Arizona Mental Health Block Grant (MHBG)

"Mini" Needs Assessment

Mental Health Needs of Youth Involved in the Juvenile Justice System

30 October 2020

This publication was made possible by SAMSHA Grant number 3B09SM010004-19S4. The views expressed in these materials do not necessarily reflect the official policies or contractual requirements of the Arizona Health Care Cost Containment System (AHCCCS) or the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Table of Contents

Acknowledgments

We thank the many stakeholders from Adobe Mountain School and the state's juvenile detention facilities, Regional Behavioral Health Authorities, Medicaid health plans, behavioral health providers, Tribal communities and the Arizona Administrative Office of the Courts for generously giving of their time and providing invaluable information.

We give special thanks to the leadership at Maricopa County Juvenile Probation and the staff at the Durango Juvenile Detention Center for supporting this work and facilitating in-person focus groups with youth detained in their facility.

Finally, we want to express our gratitude to the youth who participated in the focus groups for their willingness to engage and for their candor.

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EXECUTIVE SUMMARY

On February 11, 2020 SAMHSA issued a clarification to states receiving Mental Health Block Grant (MHBG) funding that a widely held belief was inaccurate. Until this clarification states believed that MHBG funding could not be used to provide services to individuals incarcerated in a detention or correctional facility. SAMHSA's memo clarified that providing treatment during incarceration is an allowable use of MHBG funding if the services are provided by community-based providers.

To help AHCCCS understand how MHBG funding in Arizona would best serve the mental and behavioral health needs of youth who have a diagnosed serious emotional disturbance (SED) within Arizona's juvenile justice facilities HMA conducted a "mini" statewide needs assessment to answer four overarching questions:

- What are the most critical mental health service needs for youth with a diagnosed SED incarcerated in county juvenile detention facilities and the state Department of Juvenile Corrections?
- What are the current trends and gaps for providing culturally competent and evidence-based behavioral health services in these facilities for youth who have a diagnosed SED?
- What are the barriers and potential solutions for implementing or expanding behavioral health services in these facilities using mental health block grant (MHBG) funding?
- Today, what can we learn from care coordination approaches used between facilities and community-based behavioral health providers to advance the provision of behavioral health services to youth in juvenile justice facilities?

The assessment was performed using a mixed method approach combining quantitative and qualitative data collected through literature review, electronic surveys, focus groups, key informant interviews and analysis of AHCCCS claims data.

Ultimately this assessment yielded sixteen recommendations in three categories:

- Data Analytics and Reporting
- Behavioral & Mental Health Services
- Culturally Responsive and Appropriate Care

While HMA provided a broad array of recommendations for AHCCCS's consideration we acknowledge that MHBG funding is finite and therefore the recommendations need to be prioritized.

The assessment findings suggest that MHBG funding will have the greatest impact on the behavioral health needs of justice involved youth *and* meet the overarching objective of the MHBG if funding is invested in three priority areas:

CARE COORDINATION. Coordinating behavioral health services for youth upon entry into detention facilities, during detainment and prior to release is inconsistent. During the course of this assessment there were many discussions about the need for a multi-system approach to plan for and coordinate behavioral health services for justice involved youth.

SCREENING AND ASSESSMENT. The screening and assessment of youth's behavioral health needs is also inconsistent. Without consistent identification youth who meet the criteria for SED, who are served by AHCCCS, and are justice involved are at risk of becoming *chronically* justice involved. And, given the over-representation of Black, Native American and Hispanic youth in detention facilities and Adobe Mountain School the screening and assessment processes must be culturally informed. To that end HMA identified four priority recommendations to improve the screening and assessment processes for SED.

BEHAVIORAL HEALTH SERVICES. All behavioral health services would benefit Arizona's justice involved youth. However, stakeholders engaged in this assessment identified individual counseling and skill building as the priority. Specifically, these services should be provided by behavioral health providers who specialize in working in the juvenile justice environment and who understand the racial, ethnic and cultural influences that impact a youth's ability to engage in services.

While this assessment revealed a number of recommendations that will improve delivery of behavioral health services to justice involved youth it also raised a number of additional questions. The complexities of the health care system combined with the complexities of the juvenile justice system identified four areas that warrant additional consideration:

- Identification of youth with co-occurring disorders and their service needs. Co-occurring disorders would be those such as mental health and substance abuse; behavioral health and medical needs; behavioral health and intellectual disability.
- A comparison analysis of behavioral health utilization of youth in juvenile detention against those in community-based alternative settings.
- Assessing the capacity building needs required to increase the use of telehealth and telemedicine in detention and correctional facilities.
- In partnership with the courts, conduct an in-depth retrospective cohort study of justice involved youth with and without a diagnosed SED who, upon age 18, became involved with the adult justice system

ASSESSMENT PURPOSE

This "mini" statewide assessment of mental health service needs within the juvenile justice system for youth with a diagnosed serious emotional disturbance (SED) seeks to answer four overarching questions:

- What are the most critical mental health service needs for youth with a diagnosed SED incarcerated in county juvenile detention facilities and the state Department of Juvenile Corrections?
- What are the current trends and gaps for providing culturally competent and evidence-based behavioral health services in these facilities for youth who have a diagnosed SED?
- What are the barriers and potential solutions for implementing or expanding behavioral health services in these facilities using mental health block grant (MHBG) funding?
- Today, what can we learn from care coordination approaches used between facilities and community-based behavioral health providers to advance the provision of behavioral health services to youth in juvenile justice facilities?

This assessment attempts to answer these questions through quantitative and qualitative data analysis by examining the behavioral health needs of incarcerated youth within Intercept 2 and 3 of the SAMHSA's GAINS Center – Sequential Intercept Model (Figure 1). The focus is services within facilities, but we also seek to uncover systemic assets and barriers pre- and post-incarceration because of the role they play in reducing recidivism and helping youth experiencing mental health and substance abuse challenges.

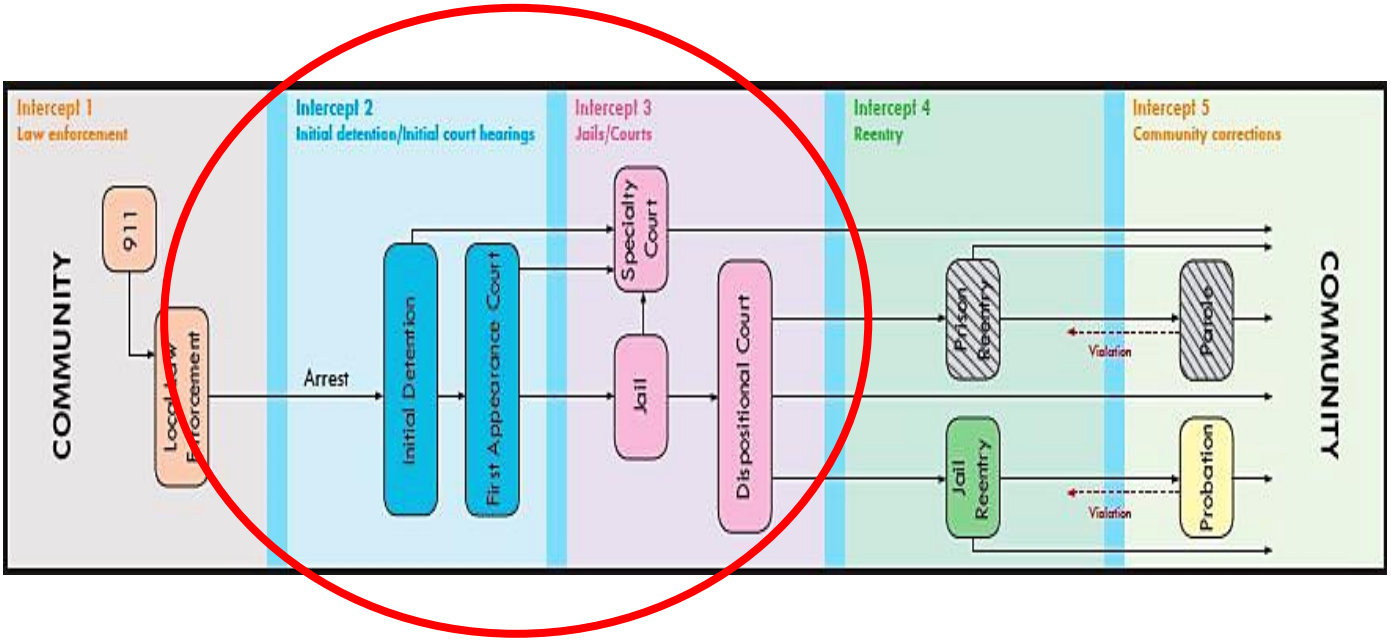

FIGURE 1

SAMHSA is working to build a behavioral health system that "enables Americans to find effective treatments and services in their communities for mental and/or substance use disorders". (SAMHSA, 2020) SAMHSA defines behavioral health treatments as ways of helping people with mental illnesses or substance use disorders using modalities such as counseling and more specialized psychotherapies to change behaviors, thoughts, and emotions. In addition, prescribing medications for mental and substance use disorders that help to manage symptoms allowing people to pursue recovery are also included under the behavioral health umbrella.

A note to readers: Throughout this report you will see the terms 'mental health' and 'behavioral health.' Whenever the term 'behavioral health' is used it is encompassing of mental health services.

Mental Health Block Grant (MHBG)

To support states in building their behavioral health system SAMHSA, through the Mental Health Block Grant provides funding for comprehensive community mental health services to adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance. Funding is awarded to each state's executive agency designated to administer the funds. In Arizona the designated single state agency (SSA) is AHCCCS.

MHBG funding for children with SED covers "persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue as defined by the Diagnostic and statistical manual of mental disorders 5th edition (DSM-V). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities." (SAMHSA, 2020)

Until a recent clarification issued by SAMHSA on February 11, 2020 to SSAs receiving MHBG funding it was widely believed that these dollars could not be used to provide services to individuals incarcerated in a detention or correctional facility. However, SAMHSA's memo to state mental health commissioners clarifies that providing treatment during incarceration **is** an allowable use of MHBG funding **if** the services are provided by community-based providers. States that elect to use MHBG to provide services in detention or correctional facilities must include the services and target population(s) in their state plan which is then approved by SAMHSA.

ARIZONA FY 2020/2021 BLOCK GRANT APPLICATION SUBSTANCE ABUSE PREVENTION & TREATMENT AND COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

AHCCCS's Division of Grants Administration developed a comprehensive plan for MHBG funding with an array of behavioral health services to assist, support and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. A number of objectives influenced the development of the state's plan and the range of covered behavioral health services including:

- ***Aligning services*** to support a person/family centered service delivery model.
- Focusing on services to meet ***recovery*** goals.
- Increasing ***provider flexibility*** to better meet individual/family needs.
- ***Eliminating barriers*** to services.
- Recognizing and ***including support services*** provided by non-licensed individuals and agencies (such as Peer Supports).
- ***Streamlining*** service codes.
- ***Maximizing*** Medicaid funding.

In addition to the objectives listed above, AHCCCS used data collected through the Arizona Youth Survey (AYS) administered by the Arizona Criminal Justice Commission (ACJC) to inform the development of the prevention measures in the state's MHBG plan. Data collected through the AYS provides insight into the prevalence and frequency of youth substance use, gang involvement, and other risky behaviors. Additionally, the AYS gives state agencies and policy makers an understanding of the risk and protective factors that are correlated with these behaviors.

The state's plan identifies eight priority areas for MHBG funding. Priority Area #3 targets ***Youth/Adolescents with a substance use disorder and/or a mental health diagnosis*** with the stated goal of increasing the percentage of youth receiving treatment under the age of 18 who are in the behavioral health system and diagnosed as having a substance use disorder. Following are the six strategies identified for this priority area:

- Continued collaboration on a regular basis with child and adolescent providers to share information on ***substance abuse screening***, trends, and best practices.
- Provide and promote access to ***substance abuse training initiatives*** available to child/adolescent providers including those employed though other agencies such as the Department of Child Safety (DCS).
- Educate providers, contractors, and coalitions on how to ***engage community stakeholders*** in identifying and referring youth to early intervention and substance abuse treatment centers.
- Ensure the availability of a standardized, parent-friendly, screening tool to identify substance use/abuse in the children and adolescents.
- Implementing the American Society of Addiction Medicine's protocols for placing individuals in the appropriate level of care.
- Continuously monitor the number of youth diagnosed with a substance use diagnosis within the system of care.

This needs assessment will assist AHCCCS with identifying potential strategies to provide services for youth incarcerated in detention or remanded to Adobe Mountain School in the 2021 MHBG State Plan.

Behavioral Health Needs for Incarcerated Youth

THE NATIONAL PERSPECTIVE

Studies of behavioral health needs among youth offenders have consistently found that the need for services is substantially higher than the need among the general youth population. Decades of research on psychiatric disorders in children under age 18 demonstrate that prevalence rates for psychiatric disorders are estimated to be 16.5% in adolescents (10 years to 19 years of age). Conversely, the few studies on the behavioral health needs of justice involved youth that have used a rigorous methodology, a large enough sample size, and reliable and validated diagnostic instruments, all come to similar conclusions: as high as 65% of youth involved with the juvenile justice system have a diagnosable psychiatric and/or substance abuse disorder.[1]

One longitudinal study targeting youth in Illinois's juvenile justice system that began in 1998 in Cook County, found that 66% of males and 74% of females arrested and detained had a mental disorder, with one in ten having thoughts of suicide or a prior suicide attempt. Ninety-three percent of the youth in this study had experienced physical, sexual, or verbal trauma, and 47% of females and 51% of males suffered from a substance use disorder.

Studies across the country consistently cite substance abuse as a common and persistent issue for delinquent youth. Among youth in the juvenile justice system, more than 90% report using illicit drugs and as many as three-quarters of males and females have a substance use disorder (SUD). Prevalence remains high as youth age: five years after detention, more than 30% of males and 20% of females have a SUD. By the median age of 28 years, 91.3% of males and 78.5% of females have ever had a SUD.[2] Findings from the 2009 National Household Survey on Drug Use and Health (NSDUH) indicate that approximately 7% of adolescents in the US met DSM-V criteria for an alcohol or illicit drug disorder in the past year, representing over 1.7 million youth age 12-17.[3] Similar results have been replicated by other studies, including a national study administered by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) that surveyed more than 7,000 youth in over 200 centers nationally.[4]

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[1] Desai RA, Goulet JL, Robbins J, Chapman JF, Migdole SJ, Hoge MA. Mental Health Care in Juvenile Detention Facilities: a Review. *J Am Acad Psychiatry Law*. 2006;34(2):204-14.
[2] Welty LJ, Hershfield JA, Abram KM, Han H, Byck GR, Teplin LA. Trajectories of Substance Use Disorder in Youth After Detention: A 12-Year Longitudinal Study. *J Am Acad Child Adolesc Psychiatry*. 2017 Feb;56(2):140-148.
[3] Mericle AA, Arria AM, Meyers K, Cacciola J, Winters KC, Kirby K. National Trends in Adolescent Substance Use Disorders and Treatment Availability: 2003-2010. *J Child Adolesc Subst Abuse*. 2015;24(5):255-263.
[4] Underwood LA, Washington A. Mental Illness and Juvenile Offenders. *Int J Environ Res Public Health*. 2016 Feb 18;13(2):228.

BEHAVIORAL HEALTH NEEDS OF INCARCERATED YOUTH IN ARIZONA

According to Mental Health America's (MHA) 2020 report *The State of Mental Health in America* from 2012 – 2017 the prevalence of Major Depressive Episode (MDE) increased from 8.66% to 13.01% in youth ages 12-17 and 59% of youth with major depression do not receive any mental health treatment. (Mental Health America, 2020)

In addition to providing overall statistics on mental health in America, MHA's report provides state level data on a variety of adult and youth measures. In Arizona, according to MHA, the prevalence of youth with at least on MDE in the past year is 13.06%, slightly higher than the national average. Similarly, the prevalence of youth with a substance use disorder in the past year is 4.77%, slightly higher than the national average of 4.13%. However, most concerning is Arizona's severe shortage of mental health and substance use treatment providers. According to MHA, Arizona ranks 47th in the nation with one provider for every 790 individuals, not nearly enough to meet the growing demand for services. (Mental Health America, 2020)

The high prevalence of mental health issues and substance use among adolescents in Arizona is corroborated by the Arizona Department of Health's *2019 State Health Assessment Report*. According to the report, "Arizona ranks last in the country in children ages 0-17 who have experienced two or more adverse childhood experiences (ACEs), with a rate of 30%[5]. Additionally, 36.4% of Arizona youth reported feeling sad or hopeless for two consecutive weeks and they reported higher rates of attempted suicide compared to the national estimate. (Arizona Department of Health Services, 2019)

While these statistics are extremely troubling, they do not paint the entire picture. Data collected through the Youth Risk Behavior Surveillance System (YRBSS) does not include information on youth in juvenile detention or corrections. Throughout this assessment we attempt to fill this gap and identify the behavioral health needs of these youth through quantitative and qualitative analysis of medical and behavioral health claims, county and state reporting on youth involved in the juvenile justice system, surveys, focus groups and interviews with key informants.

[5] Arizona Department of Health Services. (2019, April). AzHIP@azdhs.org. Retrieved from Arizona Department of Health Services: https://www.azdhs.gov/documents/operations/managing-excellence/2019-state-health-assessment.pdf

Overview of The Juvenile Justice System

There is a growing body of literature that describes youth experiencing mental health problems as being disproportionally represented within the juvenile justice system. Every year, more than two million youth have formal contact with the juvenile justice system and estimates of the prevalence of mental illness range from 50% to 75%, with almost 20% to 30% having a serious emotional disorder[6]. Additionally, many of these children have more than one psychiatric condition.

