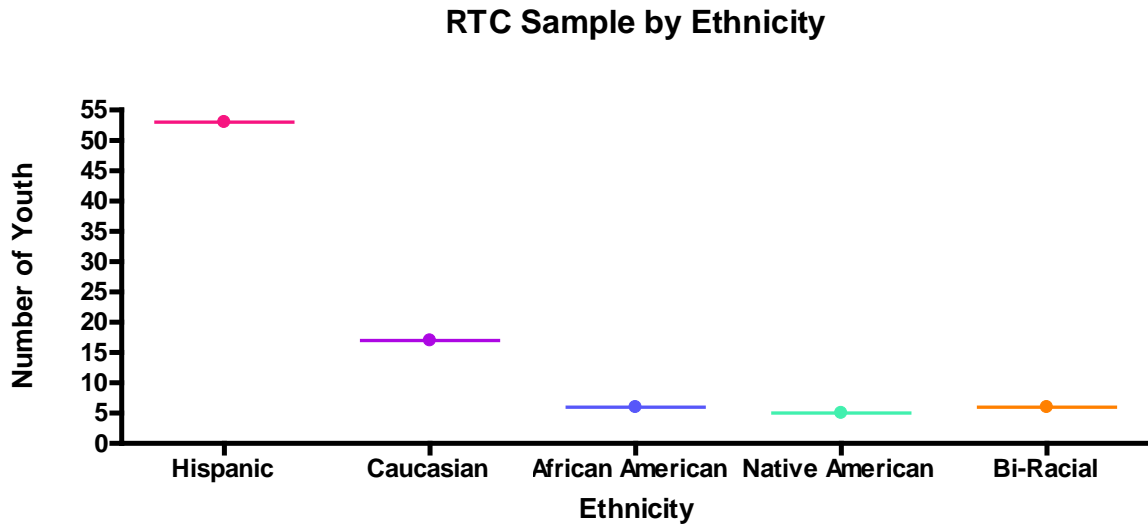


Figure 4.

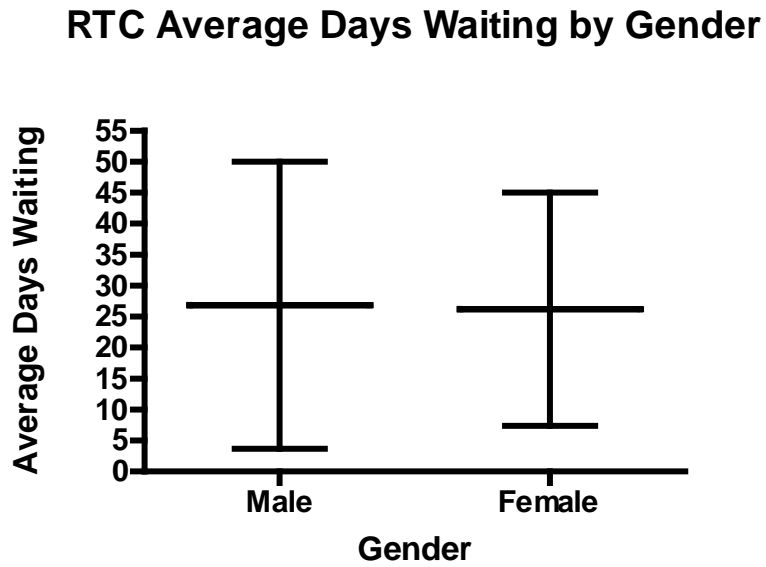
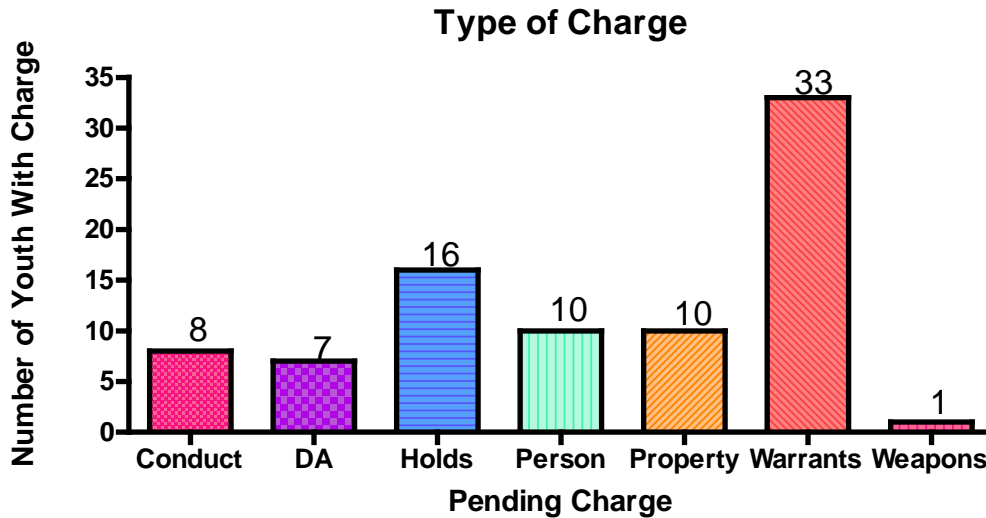


Figure 5.