The National Center for Youth Opportunity and Justice (NCYOJ) has found that 70% of youth who encounter the juvenile justice system have a mental health problem, compared to 20% of the general population. As important, over 90% of children first involved with the justice system have a traumatic event exposure.

Although the rates of incarceration remain high, the data is showing improvement. Annie E. Casey Foundation's 2020 report on Justice Alternative Detention Initiative (JDAI) cites that from 2005 through 2017, the rates of incarceration for youth dropped 54%. Nevertheless, there remain significant disparities in racial involvement in the juvenile justice system. Nationally, Black youth are five times more likely to be detained or confined than White youth. Native American youth are three times more likely and Latino youth are roughly two times more likely to be detained or confined than White youth[7] [8]. In many communities, the data demonstrates even larger differences.

[6] Jennie J. Shufelt and Joseph J. Cocozza, Youth with Mental Health Disorders in the Juvenile Justice System: Results From a Multi-State Prevalence Study, National Center for Mental Health and Juvenile Justice, June 2006, https://www.ncmhjj.com/wp-content/uploads/2013/07/2006_Youth-with-Mental-Health-Disorders-in-the-Juvenile-Justice-System1.pdf.
[7] https://cronkitenews.azpbs.org/2020/09/02/systemic-racial-disparities-juvenile-justice/
[8] https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf

ARIZONA'S JUVENILE JUSTICE STATISTICS

To understand the behavioral health needs of incarcerated youth it is important to understand the juvenile justice system. Appendix C provides a visualization of this process demonstrating the various paths that lead to youth residing in a detention facility or ultimately, in the state's secure correctional facility, Adobe Mountain School.

In Arizona youth between 8 and 17 years old formally enter the juvenile court system when a referral is made by police, parents, school officials, probation officers, other agencies or individuals who request the juvenile court take control over the youth's conduct. Referrals alleging the juvenile committed a delinquent or incorrigible act are submitted to the County Attorney. Referrals can be citations or police reports, or the juvenile may be arrested by law enforcement. Multiple offenses can be included on a single referral.[9]

Juveniles Referred to the Juvenile Court System in FY2019

COUNTY	COUNT	PERCENT
Apache	64	0.32%
Cochise	595	2.98%
Coconino	593	2.97%
Gila	281	1.41%
Graham	209	1.05%
Greenlee	59	0.30%
La Paz	102	0.51%
Maricopa	9,323	46.67%
Mohave	789	3.95%
Navajo	339	1.70%
Pima	3,463	17.34%
Pinal	1,414	7.08%
Santa Cruz	289	1.45%
Yavapai	833	4.17%
Yuma	1,623	8.12%
TOTAL	19,976	100.00%

TABLE 1

According to the report *Arizona Juvenile Court Counts, Statewide Statistical Information FY2019*, "in 2019, an estimated 978,784 youth aged 8 to 17 resided in Arizona. From July 1, 2018 to June 31, 2019, 2% of these juveniles were referred to Arizona's juvenile courts. This figure translates to a ratio of roughly 1 in every 50 juveniles being referred to the court system. Lastly, these 19,976 juveniles generated 28,491 referrals, which is an average of almost 1.5 referrals per juveniles in the given year." (Arizona Supreme Court, 2020)

Of the total number of juvenile referrals for FY 2019, 67.07% were identified as male and 32.92% were identified as female and the majority (88.24%) of the referrals were for youth between the ages of 13 and 17 years old.

DIVERSION

Youth who are referred to Juvenile Court may be diverted from the court process if they admit to the allegation(s) in the referral. These youth are given community-based alternative programs in lieu of the formal court process. Community alternatives include unpaid community service work, fines or restitution, or completion of educational, rehabilitative, or counseling programs. When a youth successfully completes diversion, their obligation to the state is satisfied and no petition is filed. (Arizona Supreme Court, 2020)

[9] Arizona's Juvenile Court Counts, Statewide Statistical Information FY2019. Produced and Published by the Arizona Supreme Court – Administrative Office of the Courts, Juvenile Justice Services Division.

In FY2019, 7,750 youth were diverted from the court process. Of those diverted, 51% were in Maricopa County and 20% were in Pima County, and the majority (62.67%) were male between 14 and 17 years of age.

In FY2019 **19,976** juveniles generated **28,491** referrals to Arizona's Juvenile Courts
7,750 were diverted to community based alternative programs
3,466 were remanded to a juvenile detention facility

JUVENILE DETENTION

Youth who are not diverted from the Juvenile Court System are remanded to a juvenile detention facility. Juvenile detention provides temporary confinement in a physically restrictive facility ***for youth who are arrested by law enforcement or as a consequence or condition of probation***. In FY2019, 3,466 youth were remanded to a county detention facility. 53% of these youth were detained because of a paper referral, approximately 30% were detained for court holds, warrants, probation consequences, or for another county and 17% were detained because of an arrest. (Arizona Supreme Court, 2020)

JUVENILE CORRECTIONS

There are very few juveniles adjudicated delinquent that meet the criteria for ***and*** are placed in secure care with the Arizona Department of Juvenile Corrections (ADJC). Juveniles charged with an incorrigible offense(s) cannot be committed to ADJC. To place a youth in the custody of ADJC, Arizona Code of Judicial Administration Part 6, Chapter 3, Section 6-304 Commitment Guidelines state the following:

- Only commit those juveniles who are adjudicated for a delinquent act and whom the court believes require placement in a secure care facility for the protection of the community;
- Consider commitment to ADJC as a final opportunity for rehabilitation of the juvenile, as well as a way of holding the juvenile accountable for a serious delinquent act or acts;
- Give special consideration to the nature of the offense, the level of risk the juvenile poses to the community, and whether appropriate, less restrictive alternatives to commitment exist within the community; and
- Clearly identify, in the commitment order, the offense or offenses for which the juvenile is being committed and any other relevant factors that the court determines as reasons to consider the juvenile a risk to the community.

According to the ADJC report *Annual Commitments: Demographic Data* the number of ***new*** juvenile commitments to Adobe Mountain School have remained steady over the last four fiscal years. In the most recent report (FY2020) 207 youth were committed to Adobe Mountain School, 186 males and 21 females. On average, those newly committed youth had between ***6***

to 10 referrals prior to commitment to ADJC, and the majority had 2-3 adjudications for criminal offenses occurring on separate dates. (Corrections, 2020).

Once committed, ADJC assesses all youth in Adobe Mountain School to determine the youth's overall recidivation risk level (low, moderate, high) using the Arizona Youth Assessment System (AZYAS) tool. Additionally, youth are screened for the following:

- Psychiatric disorders that causes moderate to significant functional impairment.
- Substance use disorders.
- A disability that requires the youth receive specialized services addressing their educational needs through and Individualized Education Plan (IEP).
- Dually adjudicated youth are those whose responsible party at the time of commitment was a Department of Child Safety (DCS) official rather than a parent or other guardian.
- Gang involvement and/or gang affiliation.

Adobe Mountain School Commitment Data FY2020	
Serious Mental Illness	103 (49.7%)
Substance Problems	177 (85.5%)
Special Education	53 (25.6%)
Dually Adjudicated	41 (19.8%)
Gang Involved	100 (48.3%)

FIGURE 2

Of the 207 newly committed youth the recidivism risk scores are as follows: 38 (18.4%) are low risk, 81 (39.1%) are moderate risk and 88 (42.5%) are high risk. Figure 2 details the number of youth who are identified in one or more of these categories. Of note, individuals under 18 years of age are typically diagnosed as having a serious emotional disturbance however, ADJC categorizes youth incarcerated at Adobe Mountain School as having a serious mental illness (SMI). ADJC's use of the term serious mental illness aligns with SAMSHA's definition of serious emotional disturbance. According to ADJC the term SMI represents "youth who have been diagnosed by a qualified ADJC mental health professional as having a psychiatric disorder that causes significant functional impairment requiring structured psychiatric and/or psychological services provided in a specialized mental health unit or moderate functional impairment requiring frequent psychiatric and/or psychology services and possible monitoring. Substance problems indicate youth who have been assessed by a qualified ADJC mental health professional as having a substance use disorder(s), varying in degree, which requires treatment on a specialty unit or part of core programs" (Corrections, 2020).

ORGANIZATIONAL CULTURE

The predominate culture of punishment and deprivation in juvenile justice has not significantly changed over the last 100 years. However, research continues to demonstrate that depriving youth of positive relationships with adults, education with their peers and opportunities to learn positive life skills results in negative outcomes and these negative outcomes disproportionately impact youth of color. The adverse impacts on physical and mental health of the deprivation

model are well documented, and in many cases, compound existing mental health needs further damaging a youth's ability to obtain an education and employment.

Separating youth from family and community, even for a short time, makes it difficult for them to re-engage with their community after release, further obstructing recovery and success. (Justice Policy Institute Report) These findings are driving systemic change in juvenile justice across the country. Today we see juvenile justice moving away from the deprivation model and moving toward evidenced-based, data driven systems collaboration that uses research-based initiatives and practice models.

This change in perspective, combined with a decline in the population of juvenile detainees in Arizona, has resulted in five of the fifteen counties closing their detention facilities. Of the counties that closed their detention facility, three counties (Apache, Gila and Navajo) have an intergovernmental agreement (IGA) with Pinal county to house juvenile detainees. Prior to 2017, Greenlee county entered into an IGA with Graham county and La Paz county entered into and IGA with Yuma county for the same purpose. Finally, during the course of this assessment, HMA learned that Cochise County is in the process of closing their detention facility and will be contracting with Santa Cruz county to house juvenile detainees.

METHODOLOGY

This assessment was performed using a mixed method approach combining quantitative and qualitative data collected through literature review, electronic surveys, focus groups, key informant interviews and analysis of AHCCCS claims data.

AHCCCS CLAIMS DATA

To identify the most critical mental health service needs for incarcerated youth with a diagnosed SED and to uncover any trends or gaps in the delivery system, the AHCCCS Data Analytics Team produced a dataset for the HMA team for use in this study that met the following conditions:

- Individuals who were Title XIX eligible at some point during calendar year (CY) 2019;
- Individuals who received services covered by a non-Title XIX funding source *and*
- Had a time period recorded during CY 2019 in which they were deemed ineligible for Title XIX because of a stay (or stays) in a juvenile detention center.

AHCCCS maintains a flag in its enrollment system to track days that a youth is incarcerated in a juvenile detention center or correctional facility. Within this population, the members were further segmented by the AHCCCS Data Analytics Team into two groups—those with and those without a diagnosis of SED. The SED flag is based on a list of diagnostic codes developed by AHCCCS in alignment with the DSM-V. The SED flag is assigned to the member for the entire calendar year, regardless of the date within the year that the SED diagnosis was determined.

The dataset provided to HMA for analytic purposes included the following:

- Demographic information about each member, such as gender, age, race/ethnicity and home county.
- Enrollment segments to track AHCCCS eligibility/non-eligibility at the daily level throughout the year.
- Relevant variables from individual encounters and fee-for-service claims to track service utilization. This included procedure (service) codes, prescription code indicators (NDCs), billing provider information, service dates, and payments for services.

HMA read in the dataset from AHCCCS and determined the total unique individuals in the study is equal to 1,067 (n = 1,067). Enrollment segments were joined for each individual to track their AHCCCS eligibility status throughout the year. Time periods when the member was in a juvenile detention center were identified and the length of stay in the detention center was computed.

Services were assigned at the person level. In so doing, services were tracked as being delivered while the member was in or out of a juvenile detention center.

Services rendered were mapped to eight higher-level categories:

- Inpatient hospital stays and associated professional services delivered to the patient while an inpatient (inpatient hospital claims and professional claims with CPTs in 99221-99239 or 99251-99255 which includes psychiatric inpatient stays and residential treatment stays)
- Emergency department visits (services with CPTs in 99281-99285)
- Behavioral health services other than case management (services with CPTs in 90791-90899, 96130-96171, or services in the H-code series)
- Case management (CPT T1016)
- Office visits other than behavioral health (services with CPTs in 99201-99215, 99381-99397, or T1015)
- Other professional services, acute care (all other professional services not in groups 1 through 5)
- Pharmacy (pharmacy claims or physician-administered drugs billed in the J-code series which includes medications to treat bipolar disorder, schizophrenia, depression and other mental disorders)
- Dental (dental claims, or D-code series services)

HMA queried the database to determine if members in the study sample received services in each of the eight services categories at some point during CY 2019. Payments made for each service category were tracked at the person level. Further, service use and payments were distinguished between the time that the member was in or out of a juvenile detention center.

Trends were analyzed for the entire study population as well as among subpopulations to assess similarities and differences. The subpopulations examined include:

- SED diagnosis (those with and those without)
- Gender
- County location (Maricopa, Pima and all other counties combined)
- Enrollment in the Comprehensive Medical and Dental Program (CMDP), the Medicaid managed care program serving children and youth in foster care

LITERATURE REVIEW

The literature review was designed to provide a national perspective and context regarding culturally competent and evidence-based behavioral health services for justice involved youth; identify potential solutions from other jurisdictions who have successfully implemented or expanded behavioral health services for incarcerated youth and to identify best practices between juvenile justice and community-based behavioral health providers to advance the provision of behavioral health services to incarcerated youth.

For the literature review HMA identified key words (Figure 3) associated with these topics and conducted key word searches of the National Library of Medicine's PubMed research database and the internet. Rather than conduct an exhaustive review, we sought the most highly cited and authoritative sources.

FIGURE 3

STAKEHOLDER FOCUS GROUPS

HMA engaged a variety of stakeholders in six virtual focus groups to obtain their perspective on the availability of behavioral health services for incarcerated youth and asked about opportunities they see to improve the types, quality, and coordination of these services. The focus groups consisted of three to ten participants and were conducted on the Zoom platform.

The six virtual focus groups included the following stakeholders:

- Juvenile Justice Facility Representatives (detention staff, clinical staff, probation staff and staff from Adobe Mountain School)
- Behavioral Health Providers
- Regional Behavioral Health Authority Representatives
- Arizona Complete Care Health Plan Representatives
- Tribal Members and Providers

Unfortunately, one of the limitations of this assessment was engaging behavioral health advocates for youth, family members/guardians of youth involved in the juvenile justice system and youth themselves. Due to the short timeframe, HMA was unable to outreach to enough individuals who were able (scheduling) and willing to participate. However, the leadership at Maricopa County Juvenile Probation arranged for HMA staff to facilitate four in-person focus groups with youth detained in the Durango Juvenile Detention Facility.

STAKEHOLDER SURVEYS

HMA designed and administered four electronic surveys to collect information from stakeholders. One survey targeted administrators and health care supervisors in juvenile detention facilities and Adobe Mountain School. Another survey targeted behavioral health providers that provide reach-in services to these facilities and ongoing services to youth on

probation. A third survey targeted front line detention and probation staff and the fourth survey was for youth and family members.

Surveys provide a quick and efficient way to collect a standard set of data from stakeholders across the juvenile justice continuum and gather their perspectives and insights into the relationship between juvenile justice and the behavioral health system to identify services that will benefit youth during incarceration and upon release.

Survey questions were designed to collect information from stakeholders about:

- Behavioral health screenings and assessments, and trends in diagnoses and behavioral health needs identified over time.
- The types of behavioral health services offered within county detention facilities and Adobe Mountain School for individuals diagnosed with SED, the challenges to offering services in the facility, and how identified challenges might be addressed.
- Barriers to offering a full continuum of evidence-based, behavioral health services in these facilities and how these barriers might be overcome.
- The top behavioral health services these facilities would like to provide for youth that are not currently offered.
- The prevalence of youth diagnosed with a SED currently receiving behavioral health services while incarcerated.
- The barriers to youth/family/guardian receiving behavioral health services, and how these barriers may be overcome.
- Identify operational and system assets that might be leveraged to support community behavioral health providers deliver services in juvenile justice facilities.

Detention Centers & Adobe Mountain School

HMA developed and fielded a survey to employees of juvenile justice facilities who are involved with behavioral health services. The survey was online using the Qualtrics survey platform. There were 19 respondents representing primarily juvenile detention centers.

Representative titles for survey respondents included treatment coordinator, clinical services manager, division manager for programs and treatment, and mental health supervisor. The counties in which the most respondents work are Maricopa, Pima, and Pinal counties.

Detention & Probation Staff

HMA developed and fielded a survey for front line detention and probation staff because these individuals consistently have the most direct contact with youth involved in the juvenile justice system. After reviewing the responses from facility leadership and clinical staff, we determined it necessary to engage detention and probation staff to hear from them about the services they think youth need and what barriers preclude youth from getting services.

BEHAVIORAL HEALTH PROVIDERS

HMA developed and fielded a survey of behavioral health service providers. The survey was online through the Qualtrics survey platform. There were 13 respondents representing the following organizations:

- The Guidance Clinic
- Touchstone Health Services
- COPE Community Services, Inc
- West Yavapai Guidance Clinic
- A New Leaf
- Intermountain Centers and Affiliates
- MHC Healthcare
- Valleywise Health
- University of Arizona, College of Medicine
- Jewish Family and Children's Service
- EMPACT-SPC
- Arizona Youth and Family Services
- Community Health Associates

Common titles for survey respondents included chief clinical officer, clinical director, and director of youth services. The counties in which the most providers work were Maricopa and Pima Counties.

All survey respondents contract with MercyCare, Care1st Health Plan, Health Choice Arizona, and UnitedHealthcare Community Plan. Most contract with Arizona Complete Health, Banner-University Family Care, and Magellan Complete Care. Fewer than half contract with the American Indian Health Program[10]. Most of the respondents were direct providers of behavioral health services, while several were either involved with coordination support services or otherwise had direct knowledge of behavioral health services in juvenile justice facilities.

KEY INFORMANT INTERVIEWS

After receiving and reviewing information from the surveys, focus groups and data analysis, HMA identified key stakeholders to interview. These interviews were designed to provide context to information gathered from the literature review, surveys, and focus groups. The key informants interviewed represent:

- Clinical staff within Maricopa County, Durango Juvenile Justice Facility
- Maricopa County Juvenile Probation

[10] THE SURVEY QUESTION ASKED PROVIDERS TO INDICATE ALL ACC HEALTH PLANS/RBHAS THAT THE PROVIDER CONTRACTS WITH. AMERICAN INDIAN HEALTH PLAN (AIHP) WAS AS A RESPONSE OPTION. HOWEVER, PLEASE NOTE THAT PROVIDERS ARE NOT REQUIRED TO NEGOTIATE CONTRACTS WITH AIHP, AND INSTEAD MAY SIGN A PROVIDER PARTICIPATION AGREEMENT WITH AHCCCS TO SERVE AIHP MEMBERS.

AHCCCS Claims Data

During the analysis of the 1,067 member records for youth in CY2019 with at least one flagged occurrence as justice-involved, it was determined that there are likely situations where a member is justice-involved but not identified as such. To delineate the magnitude of this population HMA requested additional population data from county detention facilities (p. 25). Unfortunately we were unable to obtain data from every county however, data from Maricopa County Juvenile Detention and Probation (Table 2) for CY2019 indicates that 4,450 youth were enrolled in AHCCCS. This count includes youth in diversion and on probation but, the average monthly census of youth in detention for the county is 420.

TABLE 2

Maricopa County Juvenile Detention & Probation Population CY 2019	
Total Active Youth (Diversion, pre-Disposition, Probation)	10,980
Number of Youth AHCCCS Identified	
Ever AHCCCS Enrolled	5,557
AHCCCS Enrolled while active in FY2019	4,450

Additionally, the Administrative Office Of the Court's (AOC) average annual fiscal year census between FY 2016 – FY2019, for youth incarcerated in county detention facilities statewide is approximately 4,000 and approximately 200 youth in Adobe Mountain School. These combined data infer a high likelihood that AHCCCS's data set of 1,067 justice involved members is under representative. It is unclear what factors are contributing to the under-representation of justice involved youth, however, there appears to be discrepancies between the occurrence of detention in relationship to eligibility within a calendar year and focus group participants indicated there are inconsistencies in reporting to AHCCCS from county detention facilities.

Among the 1,067 AHCCCS member files examined with at least some time recorded in a juvenile detention center during CY 2019, 705 (66%) were identified with a SED whereas 362 (34%) were not identified with a SED.

Attributes of AHCCCS Members in CY 2019 with Involvement in the Juvenile Justice System

		Expenditures			
	Total AHCCCS Members	Avg Spend/ Member	**Total**	When in Detention	When not in Detention
All Members	**1,067**	**$11,837**	**$12,630,288**	**$241,146**	**$12,389,143**
With an SED Diagnosis	705	$11,536	**$8,132,957**	$164,424 2.0%	$7,968,533 98.0%
Without an SED Diagnosis	362	$12,424	**$4,497,331**	$76,723 1.7%	$4,420,609 98.3%

EXHIBIT 1

A total of $12.6 million in service expenditures were calculated for CY 2019. Exhibit 1 demonstrates there is little difference in the average expenditure per client between members with or without a SED. Where the average annual expenditure among all members was $11,837 per member, those with a SED had an average expenditure 3% below the average; those without a SED had an average expenditure 5% above the average. Less than 2% of all expenditures were incurred while members were in a juvenile detention center.

The average length of stay for AHCCCS-enrolled youth in a detention facility during CY 2019 was 85 days for those with a SED diagnosis and 49 days for those without a SED diagnosis. It should be noted that youth may have had multiple stays in a detention facility during CY 2019. For the purposes of computing the average stay, HMA joined all stays during the year together for a cumulative total of days per member. Stays in the detention facility during CY 2019 could have started prior to January 1, 2019 and could have continued past December 31, 2019. Exhibit 2 shows that, although there is variation in length of stay based on the presence of the SED diagnosis, there is little variation by region within the two categories.

Average Length of Stay While in Juvenile Detention (in days)

	With SED Diagnosis	Without SED Diagnosis
Statewide	85	49
Maricopa County only	86	46
Pima County only	88	54
All Other Counties	74	34

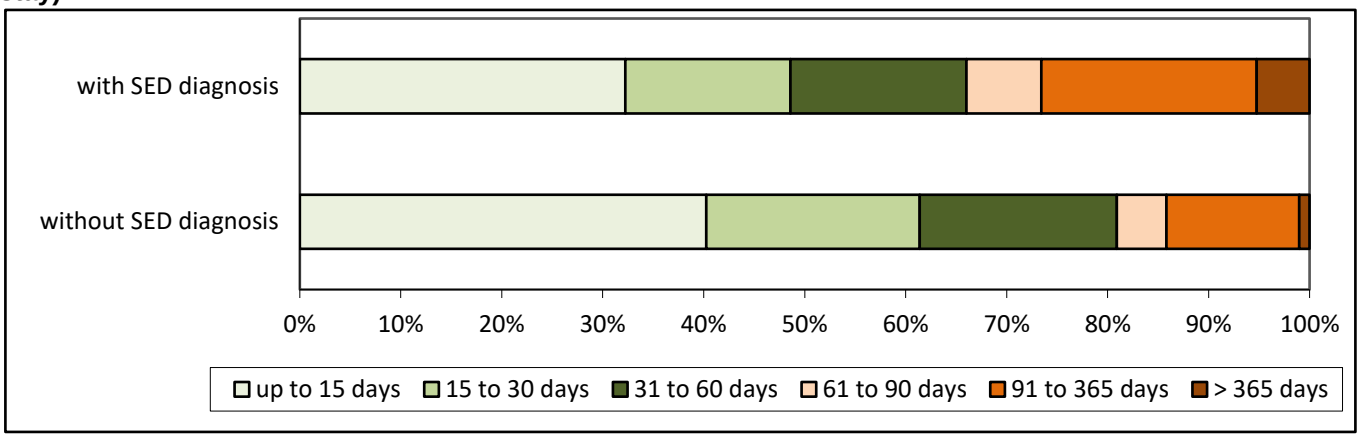
EXHIBIT 2

Although the average cumulative stay in a detention center during CY 2019 was 85 days for SED members and 49 days for non-SED members, there was great variation in the duration of stays within each population. Exhibit 3 shows the percentage of stays based on the number of days for the stay in the detention facility.

For youth with a SED diagnosis, 32% of detention stays were for 15 days or less; for non-SED members, 40% of stays. For youth with a SED diagnosis, just under half (49%) of stays were for under 30 days; for non-SED members, 61% of stays. Alternatively, when looking at longer lengths of stays 21% youth with a SED diagnosis stayed for three months or longer and 5% of these members stayed 12 months or longer.

EXHIBIT 3

Range of Length of Stay in Juvenile Detention During CY 2019
Percentage of AHCCCS Members Based on their Length of Stay (members can have more than one stay)



	up to 15 days	15 to 30 days	31 to 60 days	61 to 90 days	91 to 365 days	> 365 days	**Total**
Count with SED diagnosis	296	150	160	68	196	48	**918**
Count without SED diagnosis	196	103	95	24	64	5	**487**
% with SED diagnosis	32.2%	16.3%	17.4%	7.4%	21.4%	5.2%	**100%**
% without SED diagnosis	40.2%	21.1%	19.5%	4.9%	13.1%	1.0%	**100%**

Exhibit 4 and Exhibit 5 of this section are presented in the same manner. Exhibit 4 shows the percentage of members that used a service during CY 2019 in each of the eight service categories defined in the study. Exhibit 5 shows the average expenditures made per client for each service category.

In both exhibits, there are three sets of analysis. In the top section of the exhibit, comparisons are made between the entire justice-involved population (n= 1,067), those with a SED diagnosis (n = 705), and those without a SED diagnosis (n = 362).

In the middle section, the focus is on the population with a SED diagnosis. For convenience, the information in the first column of the top section is repeated in each of the following two sections of the exhibit then the population is further segmented by gender, county, and enrollment in CMDP.

Color coding is used to show the situations were a cohort population varies significantly from its peers. Cells in pink indicate where the cohort population has a value much lower than its peers. Cells in green indicate where the cohort population has a value much higher than its peers.

The key findings from Exhibit 4 are:

1. Use of behavioral health services and dental services are similar between justice-involved youth with a SED diagnosis and those without a SED diagnosis.

2. Justice-involved youth with a SED diagnosis have lower usage of the emergency room, acute care services, and pharmacy prescriptions than their peers without a SED diagnosis.
3. Within the population with a SED diagnosis, the results for males and those residing in Maricopa County drive the overall average due to their volume.
4. A significantly higher percentage of females used services in every category than males.
5. A significantly higher percentage of CMDP members used services in every category than those not enrolled in CMDP.
6. A higher percentage of members in Pima County used behavioral health services, acute care office visits, and pharmacy than members in other portions of the state.
7. Within the population without a SED diagnosis, variations across subpopulations were found to be similar to those found among the population with a SED diagnosis.

The key findings from Exhibit 5 are:

1. Spending per client is much higher for inpatient hospital services for justice-involved youth with a SED diagnosis than for those without a SED diagnosis. Pharmacy spending, however, is higher for those without a SED diagnosis. This may be because a member's pharmacy needs are covered while a hospital inpatient.
2. Spending for behavioral health services and for case management is similar between members with and without a SED diagnosis.
3. Justice-involved youth with a SED diagnosis have lower usage of the emergency room, acute care services, and pharmacy scripts than their peers without a SED diagnosis.
4. Within the population with a SED diagnosis,
    a. Inpatient hospital spending is much higher for females and for members outside of Maricopa and Pima Counties.
    b. Behavioral health spending is much higher for CMDP members and for members in areas other than Maricopa County.
    c. Acute care services (office visits and other professional services) are higher for female members and for members outside of Maricopa and Pima Counties.
5. Within the population without a SED diagnosis,
    a. Spending for inpatient hospital, behavioral health services and pharmacy is lower for females than males.
    b. Behavioral health spending is significantly higher for members in areas other than Maricopa and Pima Counties.
    c. Spending for CMDP members does not vary significantly from non-CMDP members with the exception that CMDP members have more spending on case management.

EXHIBIT 4

Use of Services in CY 2019 for AHCCCS Juvenile Justice Members By Major Category of Service

Percentages reflect the percent of the cohort population examined that received the service in CY 2019

	All Justice-Involved	With SED Dx	Without SED Dx
	n = 1,067	n = 705	n = 362
Inpatient Hospital Stay	**22%**	20%	27%
Emergency Room Visit	**38%**	16%	80%
Behavioral Health Service other than Case Mgmt	**66%**	63%	71%
Case Management only	**69%**	67%	71%
Office Visits Acute Care	**61%**	55%	71%
Other Professional Services other than BH	**74%**	62%	98%
Pharmacy	**60%**	50%	79%
Dental	**37%**	34%	42%

means that the subpopulation has a percentage more than 5% under the average shown in bold

means that the subpopulation has a percentage more than 5% over the average shown in bold

	All JJ with SED Dx	Male	Female	Maricopa County	Pima County	All Other Counties	CMDP	Other than CMDP
	n = 705	n = 611	n = 94	n = 531	n = 111	n = 63	n = 231	n = 474
Inpatient Hospital Stay	**20%**	17%	40%	20%	21%	17%	33%	13%
Emergency Room Visit	**16%**	13%	34%	16%	14%	17%	25%	12%
Behavioral Health Service other than Case Mgmt	**63%**	60%	78%	61%	73%	57%	84%	53%
Case Management only	**67%**	65%	82%	65%	78%	63%	89%	57%
Office Visits Acute Care	**55%**	52%	79%	56%	62%	40%	78%	44%
Other Professional Services other than BH	**62%**	58%	85%	62%	65%	52%	84%	51%
Pharmacy	**50%**	46%	78%	50%	58%	37%	67%	42%
Dental	**34%**	31%	49%	35%	34%	24%	57%	23%

	All JJ without SED Dx	Male	Female	Maricopa County	Pima County	All Other Counties	CMDP	Other than CMDP
	n = 362	n = 301	n = 61	n = 275	n = 53	n = 34	n = 112	n = 250
Inpatient Hospital Stay	**27%**	25%	38%	28%	30%	15%	32%	25%
Emergency Room Visit	**80%**	81%	75%	81%	74%	79%	79%	80%
Behavioral Health Service other than Case Mgmt	**71%**	70%	77%	72%	81%	53%	93%	62%
Case Management only	**71%**	70%	74%	71%	83%	56%	94%	61%
Office Visits Acute Care	**71%**	67%	89%	73%	66%	65%	81%	66%
Other Professional Services other than BH	**98%**	99%	97%	98%	98%	100%	99%	98%
Pharmacy	**79%**	76%	95%	82%	75%	62%	88%	76%
Dental	**42%**	41%	51%	45%	34%	32%	62%	34%

EXHIBIT 5

Payments for Services in CY 2019 for AHCCCS Juvenile Justice Members By Major Category of Service

Dollars reflect the per person expenditures for each category of service

	All Justice-Involved	With SED Dx	Without SED Dx
	n = 1,067	n = 705	n = 362
Inpatient Hospital Stay	**$20,638**	$24,973	$14,551
Emergency Room Visit	**$46**	$62	$40
Behavioral Health Service other than Case Mgmt	**$4,023**	$4,300	$3,549
Case Management only	**$2,335**	$2,365	$2,279
Office Visits Acute Care	**$433**	$420	$451
Other Professional Services other than BH	**$2,554**	$2,448	$2,684
Pharmacy	**$1,106**	$845	$1,427
Dental	**$430**	$444	$410

means that the subpopulation has a percentage more than 5% under the average shown in bold

means that the subpopulation has a percentage more than 5% over the average shown in bold

	All JJ with SED Diagnosis	Male	Female	Maricopa County	Pima County	All Other Counties	Enrolled in CMDP	All Other than CMDP
	n = 705	n = 611	n = 94	n = 531	n = 111	n = 63	n = 231	n = 474
Inpatient Hospital Stay	**$24,973**	$21,901	$33,140	$23,852	$17,087	$52,167	$26,037	$23,652
Emergency Room Visit	**$62**	$54	$84	$64	$20	$105	$50	$75
Behavioral Health Service other than Case Mgmt	**$4,300**	$4,209	$4,761	$3,300	$6,812	$7,676	$5,312	$3,516
Case Management only	**$2,365**	$2,187	$3,282	$2,694	$1,307	$1,808	$3,203	$1,721
Office Visits Acute Care	**$420**	$384	$575	$387	$442	$758	$467	$380
Other Professional Services other than BH	**$2,448**	$2,219	$3,461	$1,864	$2,016	$9,228	$2,337	$2,537
Pharmacy	**$845**	$824	$926	$952	$507	$541	$1,034	$697
Dental	**$444**	$438	$467	$456	$399	$403	$562	$299

	All JJ without SED Dx	Male	Female	Maricopa County	Pima County	All Other Counties	Enrolled in CMDP	All Other than CMDP
	n = 362	n = 301	n = 61	n = 275	n = 53	n = 34	n = 112	n = 250
Inpatient Hospital Stay	**$14,551**	$15,721	$10,682	$15,762	$11,678	$4,843	$17,173	$13,052
Emergency Room Visit	**$40**	$42	$28	$37	$26	$84	$51	$35
Behavioral Health Service other than Case Mgmt	**$3,549**	$3,759	$2,604	$2,990	$3,450	$9,903	$4,168	$3,130
Case Management only	**$2,279**	$2,211	$2,600	$2,652	$1,129	$1,136	$3,412	$1,497
Office Visits Acute Care	**$451**	$449	$457	$423	$388	$804	$484	$433
Other Professional Services other than BH	**$2,684**	$2,777	$2,217	$2,429	$4,223	$2,357	$2,551	$2,745
Pharmacy	**$1,427**	$1,601	$742	$1,497	$1,461	$615	$1,133	$1,580
Dental	**$410**	$394	$473	$397	$550	$327	$480	$352

Because the average expenditure per client for behavioral health services was found to be similar between SED and non-SED diagnosed members (Exhibit 5**)**, additional research was conducted on the types of behavioral health services received for each population in CY 2019. Exhibit 6 shows six services where at least 10% of the members with SED or 10% of the members without SED received the service. As seen below, the use of behavioral services when computed as a percentage of the population receiving services, is almost identical between member with and without a SED diagnosis.