Results

Figure 6 (below) shows that 88% of the youth sampled having had previous detention stays (recidivism). In other words, 88% of youth reported (and verified) that this was not their first detention stay in the current fiscal year. Of these youth, 60% reported, and was later verified, that they had been enrolled in one of the detention center's alternative programs in the present fiscal year in which this survey was given. Of those youth, 26% reported, and was later verified, a successful exit from the alternative program in which they were enrolled. Eighty-four percent of the youth sampled reported, and later verified, having had some type of mental health counseling in the present fiscal year in which they were surveyed (06/07). A surprising 47% were found to have either been medicated in the past fiscal year or were currently prescribed medication.

It should be noted here that the type of "alternative" program these youth were reporting on were not mental health programs. More often than not, the alternative programs were the youth reporting center and the community custody program. These programs do not attend to mental or behavioral health conditions. The performance measure attached to these programs deal with public safety issues only, not mental or behavioral health issues. Given this specificity, it may be wise to look into whether or not these programs use mental or behavioral condition as part of the criteria for acceptance or denial into a respective community monitored program.

Figure 7 shows the frequency of where youth were referred for residential treatment. Below, please find the outcome for those who received residential treatment versus being released to a family member and receiving out-patient care. Researchers tracked outcomes for both of those groups of youth who were either released to a residential treatment facility or those released to a family member and compared that rate of return to detention (i. e., Outcome Measure).

Here “outcome” was defined, or measured, by who returns to detention (for any reason). The time period was 6 months after the survey period ended. Therefore, the graph below (Figure 8.) shows that 38% of those youth who were released to a residential treatment program was returned to detention within 6-months as compared to only 18% of those youth who were released to a family member. A discussion should ensue regarding criteria for being held waiting for a residential treatment bed. Our results first show that 45% of those youth who were initially held for treatment, were later released to a family member anyway. Procedural changes here could significantly impact detention numbers for this special population (ALOS and ADP). In addition, researchers are also able to say that those who do go to residential treatment facilities tend to be brought back to detention at a higher rate than those who are released to a family member and receive out-patient treatment or no treatment at all. These results coincide with earlier reports that recommended high level monitoring while receiving treatment works best for detention youth (05/06 Fiscal Report; Female Survey Results, 05/06).

Again, of the total number of youth who were released to a RTC, 38% were booked again within 6-months of being released. Of those who were released to their parents, only 18% were booked again within 6-months. “Other” consisted of a number of different releases such as, CYFD, commitment, return to foster care, etc. Please observe in Figure 10 the comparison of that portion of recidivating youth. Females were at a far greater risk (62%) of being returned to custody than males (20%), regardless of ethnicity. Reasons for this needs investigated. The question is why are females at a far greater risk to recidivate if both males and females are receiving treatment or not at the same rate? What is unique about being female that is attributing to this great amount of variance between the sexes? Or, what is unique about being female and having contact with the juvenile justice system? These results support a difference in treatment as a function of gender.

There is some evidence that suggest that school participation, or rather the lack there of, is highly correlated with criminal activity. Our investigation has not only supported this widely reported statistic, however in addition, lack of school participation appears to be highly related to youth with criminal backgrounds and having a mental health condition more so than just youth who have a criminal background (Figure 11.).

Figure 6.