EXHIBIT 6

Prevalence of Behavioral Health Services Among AHCCCS Justice-Involved Juveniles in CY 2019

All services where at least 10% of the cohort population used the service are shown

Service Code	Description	With SED Diagnosis (out of 705)	Percent of Total	Without SED Diagnosis (out of 362)	Percent of Total
90792	Psychiatric Diagnostic Evaluation with Medical Services	161	23%	84	23%
H0002	Behavioral Health Screening to Determine Eligibility for Admission to Treatment	94	13%	68	19%
H0004	Behavioral Health Counseling and Therapy, Per 15 Minutes (Group)	335	48%	190	52%
H0031	Mental Health Assessment by Non-Physician	370	52%	207	57%
H2011	Crisis Intervention Service, Per 15 Minutes	82	12%	38	10%
H2014	Skills Training and Development, Per 15 Minutes	175	25%	82	23%

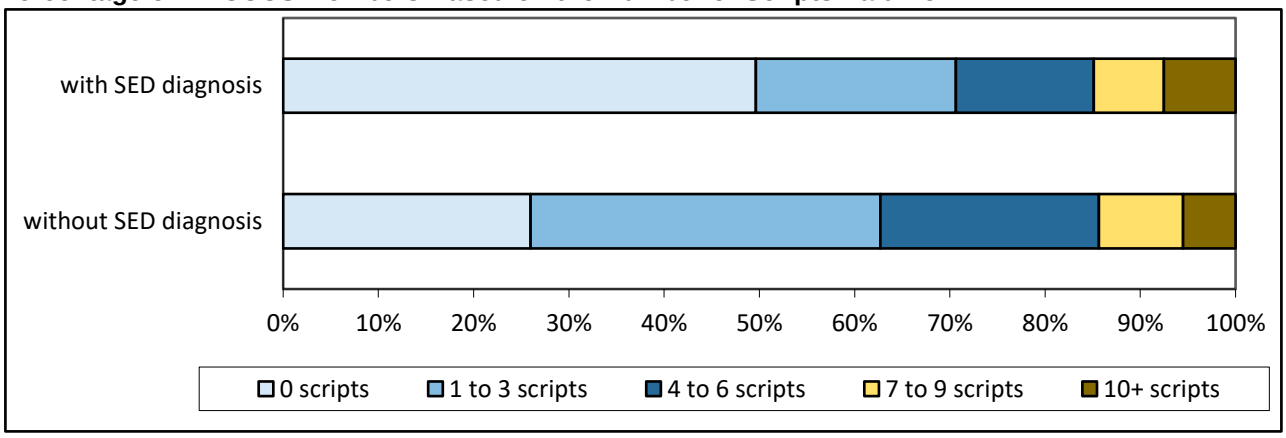
Additional research was also conducted on the pharmacy claims data given the findings that members with a SED diagnosis had lower pharmacy use than non-SED members (Exhibit 4 and Exhibit 5**)**. During the review HMA noted that a number of non-SED members are taking prescription medication(s) typically used to treat mental illness including:

- **Divalproex Sodium**. Used alone or with other medications to treat seizures and to treat the manic phase of bipolar disorder.
- **Escitalopram** (Lexapro). An antidepressant used to treat anxiety and major depressive disorder in adults and adolescents.
- **Lamotrigine.** Used alone or with other medications to prevent and control seizures and to help prevent the extreme mood swings of bipolar disorder
- **Atomoxetine.** Used to treat attention-deficit hyperactivity disorder (ADHD) typically in conjunction with psychological, social, and other behavioral health services.
- **Aptensio XR.** A stimulant that is used to treat the symptoms of attention deficit hyperactivity disorder (ADHD) for adults and children.
- **Buspirone Hydrochloride.** Used for short-term treatment of general anxiety disorders and to relieve the symptoms of anxiety with or without accompanying depression.

- **Naltrexone.** An opiate antagonists used to prevent people who have been addicted to opioids from taking them again. It is recommended the drug be used as part of a complete treatment program including compliance monitoring, counseling, behavioral contract, lifestyle changes for opioid use disorder (OUD).
- **Buprenorphine**. A medication used to treat OUD as part of a medication-assisted treatment (MAT) plan. It is recommended the drug be used as part of a complete treatment program including compliance monitoring, counseling, behavioral contract, lifestyle changes for substance use disorder.

Exhibit 7 shows that 50% of members with a SED diagnosis had no pharmacy prescriptions in CY 2019 and 26% of non-SED members had no pharmacy prescriptions during this time period. The prevalence of a high volume of prescriptions (seven or more) is similar between the two populations.

EXHIBIT 7
Prevalence of Pharmacy Scripts Filled Among AHCCCS Justice-Involved Juveniles in CY 2019
Percentage of AHCCCS Members Based on the Number of Scripts Paid For



	0 scripts	1 to 3 scripts	4 to 6 scripts	7 to 9 scripts	10+ scripts	**Total**
Count with SED diagnosis	350	148	102	52	53	**705**
Count without SED diagnosis	94	133	83	32	20	**362**

*Note: A member may have been hospitalized as an inpatient and their scripts would not be reflected in the totals above because the scripts are bundled into the total inpatient hospital payment.

	0 scripts	1 to 3 scripts	4 to 6 scripts	7 to 9 scripts	10+ scripts	**Total**
% with SED diagnosis	50%	21%	14%	7%	8%	**100%**
% without SED diagnosis	26%	37%	23%	9%	6%	**100%**

Stakeholder Surveys

The electronic surveys deployed to juvenile justice stakeholders provided a broad range of perspectives giving us insight into the intersections between the juvenile justice system and the behavioral health system as they attempt to meet the behavioral health needs of youth during incarceration and upon release. The juvenile justice stakeholder group included individuals from multiple county juvenile detention centers (Maricopa, Pima, Durango, etc.), as well as the Youth Justice Center.

Survey: Juvenile Detention

In an attempt to create a comprehensive picture of the behavioral health experiences and needs of youth who are detained in juvenile detention and/or are on probation, HMA reviewed the Administrative Office of the Court's report ***Arizona Juvenile Court Counts*** for FY2018 and FY2019. The report provided important data about youth involved in the juvenile justice system, but the data has limitations because of its aggregation by fiscal year.

Because the AHCCCS claims data analysis is for the 2019 calendar year, HMA requested additional data from each county regarding the ability of youth in detention or on probation to connect to behavioral health services prior to detention, during detention, and post detention with the intent to perform a comparative analysis. To the extent possible, HMA wanted to understand what trends appeared in data collected by counties. The additional data request made of county detention facilities is located in Appendix C. However, the short turn-around time was an impediment to obtaining a full data set from each detention facility and a comparative analysis was not possible nor could we reliably draw any conclusions about the ability of youth in detention or on probation to connect to behavioral health services from the data we received.

Survey: County Detention Centers & Adobe Mountain School

Respondents reported that the most common diagnoses were the following (in decreasing order of frequency):

- Substance-related and addictive disorders
- Trauma- and stressor-related disorders
- Disruptive, impulse-control, and conduct disorders
- Depressive disorders

Services identified by the most respondents as currently being provided include the following:

- Counseling services
- Medical services
- Screening and assessment
- Crisis intervention services

The most common counseling modality was individual counseling, followed by group and family counseling. Counseling services, when provided, were primarily conducted by employed health staff, with contracted health services staff or community based behavioral health provider used less frequently. The most common medical services were medication and medical management services. Of those respondents conducting clinical screenings, the most common screening tool is the Massachusetts Youth Screening Instrument (MAYSI). Screenings, when provided, were primarily conducted by employed health staff, with contracted health services staff or community based behavioral health provider used less frequently. Crisis intervention services included mobile crisis intervention services and telephonic/consultation. Other service features noted by providers included volunteers, mentors, and transition coordinators.

SURVEY: DETENTION & PROBATION STAFF

The survey instrument created for front-line detention and front-line probation staff was based on the larger facility survey with focus on youths' service needs and barriers to accessing services. There were 92 respondents representing 37 detention staff and 55 probation staff, the majority of whom reside in Maricopa and Pima county. **Error! Reference source not found.** illustrates the top five b ehavioral health services respondents believe will benefit youth; two services tied for the third most beneficial family: counseling and screening and assessment.

FIGURE 4

SURVEY: BEHAVIORAL HEALTH PROVIDERS

Behavioral health providers who responded to the electronic survey were asked to describe the major types of services currently provided. The services identified by respondents include the following:

- Care coordination upon entry
- Screening while in detention
- Assessments in detention
- Behavioral health services such as counseling and skill building in detention
- Care coordination prior to release

Respondents also noted that many of these services are among the services most needed by this population when they are released from a detention or correctional facility, including screening and assessment, counseling services, and support services. One respondent indicated that priority should be place on decreasing the time between release and programming engagement.

Of those respondents conducting clinical screenings, the most common screening tool is the Child and Adolescent Service Intensity Instrument (CASII). Respondents indicated that, in

addition to screening for behavioral health services, they also screened for co-occurring substance use disorder, suicide risk, and chronic health conditions.

Among the behavioral health services provided, respondents reported that counseling services, support services, and crisis intervention services were the most frequently provided. The most common counseling modality was individual counseling, followed by family and group counseling.

Respondents reported that the most common diagnoses were the following:

- Substance-related and addictive disorders
- Disruptive, impulse-control, and conduct disorders
- Trauma- and stressor-related disorders

The most common support services being provided were case management and home care training/family support.

Crisis intervention services included mobile crisis intervention services and telephonic/consultation.

Behavioral health providers contracted with RBHAs are required to provide the following services:

- Assisting families to coordinate services with the Health Plan/RBHA while in detention.
- Following protocol to ensure that planning is occurring, and needs are identified prior to the youth being released from detention.
- Assisting juvenile probation officers in resolving any barriers or concerns with a youth receiving services.
- Providing guidance for justice system partners and justice involved families regarding navigation through the behavioral health system.
- Respondents reported providing these services at different frequencies from daily to monthly.

The most significant service needs for incarcerated youth as noted by respondents to the survey included screening and assessment, individual counseling, case management, medication, and family counseling. Other serviced needs noted by respondents included psychiatric medication continuity of care, substance use disorder services, and family involvement to support recovery.

Focus Group Themes

The two overarching themes gleaned from the various focus groups is that youth in detention have significant and broad-ranging problems including undiagnosed mental health issues and substance abuse, and most have experienced multiple traumatic events.

YOUTH FOCUS GROUPS, DURANGO DETENTION FACILITY

HMA facilitated four focus groups with youth residing in the Durango Juvenile Detention facility in Maricopa County. Due to COVID-19 the youth are separated into "bubbles" of eight to twelve to minimize the risk of exposure. HMA staff visited four "bubbles" to conduct the focus groups and followed Maricopa County COVID-19 protocols. All groups had less than ten individuals, all participants wore masks and all participants remained socially distanced during the discussions. In total, HMA facilitated discussions with two groups of male detainees and two groups of female detainees (Table 3).

TABLE 3

Durango Juvenile Detention Facility Youth Focus Group Demographics				
Group	**1A**	**1B**	**2A**	**2B**
Gender	Male	Male	Female	Female
Age	13-15	16-18	16 - 18	13-15
Total Count	**6**	**6**	**7**	**6**

The focus groups were designed to solicit feedback from youth regarding their opinion of their most pressing behavioral health needs and learn about the services they identify as most beneficial. To achieve this objective HMA developed a survey tool based on the Survey of Youth in Residential Placement: Youth's Needs and Services[11]. The Survey of Youth in Residential Placement (SYRP) is one of the Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) surveys created to update national statistics about youth in custody in the juvenile justice system. The data collected through the SYRP is unique in that information was gathered directly from youth through anonymous interviews. (Sedlak, 2010)

FIGURE 5

HMA elected to base the focus group questions on the SYRP because of the emphasis on understanding the emotional and mental state of incarcerated youth and their life experiences including the exposure to traumatic events, abuse and neglect as these experiences are often indicative of emotional and behavioral health issues. The SYRP asks youth to rank (Figure 5) the applicability of questions about emotional and mental problems that fall into the following seven topical domains largely derived

[11] Sedlak, A.J. and McPherson, K. (2010). *Survey of Youth in Residential Placement: Youth's Needs and Services.* SYRP Report. Rockville, MD: Westat.

from the Massachusetts Youth Screening Instrument (MAYSI):

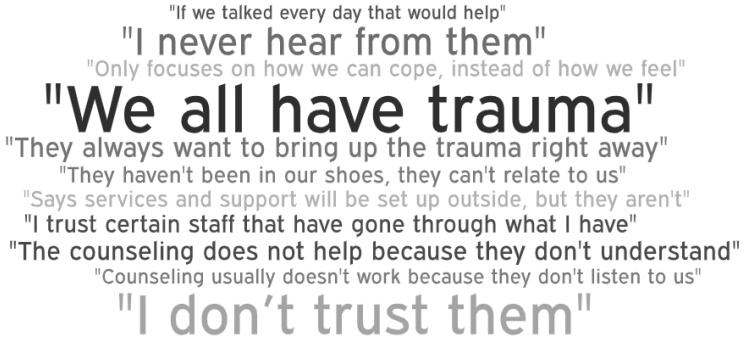
- Attention Problems
- Hallucinations
- Anger
- Anxiety
- Isolation/depression
- Trauma
- Suicidality

During each of the focus groups participants were given the following set of ground rules:

- Participation is voluntary and you can opt out of answering any question(s) that makes you uncomfortable.
- Mutual respect is required. Making fun of or discounting another person's experience or opinion is not allowed.

Additionally, facilitators communicated to each group that their responses would remain anonymous and the data collected during the discussions would be aggregated for the report. Once the ground rules were established facilitators asked participants a series of questions about their emotional state, attention difficulties, anger, depression, anxiety and trauma. Next, participants were asked to tell facilitators what services would help them and their family members post-detention. Throughout each focus group participants were asked to rank a series of statements about their behavioral health and behavioral health services.

Of interest to the facilitators was the exceptionally high number of youth who experienced one or more traumatic events (Appendix D). Almost every participant indicated they have "had something bad or scary happen to them" and "have seen someone severely injured or killed."



When asked about feelings of anger the youth shared deeply personal experiences including experiences of abuse and witnessing the violent death of family members. These events have created deep seeded feelings of anger which the youth described expressing in numerous ways such as "seeing red and blacking out," isolating and self-harm because "I wanna see blood, you know 'cause I grew up seeing blood from other people."

Despite these examples, when asked to rank how easily they get upset, how frequently they lose their temper and the amount of time they spend feeling angry the majority of youth indicated low levels of anger (Appendix D).

When asked about the types of services that would be most beneficial participants ranked individual counseling as most beneficial, yet they also indicated that they would prefer to have help from individuals who have similar life experiences. During one focus group in particular, participants discussed their preference for remaining in the detention facility because "at least the staff here care about us."

Several themes emerged from these discussion:

- The youth do not feel heard by service providers.
- Traumatic events have a significant role in the behavioral health status of these youth. 98% of the youth we spoke with have been the subject of a traumatic event and also witnessed at least one traumatic event involving a person they care about.
- The youth have experienced a high degree of inconsistency in case managers, social workers, behavioral health treatment providers and medical professionals.
- The youth indicated an extremely low level of trust for case managers, behavioral health treatment providers, and medical professionals.

Our observations indicate that in spite of the enormous difficulties facing these youth they are resilient and want a happy life. Their expressions of trust for the detention staff who, in their words, "relate" to their experiences indicate they have an ability to connect to adults who "look like them." The youth also expressed genuine appreciation for the concern over their well-being demonstrated by the detention staff. These sentiments indicate these youth desire healthy adult relationships. Lastly, it is worth noting that 23 of the 25 participants indicated they are currently or have been involved with the Arizona Department of Child Safety highlighting the deficit of positive adult relationships.

Behavioral Health Providers & Justice Facility Focus Groups

HMA facilitated five 75-minute focus groups with behavioral health providers, health plan justice liaisons, staff from county juvenile detention facilities and Adobe Mountain School. The focus group guide located in Appendix C provided a consistent framework to engage participants. Following are the main themes consistently presented by participants:

1. Regardless of the group, participants expressed similar concerns regarding the high prevalence of substance abuse among youth in detention and many expressed concern about the increasing use of fentanyl.
2. Youth are coming into detention at a younger age for more violent offenses and they have experienced significantly more trauma than youth in previous years.
3. Communication between probation departments and behavioral health providers is challenging in rural counties.
4. County detention facilities have varied understanding of Medicaid eligibility, specifically when eligibility must be suspended. Counties in northern and southern Arizona "do everything for themselves." Participants eluded to historically challenging relationships between counties and AHCCCS and indicate there may be a level of mistrust regarding the reliability of AHCCCS funding.

5. The new ACC contracts have created additional burden for counties. Instead of communicating with one RBHA they now communicate with multiple health plans.
6. Pre-release and release planning for transitioning a detainee's behavioral health services to a community-based provider are inconsistent and rely largely on personal relationships between providers and probation staff.
7. Community based providers experience barriers to providing services to youth in detention including:
    a. Insufficient number of providers.
    b. The time commitment required to send providers into secure facilities is significant and reduces the availability of services for youth in the community.
    c. Variation in process and regulations for entering detention facilities across counties.
    d. High staff turnover.
8. Difficulty sharing patient records between facilities and community-based providers (both directions) which impacts medication management and care coordination. Some participants discussed challenges related to contracted correctional health care providers who provide psychiatric and medical care in facilities and "don't answer to the same rules."
9. Culture within some detention and probation offices is slower to move toward the treatment centered approach and have "a lot of old mentality" about the punitive nature of detention, even when leadership is pro-treatment.

Trends and Gaps: Culturally Competent & Evidence Based Behavioral Health Services for Incarcerated Youth

To uncover the trends and gaps in culturally competent and evidence-based behavioral health services to youth with a diagnosed SED in Arizona juvenile justice facilities, HMA examined demographic data from AHCCCS's member files compared to statewide demographic data for youth under age 18 and the demographic data collected by the AOC in addition to engaging key informants and youth in discussions about the availability of culturally responsive and evidence based services.

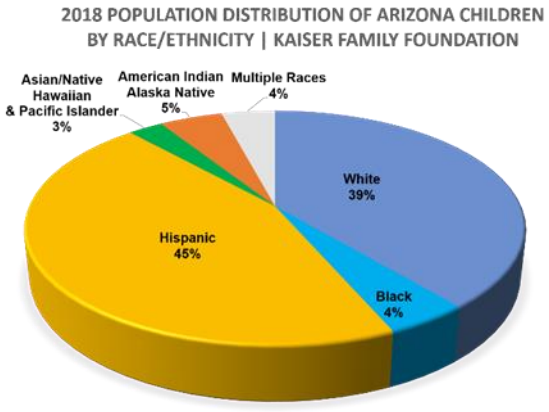
Background

In a 2016 article published in the Journal of Juvenile Justice titled *Effectiveness of Culturally Appropriate Adaptations to Juvenile Justice Services* researches "identified and analyzed research on enhancing the cultural and linguistic appropriateness of service delivery in juvenile justice." (Vergara, 2016) The research sought to answer two questions:

- "Are adaptations, which are intended to make services more culturally and linguistically appropriate, effective in changing the service providers' behavior, thereby making them more culturally competent (as opposed to focusing solely on their knowledge or attitudes)?
- Are adaptations, which are intended to make services more culturally and linguistically appropriate, effective in changing the outcomes (e.g., behavior, health status) or self-reported experience for the service recipient (e.g., engagement in services, recidivism, overall satisfaction)?" (Vergara, 2016)

According to the Vergara et. al., there are several factors that contribute to the imbalance of racial and ethnic minority representation in the juvenile justice system, including behaviors and perceptions of the personnel involved in justice system decision making.

An important theme observed throughout their literature review was that culturally competent services "must meet the target populations' specific needs. Confirmation and measurement of both service representation and outcomes for minorities in contact with juvenile justice systems was a necessary precondition to the development of any service intended to target their needs."



Findings

According to the Kaiser Family Foundation in Arizona for calendar year 2018 Black and Native American youth account for 4% and 5% of the population respectively. However,

both groups are disproportionately represented in the AHCCCS member files (Table 4). Conversely, according to the Kaiser report, Hispanic youth in Arizona represent 45% of the overall youth population yet they represent less than 2% of the 1,067 AHCCCS members contained in the data set. Of concern is 50% of the AHCCCS members have an "Unknown" or "Unspecified" race.

TABLE 4

Demographic Summary by Race

SED			Non-SED		
Race	**Count**	**Percent**	**Race**	**Count**	**Percent**
Black	**93**	**13.2%**	**Black**	**39**	**10.8%**
Caucasian/White	199	28.2%	Caucasian/White	92	25.4%
Filipino	3	0.4%	Filipino	0	0.0%
Hispanic	**10**	**1.4%**	**Hispanic**	**4**	**1.1%**
Native American	**24**	**3.4%**	**Native American**	**37**	**10.2%**
Unknown/Unspecified	376	53.3%	Unknown/Unspecified	190	52.5%

Even with the limitations in the AHCCCS data, specifically the high number of youth with an "Unknown/Unspecified" race, the disproportionate over representation of Black, Native American and Hispanic youth is similarly represented in AOC demographic data of youth incarcerated in county detention facilities.

TABLE 5

Court Counts
Juveniles Detained by Race, FY19

Race	Count	Percent
Black	**551**	**15.9%**
Caucasian/White	1186	34.22%
Asian/Pacific Islander	14	0.4%
Hispanic	**1499**	**40.65%**
Native American	**260**	**7.5%**
Unknown	39	1.13%
Other	7	0.2%
Total	3466	100%

Barriers To Providing MHBG Funded Services to Incarcerated Youth

To understand barriers implementing or expanding behavioral health services in detention and correctional facilities HMA included questions in the surveys to facilities staff, behavioral health providers and front-line detention and probation staff asking participants to identify the top five barriers they have observed. The list of barriers was derived from barriers identified through the literature review of similar surveys fielded in other jurisdictions. In addition to the survey questions HMA solicited input about barriers to care from focus group participants and key informants familiar with the behavioral health needs of incarcerated youth diagnosed with a SED.

Barriers To Providing Care

Survey respondents were asked about barriers that might discourage providers from delivering behavioral health services in correctional facilities. The most significant barriers identified were reimbursement barriers, regulatory barriers, and differences in organizational culture. Multiple responses described issues with the current payment model, including one that noted that the fee-for-service model is not workable given the low volume and suggested block grants to providers for a certain amount of services. In a similar response, another suggested using contracted behavioral health providers who could become specialized in working in the juvenile justice environment. Another barrier that appeared several times in the responses was a lack of communication regarding protocols, scheduling, etc. Survey respondents also reported a number of challenges to coordinating release planning. Among the most frequently noted were poor information sharing, lack of notifications, no reimbursement, and regulatory challenges, which were echoed among focus group participants.

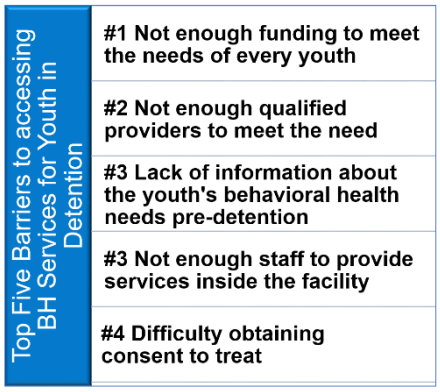


FIGURE 6

Figure 6 illustrates the top five barriers identified by front line detention and probation staff. Two noteworthy items:

1. Both detention and probation staff identically ranked the top five barriers to providing behavioral health services to youth and the top five behavioral health services that would most benefit youth involved in the justice system.
2. Lack of information about the youth's behavioral health needs pre-detention and not enough staff to provide services inside the facility tied for the #3 spot.

Community Collaborations & Promising Practices

To understand what care coordination approaches are being used between facilities and community-based behavioral health providers that might be leveraged to advance the provision of behavioral health services to youth in juvenile justice facilities HMA included questions in the surveys to facilities staff. In the facility survey fielded by HMA respondents were asked to describe community collaborative efforts they know of to shed light on the types of care coordination approaches happening across the state between juvenile justice facilities and community-based behavioral health providers that bring community providers "inside" to deliver behavioral health services to incarcerated youth.

Our interviews and research did not uncover any formal, multi-sector collaboratives operating in the state. We found evidence of informal collaborations between providers, social service agencies and parts of the juvenile justice system within a specific jurisdiction but none with a framework or documented best practices that can be replicated in other parts of the state.

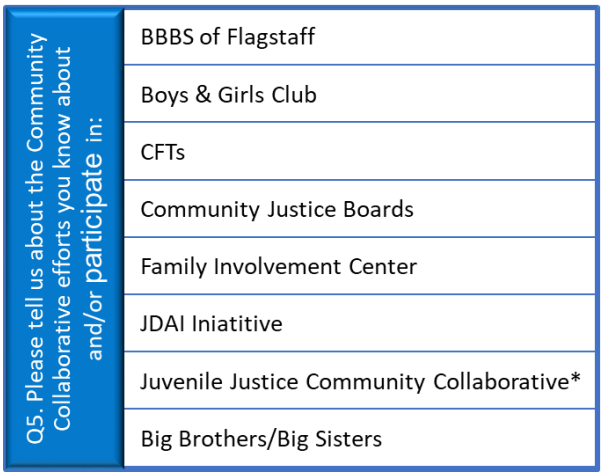


FIGURE 7

In some cases, respondents reported that detention facilities are involved with community collaboratives to help facilitate the continuity of care across transitions into and out of detention facilities. Common characteristics of community collaboratives included partnerships with service agencies in the community, communication between probation officers and community providers, and periodic community stakeholder meetings.

RECOMMENDATIONS

The state of behavioral health for Arizona's youth is troubling. The data presented in Mental Health America's (MHA) 2020 report *The State of Mental Health in America* and the Arizona Department of Health's *2019 State Health Assessment Report* indicate high levels of depression and anxiety among the general population of youth in the state. Literature for justice involved youth estimate the prevalence of behavioral health issues, including diagnosable psychiatric and/or substance abuse disorders to be as high as 65% for justice involved youth.

It is well documented that without significant intervention justice involved youth are at significant risk for entering the adult correctional system. The return on investment to the state for funding behavioral health services for incarcerated youth is indisputable.

The largest number of incarcerated youth in Arizona reside in juvenile detention facilities across the state, an even larger number of youth are diverted from juvenile detention to community-based alternative programs, and a very small number of youth are remanded to the state's juvenile correction facility, Adobe Mountain School. Given that the largest number of incarcerated youth reside in juvenile detention facilities, the best opportunity to deliver behavioral health services is within detention facilities. However, of equal importance is seamlessly transitioning youth to community-based services when they are released from detention and placed onto probation. Ideally, intervening at the detention level will reduce the number of youth who eventually find their way to Adobe Mountain School.

To the extent possible, all recommendations are intended to reduce duplication in service delivery; identify opportunities for cross systems collaboration; reduce or eliminate information and service silos; incentivize community based providers to go into facilities to provide services, and align with the objectives outlined in the state's MHBG plan:

- Aligning services to support a person/family centered service delivery model.
- Focusing on services to meet recovery goals.
- Increasing provider flexibility to better meet individual/family needs.
- Eliminating barriers to services.
- Recognizing and including support services provided by non-licensed individuals and agencies (such as Peer Supports).
- Streamlining service codes.
- Maximizing Medicaid funding

Data Analytics & Reporting

The following recommendations are intended to assist AHCCCS better understanding the most critical behavioral health needs of incarcerated youth with a diagnosed SED and pinpointing the barriers the make it difficult for community-based providers to deliver services to incarcerated youth.

RECOMMENDATION #1. AHCCCS is encouraged to review its process for assessment and identification of youth with a SED to ensure that all youth with a SED are properly identified. Given the similarities found in many service categories, particularly behavioral health services, between the population identified with a SED diagnosis and the population with no SED diagnosis, properly identifying these youth will provide better information and improve service delivery for all members with behavioral health needs.

RECOMMENDATION #2. AHCCCS is encouraged to build a flag in its reporting system to refine its determination of justice-involved youth. Through the analysis of AHCCCS data to identify members who were or were not justice-involved, it was determined that there are likely situations where a member is justice-involved but is not identified as such because the member has not lost AHCCCS eligibility.

RECOMMENDATION #3. AHCCCS is encouraged to conduct an analysis of the completeness and accuracy of race, ethnicity and language (REAL) data collected by Contractors and their provider networks. Given the large number of "Unknowns" for Race in both the population identified with a SED diagnosis and the population with no SED diagnosis, AHCCCS is likely missing important patterns in the data that identify service needs. By exploring the quality of the REAL data, how the data are housed and how staff collects REAL data, AHCCCS will identify gaps in the data collection process. Accurately collecting REAL data is critical if AHCCCS intends to provide culturally competent and evidence-based behavioral health services to incarcerated youth.

RECOMMENDATION #4. AHCCCS is encouraged to assess future service needs of justice-involved youth by differentiating short-term detention stays from long-term detention stays since service needs are likely to vary between the two populations.

RECOMMENDATION #5. Related to the prior recommendation, AHCCCS should consider a reporting mechanism from its health plans for monitoring service utilization and case management for justice-involved youth, particularly for those that retain AHCCCS eligibility while in detention.

RECOMMENDATION #6. AHCCCS is encouraged to develop strategies to ensure continuity of acute care services as well as behavioral health services for this population. Whereas behavioral health services used by AHCCCS members in this study were similar for members with a SED and those without, the acute services were used less by those with a SED diagnosis. These findings were corroborated during the focus groups. Participants discussed pre-release and release planning for transitioning a detainee's behavioral health services to a community-based provider are inconsistent and rely largely on personal relationships between providers and probation staff.

RECOMMENDATION #7. AHCCCS may want to consider developing a service use monitoring program in which 'triggers' are built in at the person level based on recent utilization. For example, if a member was recently discharged from an inpatient psychiatric or substance use treatment stay, monitoring is conducted to ensure community-based follow-up visits for behavioral health or warm transfers to outpatient treatment programs for substance use disorder.

Behavioral & Mental Health Service Needs

The following recommendations are intended to assist AHCCCS in developing a strong partnership with Administrative Office of the Courts and county detention and probation departments to reach the shared goals of: (1) identifying the most critical behavioral health needs of incarcerated youth, (2) delivering culturally competent and evidence-based services to incarcerated youth and, (3) eliminating barriers to expanding access to behavioral health services.

In a recent report from the Task Force on Detention Regionalization to the Arizona Judicial Council the task force provided their thoughts on best practices for detention in Arizona as well as recommendations for establishing and implementing those best practices including Enhanced Programming. According to the report, reinvesting into enhanced programming and prevention services could provide additional alternatives to detention and prevent youth from further penetration into the juvenile justice system. The services highlighted by the report include health care, mental health treatment services, and active discharge planning. (Administrative Office of the Courts, Juvenile Justice Services Division, 2019)

Working in partnership with the courts and other stakeholders to identify and inventory resources available throughout the state to ensure these vulnerable youth have access to the behavioral health services they need we recommend the following:

RECOMMENDATION #1. AHCCCS is encouraged to convene an interagency workgroup to develop a mutually agreed upon framework for delivering Trauma-Informed Care to justice involved youth. There is a significant need for trauma focused interventions. These services, however, must be counterbalanced with the reality that incarceration itself is a traumatic event. Additionally, the relatively short length of stay for youth in juvenile detention facilities (unless the youth is awaiting adjudication or disposition for a sexually related offense) must be considered.

The workgroup should include representation from the AOC, Juvenile Detention & Probation departments, Health Plan Contractors, Adobe Mountain School and community stakeholders. The group's charge might include identifying and defining "trauma terminology", identify mutually agreed upon outcomes and metrics to measure progress and develop resources that are culturally responsive to meet the needs of specific populations (Native American, Black and Hispanic youth as a priority).

RECOMMENDATION #2. One of the strategies identified in Priority Area #3 of the State's MHBG plan is to implement the American Society of Addiction Medicine's protocols for placing individuals in the appropriate level of care. To that end, AHCCCS is encouraged to work with

the juvenile justice partners and their Contractors to identify two Substance Use Disorders screening tools to be used by all providers across systems to minimize discrepancies in identifying youth with a substance use disorder. Screening tools to consider are:

- Screening to Brief Intervention (S2BI),
- Brief Screener for Tobacco, Alcohol and Other Drugs (BTSAD), and
- Global Appraisal of Individual Needs Short Screener (GAIN SS).

RECOMMENDATION #3. AHCCCS is encouraged to develop performance metrics for Contractors who receive MHBG and Title XIX/XXI funding to ensure adherence to their contractual obligation to administer the "Child and Adolescent Level of Care Utilization System (CALOCUS) (or other assessment, as directed by AHCCCS) is administered by staff person(s) trained in the administration of the CALOCUS. All individuals administering the CALOCUS shall complete initial training and pass initial and ongoing fidelity monitoring. Contractors shall adhere to the terms and requirements of Fidelity monitoring as prescribed by AHCCCS." (YH19-0001, October 2020)

The *YH17-0003-03 Non-Title XIX/XXI* contract dated October 1, 2020 refers Contractors to the Title XIX/XXI Contract YH17-0001, AMPM Policy 320-T1 and AMPM Policy 320-T2 requirements for delivering behavioral health services that states "The CALOCUS shall be administered **within the first 45 days of intake**, **at least every six months**, **and as significant changes occur in the life of the child.** This may include but is **not limited to** discharge from inpatient, behavioral health short term residential treatment, or therapeutic foster care." (YH19-0001, October 2020)

Given the high number of youth receiving psychiatric medications to treat mental health conditions combined with the demonstrated utilization of behavioral health services and the "significant change" that occurs when a youth experiences incarceration, many of these youth likely meet the SED criteria yet they do not have the SED flag assigned to their member identification. These combined factors indicate that the CALOCUS is not consistently administered by Contractor's providers and/or it is not administered within the required timeframes or frequency.

RECOMMENDATION #4. AHCCCS is encouraged to develop additional markers segmenting justice involved youth by the duration of stay. As discussed in the Data & Analytics section, for youth with a SED diagnosis, 32% of detention stays were for 15 days or less; for non-SED members, 40% of stays. Alternatively, when looking at longer lengths of stays 26% of stays for youth with a SED diagnosis were for three months or longer with 5% of these members staying 12 months or longer.

These large variations in duration of stays warrant developing a means to identify youth in detention facilities by their duration of stay. Ideally, this data would also include the type of offense for which the youth was referred. Segmentation of the data will provide insight into the types of services needed within detention facilities, inform resource management and planning and identify targeted interventions that meet the needs of individual youth. Following are examples of segmentations options:

- Youth incarcerated less than 45 consecutive days.
- Youth incarcerated between 45 and 90 consecutive days.
- Youth incarcerated between 90 and 120 consecutive days.
- Youth adjudicated who are awaiting disposition and remain detained for more than 120 consecutive days.

As an example, youth detained for 120 days or more would benefit from counseling services to facilitate their adjustment to long-term detention whereas youth detained less than 45 days will benefit most from intensive case management services, brief interventions and cross agency coordinated case planning.

RECOMMENDATION #5. AHCCCS is encouraged to conduct a cost study, in partnership with county detention facilities, to identify all fixed and variable costs associated with bringing external providers into secure facilities. Additionally, the study should contemplate two additional concepts:

- Developing a value-based reimbursement model for co-location of community-based providers within a detention facility. Incentives should consider both short- and long-term outcomes such as transition planning that reduces the "wait time" for youth getting care in the community; three, six, nine- and twelve-month engagement milestones, and reducing recidivism.
- Developing a value-based reimbursement model for expanding capacity and use of telehealth and telemedicine.