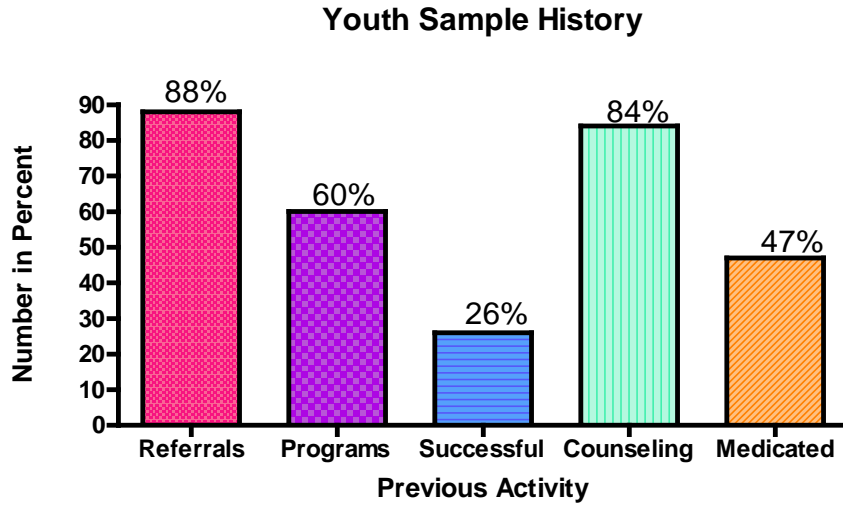


Figure 7.

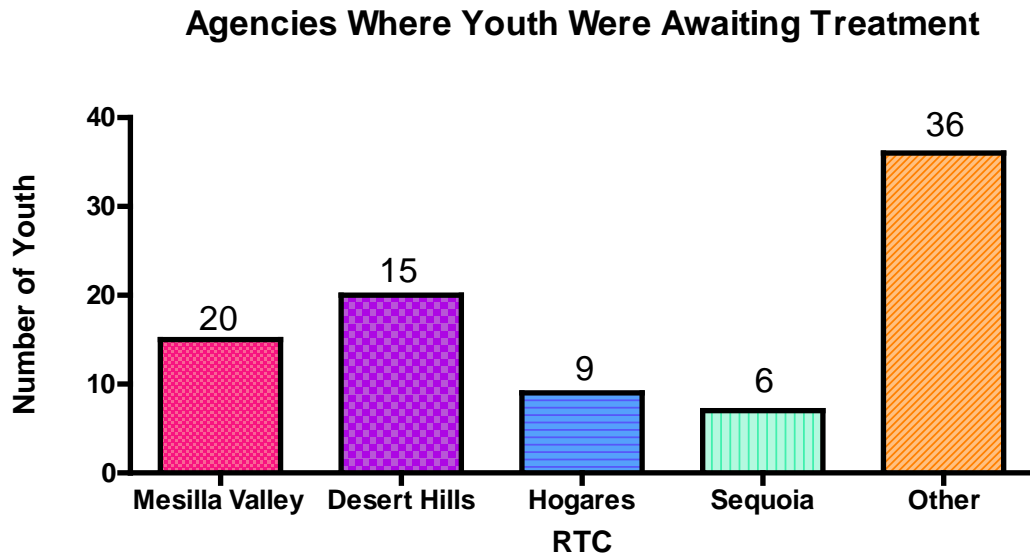


Figure 8.

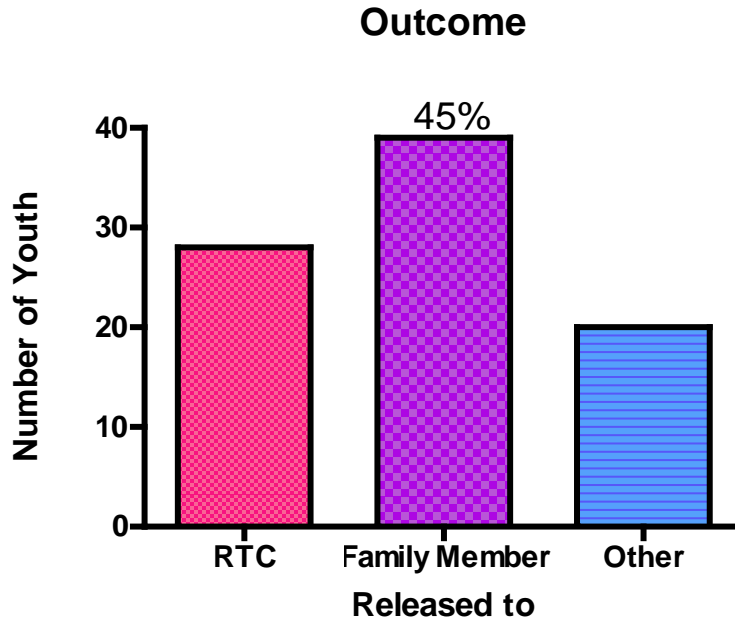


Figure 9.