Both AHCCCS and the juvenile justice system want to increase the delivery of behavioral health services to incarcerated youth, but the shortage of behavioral health providers combined with the complexities of this population pose significant barriers to achieving the goal. In the surveys, focus groups and key informant interviews stakeholders raised the issue of time and reimbursement. Specifically, the amount of time that providers must dedicate to:

- Travel to and from the facility, which in most cases is significant in both rural and urban counties.
- Time dedicated to entering a facility and waiting to meet with the youth, which can easily be exacerbated when an incident occurs and movement inside a facility is restricted.
- Time and effort dedicated to obtaining clearance to enter a secure facility.

Additionally, there are real and fixed costs associated with bringing community based providers into a secure facility. Specifically, facilities must invest in:

- Creating space(s) that meet the confidentiality standards for providing behavioral health care.
- Providing security for the provider and youth for the duration of the visit, which includes escorting a provider(s) into and out of the secure facility.
- Developing a standardized process for granting ongoing access into a secure facility for behavioral health providers.

Recommendation #6: AHCCCS is encouraged to replicate the *Justice System Reach-in Care Coordination System* that is in place for adults transitioning into and out of jail and prison for

justice involved youth. The stated purpose of the initiative is to "to identify justice-involved members in the adult criminal justice system with physical and/or behavioral health chronic and/or complex care needs prior to member's release. In addition to members identified as having a chronic and/or complex care need, the Contractor shall conduct reach-in care coordination for members in the adult correctional system who have a substance use disorder and/or meet medical necessity criteria to receive Medical Assisted Treatment (MAT)." (YH19-0001, October 2020) These same services would greatly improve continuity of care.

Culturally Appropriate & Responsive Care

The following recommendations are intended to assist AHCCCS in developing a framework for Contractors, their providers and juvenile justice staff to deliver cross sector, culturally competent and evidence-based behavioral health services to incarcerated youth with a diagnosed SED.

One of the strategies identified in the MHBG plan for Priority Area #3 is to educate providers, contractors, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and substance abuse treatment centers. To achieve this strategy AHCCCS and its partners must develop a clear and deep understanding of the communities where youth live, which requires an in-depth and exacting assessment of youths' communities including community culture. To that end we recommend:

RECOMMENDATION #1. AHCCCS and juvenile detention facilities partner with communities of interest to conduct community cultural assessments to understand the ethnic and cultural identities of targeted communities across the state The typical community needs assessment identifies the strengths and resources available in a community to meet the needs of children, youth and families, however, these assessments generally do not focus on cultural and ethnic community needs.

RECOMMENDATION #2. Engage community leaders from communities of color, specifically Tribal communities, Hispanic/Latino communities and Black communities, to develop a pretreatment cultural assessment tool to be used during the behavioral health assessment process to identify the appropriate interventions for adolescents that are congruent with their social and cultural beliefs (Benish, Quintana, & Wampold, 2011).

RECOMMENDATION #3. Stakeholders indicated the need for significantly more behavioral health providers who specialize in working in the juvenile justice environment. AHCCCS is encouraged to facilitate developing significantly more providers skilled in working with the population of justice involved youth **and** who are willing to work inside these facilities by creating regionally based learning collaboratives that bring together behavioral health providers, detention and probation staff to:

- Develop and deliver trainings to detention staff, behavioral health providers, physicians and other prescribers to use the two screening tools selected to identify SUD and mental health needs of youth.
- Develop and deliver training on best practices for engaging youth in brief interventions to motivate them to change risky behavior.

- Develop a process to monitor the impact of screening and brief interventions.
- Provide clinicians and staff a forum for ongoing learning and support.

PRIORITIES

HMA provided a broad array of recommendations for AHCCCS's consideration. However, we must acknowledge the finite amount of MHBG funding and the need to prioritize. To facilitate prioritization of the recommendations we turned to the MHBG regulations and the key findings from this assessment.

According to section 1911 of Title XIX, Part B, Subpart I and III of the Public Health Service (PHS) Act, MHBG funding supports states to carry out their plans for providing comprehensive community mental health service for SED diagnosed children and SMI diagnosed adults. "*In the case of children with serious emotional disturbance, the plan… provides for a system of integrated social services, educational services, juvenile services, and substance abuse services that, together with health and mental health services*, *will be provided in order for such children to receive care appropriate for their multiple needs*." (§ 300x–1. (b)(2))

This assessment suggests that MHGB funding would have the greatest impact on the behavioral health needs of justice involved youth and meet the objective of establishing an integrated system of care if funding is invested in three priority areas (ranked in order of importance).

- **Care coordination** upon entry, during detainment and prior to release.
- **Screening and assessment** of youth's behavioral health needs.
- Behavioral health services such as **counseling and skill building** in detention.

It is important to note that some of the priority recommendations benefit multiple funding streams, including MHBG.

PRIORITY AREA #1: CARE COORDINATION

During the course of this assessment there were many discussions about the need for multi-system pre-detention, pre-release and release planning. Today, transitioning a youth's behavioral health services from the community into a detention facility and from a detention facility into the community is inconsistent. Stakeholders from all areas attributed "successful" transitions to personal relationships between behavioral health providers, detention staff and probation staff.

A systems-based approach that provides seamless delivery of behavioral health care for all justice involved youth with a diagnosed SED requires intensive case management and care coordination. To do this effectively intra and inter-agency communication is crucial and, because of geographic challenges and funding restrictions more granular and consistent data collection is necessary. The data analysis for this assessment indicates that regardless of where a youth resides in the state, they experience incarceration in blocks of time. To develop care

coordination strategies that comport with these blocks of time HMA suggests prioritizing the following recommendations:

DATA ANALYTICS & REPORTING (P.38)

RECOMMENDATION #4. AHCCCS is encouraged to develop additional markers segmenting justice involved youth by their duration of stay. As discussed in the Data & Analytics section of this report, for youth with a SED diagnosis, 32% of detention stays were for 15 days or less; for non-SED members, 40% of stays. Alternatively, when looking at longer lengths of stays 26% of stays for youth with a SED diagnosis were for three months or longer with 5% of these members staying 12 months or longer.

BEHAVIORAL & MENTAL HEALTH SERVICES (P.39)

RECOMMENDATION #1. AHCCCS is encouraged to convene an interagency workgroup to develop a mutually agreed upon framework for delivering Trauma-Informed Care to justice involved youth. There is a significant need for trauma focused interventions. These services, however, must be counterbalanced with the reality that incarceration itself is a traumatic event. Additionally, the relatively short length of stay for youth in juvenile detention facilities (unless the youth is awaiting adjudication or disposition for a sexually related offense) must be considered.

PRIORITY AREA #2: SCREENING & ASSESSMENT

Without consistent identification of youth who meet the criteria for SED, who are served by AHCCCS, and are justice involved we risk these youth becoming *chronically* justice involved. And, given the over-representation of Black, Native American and Hispanic youth in detention facilities and Adobe Mountain School the screening and assessment processes must be culturally informed. To that end HMA suggest prioritizing the following recommendations to improve screening and assessment for SED:

DATA ANALYTICS & REPORTING (P.38)

RECOMMENDATION #1. AHCCCS is encouraged to review its process for assessment and identification of youth with a SED to ensure that all youth with a SED are properly identified. Given the similarities found in many service categories, particularly behavioral health services, between the population identified with a SED diagnosis and the population with no SED diagnosis, properly identifying these youth will provide better information and improve service delivery for all members with behavioral health needs.

CULTURALLY APPROPRIATE & RESPONSIVE CARE (P.42)

RECOMMENDATION #2. Engage community leaders from communities of color, specifically Tribal communities, Hispanic/Latino communities and Black communities, to develop a pretreatment cultural assessment tool to be used during the behavioral health assessment process to identify

the appropriate interventions for adolescents that match with interventions congruent with their social and cultural beliefs (Benish, Quintana, & Wampold, 2011).

BEHAVIORAL & MENTAL HEALTH SERVICES (P. 39 & 40)

RECOMMENDATION #2. One of the strategies identified in Priority Area #3 of the State's MHBG plan is to implement the American Society of Addiction Medicine's protocols for placing individuals in the appropriate level of care. To that end, AHCCCS is encouraged to work with the juvenile justice partners and their Contractors to identify the two Substance Use Disorders screening tools to be used by all providers across systems to minimize discrepancies in identifying youth with a substance use disorder.

RECOMMENDATION #3. AHCCCS is encouraged to develop performance metrics for Contractors who receive MHBG and Title XIX/XXI funding to ensure adherence to their contractual obligation to administer the "Child and Adolescent Level of Care Utilization System (CALOCUS) (or other assessment, as directed by AHCCCS) is administered by staff person(s) trained in the administration of the CALOCUS. All individuals administering the CALOCUS shall complete initial training and pass initial and ongoing fidelity monitoring. Contractors shall adhere to the terms and requirements of Fidelity monitoring as prescribed by AHCCCS." (YH19-0001, October 2020)

PRIORITY AREA #3: COUNSELING & SKILL BUILDING

Stakeholders indicated a need for significantly more behavioral health providers who specialize in working in the juvenile justice environment and who understand the racial, ethnic and cultural influences that impact a youth's ability to engage in services. To increase the delivery of culturally informed counseling services and life skills education to justice involved youth HMA suggests prioritizing the following recommendations:

CULTURALLY APPROPRIATE & RESPONSIVE CARE (P. 42)

RECOMMENDATION #2. Engage community leaders from communities of color, specifically Tribal communities, Hispanic/Latino communities and Black communities, to develop a pretreatment cultural assessment tool to be used during the behavioral health assessment process to identify the appropriate interventions for adolescents that are congruent with their social and cultural beliefs (Benish, Quintana, & Wampold, 2011).

RECOMMENDATION #3. AHCCCS is encouraged to facilitate developing significantly more providers skilled in working with the population of justice involved youth **and** who are willing to work inside these facilities by creating regionally based learning collaboratives that bring together behavioral health providers, detention and probation staff to:

- Develop and deliver trainings to detention staff, behavioral health providers, physicians and other prescribers to use the two screening tools to identify SUD and mental health needs of youth.

- Develop and deliver training on best practices for engaging youth in brief interventions to motivate them to change risky behavior.
- Develop a process to monitor the impact of screening and brief interventions.
- Provide clinicians and staff a forum for ongoing learning and support.

Additional Considerations

Throughout this assessment a variety of closely related topics surfaced that warrant further exploration.

CONSIDERATION #1. A future area for study that was not examined in this initial assessment and may be useful to better inform ongoing needs for members who are justice-involved concerns identifying those youth with co-occurring disorders and their service needs. Co-occurring disorders would be those such as mental health and substance abuse; behavioral health and medical needs; behavioral health and intellectual deficiencies.

CONSIDERATION #2. Another future area of exploration for AHCCCS to consider is to compare members in juvenile detention against those in community-based alternative settings. This will allow for better understanding of potential service gaps. As illustrated in the Diversion section, youth who are referred to Juvenile Court may be diverted from the court process if they admit to the allegation(s) in the referral. These youth are given community based alternative programs in lieu of the formal court process. Community alternatives include unpaid community service work, fines or restitution, or completion of educational, rehabilitative, or counseling programs.

There is an opportunity to align the delivery of court ordered counseling services with Title XIX/XXI, Substance Abuse Block Grant (SABG) and MHBG services for youth who are diverted from detention. An analysis of all claims data for youth in conjunction with court data to identify these youth and develop a comprehensive understanding of:

- The types counseling services provided
- Identify other behavioral health services provided.
- Understand which funding sources pay for these services.
- Identify opportunities for developing care plans and coordination of services.

CONSIDERATION #3. Additional capacity building is possible by increasing the use of telehealth and telemedicine. Using the Centers for Medicaid and Medicare Services (CMS) definition of telemedicine as two-way, real time interactive communication between the patient and the physician or practitioner at the distant site via telecommunications equipment that includes, at a minimum, audio and video equipment we begin to identify challenges. One challenge is limited access to high-speed broadband internet that meets the minimum benchmark set by the Federal Communication Commission (FCC, 2018) within many county detention facilities, and the challenges are far greater in rural counties. Because of the complexities involved with expanding telemedicine services we encourage both AHCCCS and the counties to actively engage the Arizona Telemedicine Program (ATP) and request they include assessing capacity and access in detention and correctional facilities in their efforts to expand the use of telemedicine across the state.

CONSIDERATION #4. In partnership with the AOC, conduct an in-depth retrospective cohort study of justice involved youth with and without a diagnosed SED who, upon age 18, became involved with the adult justice system. Potential data elements include:

- Demographic data including race, ethnicity, gender identity, spoken language, written language, zip code.
- Number of incarcerations in a detention facility.
- Types of offenses committed by youth.
- Involvement with DCS, including reason(s) for involvement and frequency.
- Physical and mental health diagnosis during adolescence and adulthood.
- Utilization of Title XIX/XXI and non-Title XIX/XXI behavioral health services.
- Utilization of Title XIX/XXI physical health services.
- Educational attainment.
- Cognitive and/or intellectual disability.

APPENDIX A: DATA ANALYSIS

Listing of Appendix Reports Using AHCCCS Claims/Encounters

All reports display information in the same format.
Data shown are AHCCCS members identified as being involved in the juvenile justice system during CY 2019.
Services are divided into eight categories.
For each service, the reports show the number of individuals who used the service and the payments made toward these services.
Information is further segmented between services used while in detention or not in detention.

There are 1,067 individuals that were examined across a variety of attributes.
The table below serves as a legend that displays the comparison of utilization/expenditures for subgroups within the 1,067 individuals.

	SED	Non-SED	Male	Female	Maricopa	Pima	All Other Counties	CMDP	All Besides CMDP
Report 1A	x		x	x	x	x	x		
Report 1B		x	x	x	x	x	x		
Report 2A1	x		x		x	x	x		
Report 2A2	x			x	x	x	x		
Report 2B1		x	x		x	x	x		
Report 2B2		x		x	x	x	x		
Report 3A1	x		x	x	x				
Report 3A2	x		x	x		x			
Report 3AC	x		x	x			x		
Report 3B1		x	x	x	x				
Report 3B2		x	x	x		x			
Report 3B3		x	x	x			x		
Report 4A	x	x	x	x	x	x	x	x	
Report 4B		x	x	x	x	x	x	x	
Report 5A	x		x	x	x	x	x		x
Report 5B		x	x	x	x	x	x		x

REPORT 1A

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents with SED Diagnosis

Total Population

Total Individuals Examined on this Report: 705

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$8,132,957**	**$11,536**			**$164,424**	**$233**			**$7,968,533**	**$11,303**
Inpatient Hospital Stays or Related Services as Inpatient	139	20%	$3,471,282	$24,973	1	0%	$8,314	$8,314	139	20%	$3,462,968	$24,913
Emergency Room Visits	114	16%	$7,073	$62	1	0%	$0	$0	114	16%	$7,073	$62
Behavioral Health Services other than Case Mgmt	442	63%	$1,900,769	$4,300	101	14%	$40,455	$401	434	62%	$1,860,315	$4,286
Case Management	474	67%	$1,120,990	$2,365	173	25%	$99,243	$574	460	65%	$1,021,747	$2,221
Office Visits Acute Care	391	55%	$164,380	$420	33	5%	$3,213	$97	387	55%	$161,166	$416
Other Professional Services outside of Behavioral Health	435	62%	$1,064,690	$2,448	43	6%	$5,435	$126	431	61%	$1,059,255	$2,458
Pharmacy Claims	353	50%	$298,204	$845	27	4%	$7,765	$288	350	50%	$290,439	$830
Dental Services	238	34%	$105,570	$444	0	0%	$0	$0	238	34%	$105,570	$444

REPORT 1B

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents without SED Diagnosis

Total Population

Total Individuals Examined on this Report: 362

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$4,497,331**	**$12,424**			**$76,723**	**$212**			**$4,420,609**	**$12,212**
Inpatient Hospital Stays or Related Services as Inpatient	99	27%	$1,440,521	$14,551	0	0%	$0	$0	99	27%	$1,440,521	$14,551
Emergency Room Visits	289	80%	$11,461	$40	1	0%	$92	$92	288	80%	$11,369	$39
Behavioral Health Services other than Case Mgmt	258	71%	$915,613	$3,549	39	11%	$15,031	$385	254	70%	$900,582	$3,546
Case Management	257	71%	$585,822	$2,279	69	19%	$50,725	$735	255	70%	$535,097	$2,098
Office Visits Acute Care	257	71%	$115,908	$451	11	3%	$1,062	$97	256	71%	$114,846	$449
Other Professional Services outside of Behavioral Health	356	98%	$955,633	$2,684	15	4%	$1,626	$108	355	98%	$954,007	$2,687
Pharmacy Claims	287	79%	$409,682	$1,427	18	5%	$8,186	$455	286	79%	$401,496	$1,404
Dental Services	153	42%	$62,692	$410	0	0%	$0	$0	153	42%	$62,692	$410

REPORT 2A1

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents with SED Diagnosis

Gender - Male

Total Individuals Examined on this Report: 611

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$5,862,208**	**$9,594**			**$126,574**	**$207**			**$5,735,634**	**$9,387**
Inpatient Hospital Stays or Related Services as Inpatient	101	17%	$2,211,978	$21,901	0	0%	$0	$0	101	17%	$2,211,978	$21,901
Emergency Room Visits	82	13%	$4,399	$54	0	0%	$0	$0	82	13%	$4,399	$54
Behavioral Health Services other than Case Mgmt	369	60%	$1,553,212	$4,209	82	13%	$35,618	$434	362	59%	$1,517,594	$4,192
Case Management	397	65%	$868,282	$2,187	142	23%	$78,892	$556	383	63%	$789,391	$2,061
Office Visits Acute Care	317	52%	$121,810	$384	25	4%	$2,236	$89	313	51%	$119,574	$382
Other Professional Services outside of Behavioral Health	355	58%	$787,826	$2,219	36	6%	$4,150	$115	351	57%	$783,677	$2,233
Pharmacy Claims	280	46%	$230,624	$824	18	3%	$5,679	$316	277	45%	$224,944	$812
Dental Services	192	31%	$84,077	$438	0	0%	$0	$0	192	31%	$84,077	$438

REPORT 2A2

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents with SED Diagnosis

Gender - Female

Total Individuals Examined on this Report: 94

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$1,011,445**	**$10,760**			**$29,536**	**$314**			**$981,909**	**$10,446**
Inpatient Hospital Stays or Related Services as Inpatient	38	40%	$1,259,304	$33,140	1	1%	$8,314	$8,314	38	40%	$1,250,990	$32,921
Emergency Room Visits	32	34%	$2,674	$84	1	1%	$0	$0	32	34%	$2,674	$84
Behavioral Health Services other than Case Mgmt	73	78%	$347,558	$4,761	19	20%	$4,837	$255	72	77%	$342,721	$4,760
Case Management	77	82%	$252,707	$3,282	31	33%	$20,351	$656	77	82%	$232,356	$3,018
Office Visits Acute Care	74	79%	$42,570	$575	8	9%	$977	$122	74	79%	$41,592	$562
Other Professional Services outside of Behavioral Health	80	85%	$276,863	$3,461	7	7%	$1,285	$184	80	85%	$275,578	$3,445
Pharmacy Claims	73	78%	$67,580	$926	9	10%	$2,085	$232	73	78%	$65,495	$897
Dental Services	46	49%	$21,493	$467	0	0%	$0	$0	46	49%	$21,493	$467

REPORT 2B1

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents without SED Diagnosis

Gender - Male

Total Individuals Examined on this Report: 301

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$3,797,765**	**$12,617**			**$64,249**	**$213**			**$3,733,516**	**$12,404**
Inpatient Hospital Stays or Related Services as Inpatient	76	25%	$1,194,831	$15,721	0	0%	$0	$0	76	25%	$1,194,831	$15,721
Emergency Room Visits	243	81%	$10,181	$42	1	0%	$92	$92	242	80%	$10,089	$42
Behavioral Health Services other than Case Mgmt	211	70%	$793,223	$3,759	31	10%	$11,391	$367	207	69%	$781,832	$3,777
Case Management	212	70%	$468,836	$2,211	57	19%	$43,129	$757	210	70%	$425,706	$2,027
Office Visits Acute Care	203	67%	$91,207	$449	11	4%	$1,062	$97	202	67%	$90,146	$446
Other Professional Services outside of Behavioral Health	297	99%	$824,846	$2,777	15	5%	$1,626	$108	296	98%	$823,220	$2,781
Pharmacy Claims	229	76%	$366,626	$1,601	11	4%	$6,948	$632	228	76%	$359,678	$1,578
Dental Services	122	41%	$48,014	$394	0	0%	$0	$0	122	41%	$48,014	$394

REPORT 2B2

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents without SED Diagnosis

Gender - Female

Total Individuals Examined on this Report: 61

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$699,567**	**$11,468**			**$12,474**	**$204**			**$687,093**	**$11,264**
Inpatient Hospital Stays or Related Services as Inpatient	23	38%	$245,689	$10,682	0	0%	$0	$0	23	38%	$245,689	$10,682
Emergency Room Visits	46	75%	$1,280	$28	0	0%	$0	$0	46	75%	$1,280	$28
Behavioral Health Services other than Case Mgmt	47	77%	$122,391	$2,604	8	13%	$3,640	$455	47	77%	$118,751	$2,527
Case Management	45	74%	$116,986	$2,600	12	20%	$7,595	$633	45	74%	$109,391	$2,431
Office Visits Acute Care	54	89%	$24,700	$457	0	0%	$0	$0	54	89%	$24,700	$457
Other Professional Services outside of Behavioral Health	59	97%	$130,786	$2,217	0	0%	$0	$0	59	97%	$130,786	$2,217
Pharmacy Claims	58	95%	$43,056	$742	7	11%	$1,238	$177	58	95%	$41,818	$721
Dental Services	31	51%	$14,678	$473	0	0%	$0	$0	31	51%	$14,678	$473

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents with SED Diagnosis

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
REPORT 3A1: Maricopa County Only					Total Individuals Examined on this Report:				531			
TOTAL			**$5,585,272**	**$10,518**			**$121,602**	**$229**			**$5,463,670**	**$10,289**
Inpatient Hospital Stays or Related Services as Inpatient	105	20%	$2,504,456	$23,852	0	0%	$0	$0	105	20%	$2,504,456	$23,852
Emergency Room Visits	87	16%	$5,589	$64	0	0%	$0	$0	87	16%	$5,589	$64
Behavioral Health Services other than Case Mgmt	325	61%	$1,072,658	$3,300	74	14%	$25,139	$340	320	60%	$1,047,519	$3,273
Case Management	347	65%	$934,986	$2,694	135	25%	$83,017	$615	337	63%	$851,969	$2,528
Office Visits Acute Care	297	56%	$114,901	$387	28	5%	$2,568	$92	294	55%	$112,333	$382
Other Professional Services outside of Behavioral Health	330	62%	$615,010	$1,864	33	6%	$3,495	$106	327	62%	$611,514	$1,870
Pharmacy Claims	266	50%	$253,286	$952	24	5%	$7,383	$308	263	50%	$245,903	$935
Dental Services	185	35%	$84,386	$456	0	0%	$0	$0	185	35%	$84,386	$456
REPORT 3A2: Pima County Only					Total Individuals Examined on this Report:				111			
TOTAL			**$889,105**	**$8,010**			**$26,320**	**$237**			**$862,785**	**$7,773**
Inpatient Hospital Stays or Related Services as Inpatient	23	21%	$392,994	$17,087	0	0%	$0	$0	23	21%	$392,994	$17,087
Emergency Room Visits	16	14%	$326	$20	0	0%	$0	$0	16	14%	$326	$20
Behavioral Health Services other than Case Mgmt	81	73%	$551,788	$6,812	22	20%	$12,507	$569	79	71%	$539,280	$6,826
Case Management	87	78%	$113,699	$1,307	32	29%	$12,329	$385	84	76%	$101,370	$1,207
Office Visits Acute Care	69	62%	$30,521	$442	4	4%	$438	$110	68	61%	$30,083	$442
Other Professional Services outside of Behavioral Health	72	65%	$145,157	$2,016	6	5%	$663	$111	72	65%	$144,494	$2,007
Pharmacy Claims	64	58%	$32,469	$507	3	3%	$382	$127	64	58%	$32,087	$501
Dental Services	38	34%	$15,145	$399	0	0%	$0	$0	38	34%	$15,145	$399
REPORT 3A3: All Counties Other than Maricopa and Pima					Total Individuals Examined on this Report:				63			
TOTAL			**$691,754**	**$10,980**			**$8,188**	**$130**			**$683,566**	**$10,850**
Inpatient Hospital Stays or Related Services as Inpatient	11	17%	$573,832	$52,167	1	2%	$8,314	$8,314	11	17%	$565,518	$51,411
Emergency Room Visits	11	17%	$1,157	$105	1	2%	$0	$0	11	17%	$1,157	$105
Behavioral Health Services other than Case Mgmt	36	57%	$276,323	$7,676	5	8%	$2,808	$562	35	56%	$273,515	$7,815
Case Management	40	63%	$72,304	$1,808	6	10%	$3,896	$649	39	62%	$68,408	$1,754
Office Visits Acute Care	25	40%	$18,957	$758	1	2%	$207	$207	25	40%	$18,750	$750
Other Professional Services outside of Behavioral Health	33	52%	$304,524	$9,228	4	6%	$1,276	$319	32	51%	$303,247	$9,476
Pharmacy Claims	23	37%	$12,449	$541	0	0%	$0	$0	23	37%	$12,449	$541
Dental Services	15	24%	$6,039	$403	0	0%	$0	$0	15	24%	$6,039	$403

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents without SED Diagnosis

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
REPORT 3B1: Maricopa County Only					Total Individuals Examined on this Report:				275			
TOTAL			**$3,469,246**	**$12,615**			**$69,600**	**$253**			**$3,399,646**	**$12,362**
Inpatient Hospital Stays or Related Services as Inpatient	78	28%	$1,229,462	$15,762	0	0%	$0	$0	78	28%	$1,229,462	$15,762
Emergency Room Visits	223	81%	$8,176	$37	0	0%	$0	$0	223	81%	$8,176	$37
Behavioral Health Services other than Case Mgmt	197	72%	$589,008	$2,990	30	11%	$12,966	$432	193	70%	$576,042	$2,985
Case Management	194	71%	$514,545	$2,652	57	21%	$47,178	$828	192	70%	$467,367	$2,434
Office Visits Acute Care	200	73%	$84,648	$423	8	3%	$764	$96	199	72%	$83,884	$422
Other Professional Services outside of Behavioral Health	270	98%	$655,919	$2,429	11	4%	$1,346	$122	269	98%	$654,573	$2,433
Pharmacy Claims	226	82%	$338,304	$1,497	16	6%	$7,346	$459	225	82%	$330,958	$1,471
Dental Services	124	45%	$49,186	$397	0	0%	$0	$0	124	45%	$49,186	$397
REPORT 3B2: Pima County Only					Total Individuals Examined on this Report:				53			
TOTAL			**$500,586**	**$9,445**			**$3,304**	**$62**			**$497,282**	**$9,383**
Inpatient Hospital Stays or Related Services as Inpatient	16	30%	$186,846	$11,678	0	0%	$0	$0	16	30%	$186,846	$11,678
Emergency Room Visits	39	74%	$1,013	$26	1	2%	$92	$92	38	72%	$921	$24
Behavioral Health Services other than Case Mgmt	43	81%	$148,355	$3,450	6	11%	$1,231	$205	43	81%	$147,125	$3,422
Case Management	44	83%	$49,685	$1,129	7	13%	$764	$109	44	83%	$48,921	$1,112
Office Visits Acute Care	35	66%	$13,582	$388	2	4%	$237	$119	35	66%	$13,345	$381
Other Professional Services outside of Behavioral Health	52	98%	$219,586	$4,223	3	6%	$140	$47	52	98%	$219,446	$4,220
Pharmacy Claims	40	75%	$58,457	$1,461	2	4%	$840	$420	40	75%	$57,617	$1,440
Dental Services	18	34%	$9,909	$550	0	0%	$0	$0	18	34%	$9,909	$550
REPORT 3B3: All Counties Other than Maricopa and Pima					Total Individuals Examined on this Report:				34			
TOTAL			**$316,440**	**$9,307**			**$3,818**	**$112**			**$312,622**	**$9,195**
Inpatient Hospital Stays or Related Services as Inpatient	5	15%	$24,214	$4,843	0	0%	$0	$0	5	15%	$24,214	$4,843
Emergency Room Visits	27	79%	$2,272	$84	0	0%	$0	$0	27	79%	$2,272	$84
Behavioral Health Services other than Case Mgmt	18	53%	$178,250	$9,903	3	9%	$834	$278	18	53%	$177,415	$9,856
Case Management	19	56%	$21,592	$1,136	5	15%	$2,783	$557	19	56%	$18,809	$990
Office Visits Acute Care	22	65%	$17,679	$804	1	3%	$61	$61	22	65%	$17,618	$801
Other Professional Services outside of Behavioral Health	34	100%	$80,128	$2,357	1	3%	$140	$140	34	100%	$79,988	$2,353
Pharmacy Claims	21	62%	$12,921	$615	0	0%	$0	$0	21	62%	$12,921	$615
Dental Services	11	32%	$3,598	$327	0	0%	$0	$0	11	32%	$3,598	$327

REPORT 4A

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents SED Diagnosis

Total CMDP Population

Total Individuals Examined on this Report: 231

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$4,467,044**	**$19,338**			**$82,030**	**$355**			**$4,385,014**	**$18,983**
Inpatient Hospital Stays or Related Services as Inpatient	77	33%	$2,004,880	$26,037	0	0%	$0	$0	77	33%	$2,004,880	$26,037
Emergency Room Visits	58	25%	$2,874	$50	0	0%	$0	$0	58	25%	$2,874	$50
Behavioral Health Services other than Case Mgmt	193	84%	$1,025,170	$5,312	44	19%	$20,275	$461	192	83%	$1,004,894	$5,234
Case Management	206	89%	$659,872	$3,203	91	39%	$50,959	$560	203	88%	$608,913	$3,000
Office Visits Acute Care	181	78%	$84,576	$467	19	8%	$1,570	$83	179	77%	$83,006	$464
Other Professional Services outside of Behavioral Health	195	84%	$455,785	$2,337	22	10%	$2,413	$110	194	84%	$453,372	$2,337
Pharmacy Claims	155	67%	$160,279	$1,034	16	7%	$6,813	$426	154	67%	$153,466	$997
Dental Services	131	57%	$73,608	$562	0	0%	$0	$0	131	57%	$73,608	$562

REPORT 4B

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents without SED Diagnosis

Total CMDP Population

Total Individuals Examined on this Report: 112

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$1,267,709**	**$11,319**			**$48,873**	**$436**			**$1,218,836**	**$10,882**
Inpatient Hospital Stays or Related Services as Inpatient	36	32%	$618,243	$17,173	0	0%	$0	$0	36	32%	$618,243	$17,173
Emergency Room Visits	88	79%	$4,452	$51	1	1%	$92	$92	87	78%	$4,360	$50
Behavioral Health Services other than Case Mgmt	104	93%	$433,521	$4,168	24	21%	$8,101	$338	102	91%	$425,421	$4,171
Case Management	105	94%	$358,270	$3,412	43	38%	$37,417	$870	105	94%	$320,852	$3,056
Office Visits Acute Care	91	81%	$44,078	$484	7	6%	$682	$97	90	80%	$43,396	$482
Other Professional Services outside of Behavioral Health	111	99%	$283,169	$2,551	10	9%	$1,038	$104	111	99%	$282,131	$2,542
Pharmacy Claims	98	88%	$111,080	$1,133	12	11%	$1,544	$129	97	87%	$109,536	$1,129
Dental Services	69	62%	$33,139	$480	0	0%	$0	$0	69	62%	$33,139	$480

REPORT 5A

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents SED Diagnosis

Total Population besides CMDP

Total Individuals Examined on this Report: 474

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$3,665,913**	**$7,734**			**$3,583,519**	**$7,560**			**$3,583,519**	**$7,560**
Inpatient Hospital Stays or Related Services as Inpatient	62	13%	$1,466,402	$23,652	1	0%	$1,458,088	########	62	13%	$1,458,088	$23,518
Emergency Room Visits	56	12%	$4,199	$75	1	0%	$4,199	$4,199	56	12%	$4,199	$75
Behavioral Health Services other than Case Mgmt	249	53%	$875,600	$3,516	57	12%	$855,420	$15,007	242	51%	$855,420	$3,535
Case Management	268	57%	$461,118	$1,721	82	17%	$412,834	$5,035	257	54%	$412,834	$1,606
Office Visits Acute Care	210	44%	$79,803	$380	14	3%	$78,160	$5,583	208	44%	$78,160	$376
Other Professional Services outside of Behavioral Health	240	51%	$608,905	$2,537	21	4%	$605,883	$28,852	237	50%	$605,883	$2,556
Pharmacy Claims	198	42%	$137,924	$697	11	2%	$136,973	$12,452	196	41%	$136,973	$699
Dental Services	107	23%	$31,962	$299	0	0%	$31,962	$0	107	23%	$31,962	$299

REPORT 5B

Inventory of Utilization in CY 2019 for Justice-Involved Children/Adolescents without SED Diagnosis

Total Population besides CMDP

Total Individuals Examined on this Report: 250

					Portion of Total Services Shown in Columns A-D when in juvenile justice system				Portion of Total Services Shown in Columns A-D when not in juvenile justice system			
	A	B	C	D	E	F	G	H	I	J	K	L
	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client	Count of Individuals Using Service	Percent of Total Using Service	Total Payments for Service	Payments per Client
TOTAL			**$1,789,101**	**$7,156**			**$1,761,252**	**$7,045**			**$1,761,252**	**$7,045**
Inpatient Hospital Stays or Related Services as Inpatient	63	25%	$822,278	$13,052	0	0%	$822,278	$0	63	25%	$822,278	$13,052
Emergency Room Visits	201	80%	$7,009	$35	0	0%	$7,009	$0	201	80%	$7,009	$35
Behavioral Health Services other than Case Mgmt	154	62%	$482,092	$3,130	15	6%	$475,161	$31,677	152	61%	$475,161	$3,126
Case Management	152	61%	$227,552	$1,497	26	10%	$214,244	$8,240	150	60%	$214,244	$1,428
Office Visits Acute Care	166	66%	$71,830	$433	4	2%	$71,450	$17,862	166	66%	$71,450	$430
Other Professional Services outside of Behavioral Health	245	98%	$672,464	$2,745	5	2%	$671,876	$134,375	244	98%	$671,876	$2,754
Pharmacy Claims	189	76%	$298,602	$1,580	6	2%	$291,960	$48,660	189	76%	$291,960	$1,545
Dental Services	84	34%	$29,553	$352	0	0%	$29,553	$0	84	34%	$29,553	$352