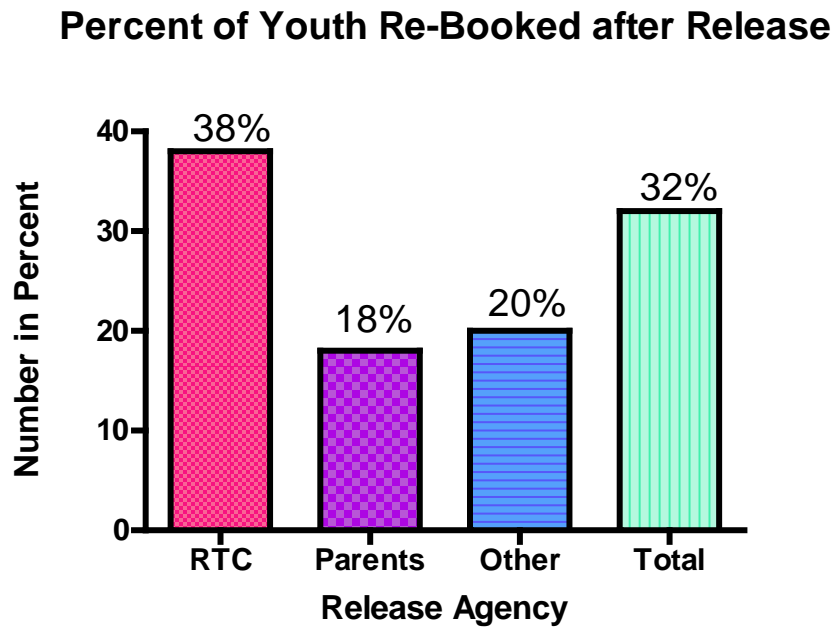


Figure 10.

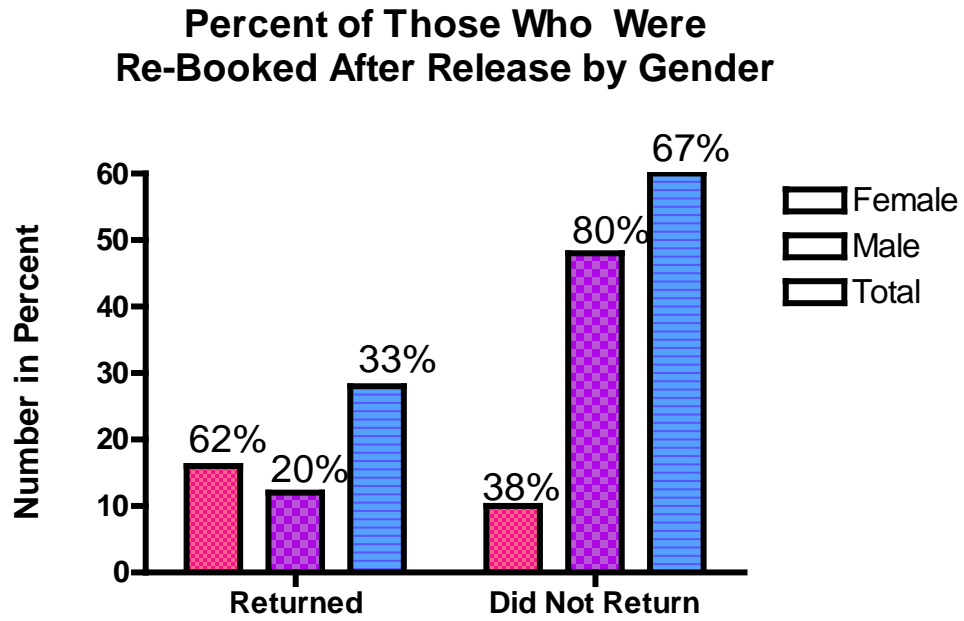
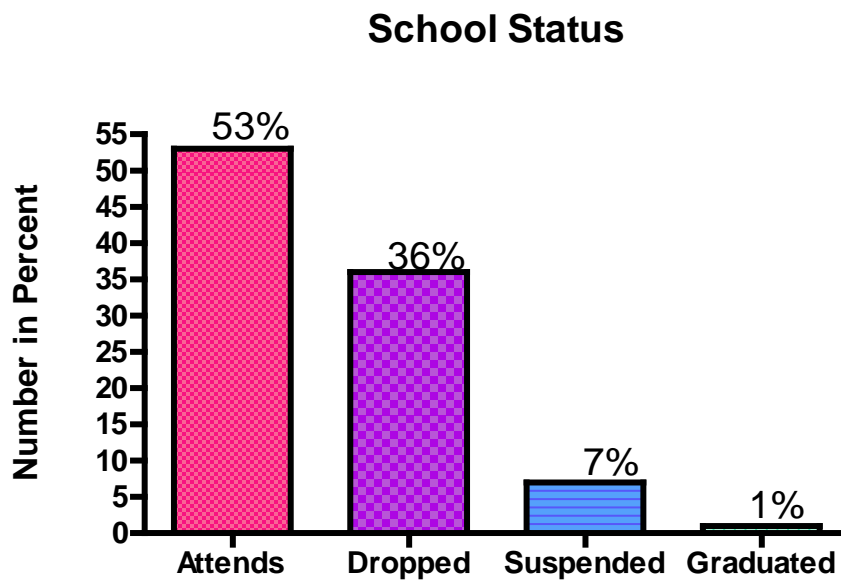


Figure 11.



Discussion

Researchers have concluded, based on the present results, that RTCs do not mitigate future JJS contact significantly. Let us review for a moment, in more detail, the outcomes found through this study. First, recall that “outcome” was measured by the youth’s probability of returning to detention. Researchers were, therefore, most concerned with the question of why are youth returning to detention if they are getting their mental health needs met? This statement assumes that one’s placement in detention is highly correlated with their mental health condition. This is not a local or county assumption. It has nationally been found that a high correlation between detention stays and mental health exist. This study does not refute that assumption or finding. Our findings do however call into question if those awaiting residential treatment should be awaiting residential treatment, given the inability to find characteristics that should vary together. Researchers were unable to support the said national correlation with the current sample of youth on recidivism. There was no significant variation, (positive or negative), of detention stays (or type of detention stay) and current diagnoses. The best that researchers could do was finding a significant correlation ($r=.05$) between number of previous referrals and being re-booked (i. e. predicting). In other words, as the number of previous referrals increased for any youth so did the probability of re-offense increase, as one would suspect. Other variables such as school status, zip code, ethnicity, number of previous referrals (when grouped; more than 1, more than 3, etc), gender and previous placements had no effect. Previous placements were also highly correlated with number of previous referrals, as one would hypothesize. Researchers were able to support national results observing that first contact highly predicts future contact with JJS, in particular with the mental health population.

Although researchers had difficulty in supporting reasons for re-book as a function of mental health status, researchers were able to support the contention, or correlation, of many variables with those youth who are held waiting residential treatment. In other words, although the outcome initially measured was found to be null existent, there were many variables that youth had in common, as outlined above.

Limitations of the Study

1. Regarding economic status, it is the assumption that youth are from lower socioeconomic status as observed by zip code only.
2. Youth were not interviewed again upon returning to detention. Reasons for warrants and holds may be due to the youth not following through with treatment advice.
3. Overall follow-up with youth from the probation side once exiting RTCs was not investigated. However, a formal conversation with probation did take place given the research results.

4. If youth received out-patient service outside of our mental health center there was no way of obtaining this service information. This may or may not have affected the results. Follow-up analysis revealed that only seven of the 100 sampled could not be found in our mental health database. For this reason, it is unlikely that seven individuals would significantly affect significance in either direction (significant or not).

Recommendations and Implications for Future Investigations

1. Find reasons for the average length of stay for this population being 50 days. A follow-up measure collaborating with Value Options revealed that this agency is responding within the time limits to approve or deny treatment. Also observed, was that Value Options approved more often than denied these youth treatment. Other reasons for the average length of stay needs addressed.
2. Why is there a gender difference regarding re-offense? What gender responsive programs are in place that directly address our female youth with mental health needs? If a program is not already in place these results support having one developed.
3. Assess those criteria for being put on a RTC hold. How is it decided that a child will be held to identify mental health needs?
4. Re-integration into school. What policy is in place for these youth? This procedure should be reviewed.
5. Review protocols for alternative programs accepting or denying youth with a mental health condition.
6. Risk Assessment (RAI) Scores should be reviewed for this population. How is the RAI scoring this population? What are the detention hearing results for this population?

Closing

These results affect both our gender and ethnic programming initiatives. The youth sampled here mirror the detention held population. If the recommendations can be quickly addressed researchers predict that a significant drop in overall recidivism would occur. This would, at the same time, drop our female and minority recidivism rates, average daily populations and average length of stays.

Ideally, and more importantly, reacting to the above recommendations, and implementing change where appropriate, will greatly affect the mental health well-being of our youth. Also, widely publicized, is how detention can be a great stressor for those who have a mental health condition and this only exacerbates their current standing and condition in detention.

Comments or questions should be made to Dr. Moreland-Torres or Mr. Daniel Torres