APPENDIX B: PARTICIPANTS & STAKEHOLDERS

Health Plans & Regional Behavioral Health Authorities

Arizona Complete Health (Centene)
Banner University Family Care
Care 1st
CMDP
DDD
Health Choice Arizona
Magellan
Mercy Care
United Healthcare

Behavioral Health Providers

A New Leaf
Arizona Youth and Family
Canyon State Academy
Child and Family Support Services
Connections
Devereux Foundation
Easter Seals Blake Foundation
EPI Center
Family Involvement Center
Jewish Family Children's Services
La Frontera Empact
Marana Health Care
Mohave Mental Health Clinic
Open Hearts
Pathways
Pima Prevention Partnership
Pinal Hispanic Council
Ppep Integrated Care
Resilient Health
SEABHS
Southwest Behavioral Health
Southwest Network
Spectrum Healthcare Group
The Guidance Center
Touchstone Behavioral Health
Touchstone Behavioral Health
Touchstone Health Services
Valle del Sol
Valleywise Health
West Yavapai Guidance Center
Community Partners Integrated Care
Horizon Health and Wellness
Connections AZ
Community Health Associates
Cope Community Services
Family Involvement Center
La Fronterz
Intermountain
Helping Associations

Juvenile Detention, Probation & Correctional Staff and Child Welfare

Apache County Juvenile Detention
Cochise County Courts
Coconino County Juvenile Detention
Department of Child Safety
Department of Juvenile Corrections
Gila County Juvenile Probation
Graham County Courts
Greenlee County Courts
LaPaz County Juvenile Probation
Maricopa County Attorney
Maricopa County Juvenile Detention
Maricopa County Juvenile Probation
Mohave County Courts
Mohave County Juvenile Detention
Navajo County Courts
Pima County Juvenile Court
Pinal County Juvenile Detention
Santa Cruz County Courts
Yavapai County Juvenile Detention
Yuma County Courts

Tribal Representatives & Community Stakeholders

Advocacy 31Nine
ACLU
Children's Action Alliance
San Carlos Apache Indian Tribe
AHCCCS
Gila River Health Care
Gila River Health Care
Inter Tribal Council of Arizona
Northern Arizona University
Arizona Advisory Council on Indian Health Care
White Mountain Apache Behavioral Health Services

APPENDIX C: SURVEY INSTRUMENTS & FOCUS GROUP GUIDE

Provider Survey

Introduction and Demographics

AHCCCS has contracted with Health Management Associates (HMA) to conduct a needs assessment of the mental health service needs of youth in detention or correctional facilities. This needs assessment is in response to a memo issued by SAMHSA that provides clarification that the Mental Health Block Grant (MHBG) funds can be used for services in correctional settings by community mental health service providers, such as serious emotional disturbances. AHCCCS' intent for the needs assessment is to further understand the needs and priorities.

We are conducting this survey to understand current behavioral health service availability and utilization in the juvenile justice facilities and what the behavioral health needs are for youth incarcerated (detention and corrections).

Qualtrics uses cookies to save your progress, so if you need to step away from your survey, you will only be able to continue your progress by returning to the survey via the same computer, and the same internet browser. Please also note that none of the questions have a required response, so please feel free to skip questions if you do not know the answer.

Please provide us with the following information:

- Organization Name: _____
- First Name: _____
- Last Name: _____
- Title: _____
- Email address: _____
- Phone Number: _____

Please indicate each county where your organization provides services:

☐ Apache	☐ Greenlee	☐ Pima
☐ Cochise	☐ La Paz	☐ Pinal
☐ Coconino	☐ Maricopa	☐ Santa Cruz
☐ Gila	☐ Mohave	☐ Yavapai
☐ Graham	☐ Navajo	☐ Yuma

Please indicate all ACC Health Plans/RBHAs you are contracted with:

☐ American Indian Health Program*	☐ Health Choice Arizona
☐ Mercy Care	☐ Banner-University Family Care
☐ Arizona Complete Health-Complete Care Plan	☐ Magellan Complete Care
☐ Care1st Health Plan	☐ UnitedHealthcare Community Plan

**Post-publication note: Providers are not required to negotiate a contract with the American Indian Health Program (AIHP), and instead may sign a Provider Participation Agreement with AHCCCS to serve AIHP members.*

Please choose **one** of the following options to best describe your experience providing behavioral health services to youth in juvenile detention or correctional facilities:

- ○ My organization ***does provide coordination support services*** to youth who enter and are released from detention/corrections but we ***do not provide direct behavioral health services in*** detention/corrections such as assessments and counseling.
  - ■ Please proceed to the **Coordination Pathway Questions**, starting page 3 and ending at page 9.
- ○ My organization ***provides direct behavioral health services*** such as assessments and counseling ***in*** a detention or correctional facility
  - ■ Please proceed to the **Direct Services Pathway Questions**, starting page 10 and ending page 21.
- ○ My organization ***does not deliver direct services*** in a detention facility ***nor coordinate entry and release*** for youth in detention or correctional facilities but ***we have knowledge of and can contribute to this survey.***
  - ■ Please proceed to the **Knowledge Pathway Questions**, staring page 22 and ending page 27.

Coordination Pathway

Please provide an unduplicated estimate of the number of youth your organization coordinated services for upon entry and/or release served between July 1, 2019 and June 30, 2020:

_____

How often does your organization assist youth (and possibly the family) with the following types of support

	Daily	Weekly	Monthly	Never
Assisting families to coordinate services with the Health Plan/RBHA while in detention.	○	○	○	○
Following protocol to ensure that planning is occurring, and needs are identified prior to the youth being released from detention.	○	○	○	○
Assisting juvenile probation officers in resolving any barriers or concerns with a youth receiving services.	○	○	○	○
Providing guidance for justice system partners and justice involved families regarding navigation through the behavioral health system.	○	○	○	○

To help us better understand the behavioral health services most used by youth in the community after release from a detention or correctional facility please drag-and-drop the five most commonly used services into the box on the right. Please rank them from highest to lowest, highest being the most commonly used.

5 Most Commonly Used (1 Indicates Most Common)

_____ Screening and Assessment
_____ Counseling Services
_____ Rehabilitation Services
_____ Vocational Services
_____ Medical Services
_____ Support Services
_____ Behavioral Analysis (Functional Behavioral Analysis)
_____ Crisis Intervention Services
_____ Behavioral Health Day Programs

Please provide any additional information to assist our understanding of behavioral health services provided in your facility.

_____

Best Practices/Barriers and Solutions

Please describe any current best and promising practices that are occurring in Arizona regarding providing behavioral health services to youth in detention/correctional facilities or coordinating care upon entry or release from detention/corrections. Please indicate where in the state these practices are occurring.

_____

_____

What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?

The survey will ask subsequent questions for those barriers that you select.

- ☐ Reimbursement barriers
- ☐ Cost-effectiveness/low volume
- ☐ Staffing
- ☐ Differences in organizational culture
- ☐ Regulatory barriers
- ☐ Other _____
- ☐ Unsure

To help us better understand the barriers your staff experience when attempting to coordinate release planning for youth transitioning to the community from a detention or correctional facility please drag-and-drop the five most prevalent barriers into the box on the right. Please rank them from highest to lowest, one indicating the most prevalent.

5 Most Prevalent (1 indicates most prevalent)

_____ Not included in multi-disciplinary team meetings within the facility
_____ Poor information sharing
_____ The youth's behavioral health service needs are not identified prior to release
_____ Lack of notifications
_____ Lack of consent to treat
_____ Not enough staff to provide services inside the facility
_____ Low reimbursement
_____ No reimbursement
_____ Provider's travel time to meet with the youth/family (s)

_____
_____ Regulatory challenges
_____ Low health/behavioral health literacy of youth/family
_____ Differences in organizational cultures impeding relationships

This question will be displayed if you chose **Reimbursement barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Reimbursement** as a barrier. Please provide more details about those barriers:
_____

This question will be displayed if you chose **Reimbursement barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Reimbursement** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Cost-effectiveness/low volume** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Cost-effectiveness/low volume** as a barrier. Please provide more details about those complexities:

_____

This question will be displayed if you chose **Cost-effectiveness/low volume** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Cost-effectiveness/low volume** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Staffing Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Staffing** as a barrier. Please provide more details about those barriers:
_____

This question will be displayed if you chose **Staffing Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Staffing** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Differences in organizational culture** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Differences in organizational culture** as a barrier. Please provide more details about those differences:

_____

This question will be displayed if you chose **Differences in organizational culture** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Differences in organizational culture** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Regulatory Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Regulatory** as a barrier. Please provide more details about those regulations.

_____

This question will be displayed if you chose **Regulatory Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Regulatory** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Other Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Other** as a barrier. Please provide more details about those barriers.

_____

This question will be displayed if you chose **Other Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Other** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

Please provide any additional information to support our understanding of barriers to providing direct behavioral health services in detention or correctional facilities:

_____

Please provide any additional information to support our understanding of solutions to providing direct behavioral health services in detention or correctional facility:

_____

Community Collaboratives

Increasing the integration and coordination between the juvenile justice system and the behavioral health system can improve outcomes for youth by providing the expertise and resources to most effectively meet the needs of these youth.

To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.

- [ ] Collaborative(s) exist
- [ ] Development of Collaborative(s) is needed
- [ ] Unsure

This question will be displayed if you chose **Collaborative(s) exist** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe the collaborative(s) that exist in your community, resources that support the collaborative, and the community participants:

_____

This question will be displayed if you chose **Development of Collaborative(s) is needed** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe what is needed to develop a community collaborative, including which community is in need and who are the needed participants:

_____

Based on your experience, please drag-and-drop the top five services that you think would be most beneficial to be provided to youth while they are ***in*** detention or correctional facilities into the box on the right:

5 Most Beneficial Services (1 indicates most beneficial)

_____ Screening and assessment
_____ Individual counseling
_____ Group counseling
_____ Family counseling
_____ Rehabilitation services
_____ Vocational services
_____ Medication
_____ Laboratory, radiology, and medical imaging services
_____ Medical management services
_____ Case Management
_____ Activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing and other activities essential for living in a community
_____ Peer and recovery support
_____ Home care training/family support
_____ Behavioral analysis
_____ Mobile crisis intervention services
_____ Telephonic intervention services
_____ Behavioral health day programs

Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?

- ○ Yes
- ○ Not at this time
- ○ Unsure

This question will be displayed if you chose **Yes** from the question: **Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?**

If your organization is interested in providing services in detention or correctional facilities, please list the detention and correctional facilities for which you would like to begin to provide, or expand provided services:

_____

This question will be displayed if you chose **Not at this time** from the question: **Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?**

If your organization is not interested in providing services in detention or correctional facilities, what prevents you from being interested?

_____

Knowing that there are limited Mental Health Block Grant funds, do you have any recommendations on how funds could be prioritized to address the needs of youth in the community and youth in detention/correctional facilities?

_____

Are there any other thoughts you would like to convey about the behavioral health service needs of youth in detention/corrections or recommendations regarding community-based providers delivering services within a detention/correctional facility?

_____

Thank you for your response; we greatly appreciate your feedback. If you have questions regarding this survey, please contact Brittany Thompson at bthompson@healthmanagement.com

Direct Services Pathway

Please select all services provided by your organization:

Also, for each service that your organization provides, please provide an unduplicated estimate of the number of youth served between July 1, 2019 and June 30, 2020 in the space provided below each service

- [ ] My organization coordinates care with detention/correctional facilities for youth who enter a detention/correctional facility (Please indicate the estimated number of youth served)

  _____

- [ ] My organization provides screening services to youth while in detention/corrections (Please indicate the estimated number of estimated youth served)

  _____

- [ ] My organization provides assessments to youth while in detention/corrections (Please indicate the estimated number of estimated youth served)

  _____

- [ ] My organization provides behavioral health services such as counseling and skill building to youth while in detention/corrections (Please indicate the estimated number of estimated youth served)

  _____

- [ ] My organization provides pre-release coordination of care for youth who are transitioning into the community from a juvenile detention or correctional facility (Please indicate the estimated number of estimated youth serviced) _____

This question will be displayed if you chose **My organization coordinates care with detention/correctional facilities for youth who enter a detention/correctional facility** OR **My organization provides pre-release coordination of care for youth who are transitioning into the community from a juvenile detention or correctional facility** from the question: **Please select all services provided by your organization:**

Please list the detention or correctional facilities that your organization coordinates services with:

_____

This question will be displayed if you chose **My organization provides screening services to youth while in detention/corrections** OR **My organization provides assessments to youth while in detention/corrections** OR **My organization provides behavioral health services such as counseling and skill building to youth while in detention/corrections** from the question: **Please select all services provided by your organization:**

Please list the detention or correctional facilities that your organization provides direct services in:

_____

Screening and Assessment

Screening and assessment are critical components of understanding the whole health needs of youth. Throughout the process leading up to a youth being detained, in custody and release back into the community, these processes are essential. Screening may consist of brief clinical interview questions and/or use of standardized or normed instruments with the aim of triaging a situation and intervening if needed.

Assessment techniques can include both an in-depth interview and observation and/or standardized or normed instruments. The results of which will often guide treatment planning and service intervention.

Please answer the following questions about screening and assessments your organization conducts ***in*** a detention or correctional facility

---

Please select any standardized screening/assessment instruments to gain an in-depth understanding of a youth's behavioral health needs?

- [ ] Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)
- [ ] Massachusetts Youth Screening Instrument (MAYSI)
- [ ] Diagnostic Interview Schedule for Children (DISC-IV)
- [ ] Child and Adolescent Psychiatric Assessment (CAPA)
- [ ] National Comorbidity Survey Adolescent Supplement, Composite International Diagnostic Interview (NCS-A CIDI)
- [ ] Young Adult Psychiatric Assessment (YAPA)
- [ ] Risk assessment instrument (RAI)
- [ ] Prevention Assessment Tool (PAT)
- [ ] Community Assessment Tool (CAT)
- [ ] Residential Assessment for Youth (RAY)
- [ ] Assessment of Violence Risk in Youth
- [ ] Child and Adolescent Service Intensity Instrument (CASII)
- [ ] Child and Adolescent Needs and Strengths (CANS)
- [ ] Computerized Assessment and Referral System (CARS)
- [ ] Other (please describe) _____
- [ ] I do not use a standardized screening/assessment tool

Do your organization conduct a clinical interview to screen youth to determine if they require behavioral health services?

- ○ Yes
- ○ No
- ○ Unsure

To help us better understand the behavioral health service needs for youth in your facility, based on your organization's experience, please drag-and-drop the five most prevalent diagnoses of youth in detention/corrections into the box on the right. Please rank them from highest to lowest, one being the most prevalent.

5 Most Prevalent (1 Indicates Most Prevalent)

_____ Neurodevelopmental Disorders
_____ Neurocognitive Disorders
_____ Substance-Related and Addictive Disorders
_____ Schizophrenia Spectrum and Other Psychotic Disorders
_____ Bipolar and Related Disorders
_____ Disruptive, Impulse-Control, and Conduct Disorders
_____ Depressive Disorders
_____ Somatic Symptom and Related Disorders
_____ Dissociative Disorders
_____ Paraphilic Disorders
_____ Sexual Dysfunctions
_____ Gender Dysphoria
_____ Feeding and Eating Disorders
_____ Elimination Disorders
_____ Anxiety Disorders
_____ Trauma- and Stressor-Related Disorders
_____ Sleep-Wake Disorders
_____ Personality Disorders
_____ Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Please provide any additional information to support our understanding of screening and assessments completed in your facility and diagnosis prevalence.

_____

Behavioral Health Services

Juvenile detention and correctional facilities have an increasing need to provide behavioral and mental health services to detainees. The questions in this section are designed to help us understand what types of services should be provided, and the effectiveness of the services currently available in your facility.

Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):

- [ ] Counseling Services
- [ ] Rehabilitation Services
- [ ] Vocational Services
- [ ] Medical Services
- [ ] Support Services
- [ ] Behavioral Analysis (Functional Behavioral Analysis)
- [ ] Crisis Intervention Services
- [ ] Behavioral Health Day Programs
- [ ] Unsure

This question will be displayed if you chose **Counseling Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Counseling Services are provided by your organization?

- [ ] Individual
- [ ] Group
- [ ] Family

This question will be displayed if you chose **Medical Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Medical Services are provided by your organization?

- [ ] Medication
- [ ] Laboratory, radiology, and medical imaging services
- [ ] Medical management services

This question will be displayed if you chose **Support Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Support Services are provided by your organization?

- [ ] Case Management
- [ ] Personal Care Services: Activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing and other activities essential for living in a community
- [ ] Peer and Recovery Support
- [ ] Home Care Training/Family Support

This question will be displayed if you chose **Crisis Intervention Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Crisis Intervention Services are provided by your organization?

- [ ] Mobile Crisis Intervention Services
- [ ] Telephonic/Consultation

How often does your organization assist youth (and possibly the family) with the following types of support:

	Daily	Weekly	Monthly	Never
Assisting families to coordinate services with the Health Plan/RBHA while in detention	○	○	○	○
Following protocol to ensure that planning is occurring, and needs are identified prior to the youth being released from detention.	○	○	○	○
Assisting juvenile probation officers in resolving any barriers or concerns with a youth receiving services.	○	○	○	○
Providing guidance for justice system partners and justice involved families regarding navigation through the behavioral health system.	○	○	○	○

To help us better understand the behavioral health services most used by youth in the community after release from a detention or correctional facility please drag-and-drop the five most commonly used services into the box on the right. Please rank them from highest to lowest, highest being the most commonly used.

5 Most Commonly Used (1 Indicates Most Common)

_____ Screening and Assessment
_____ Counseling Services
_____ Rehabilitation Services
_____ Vocational Services
_____ Medical Services
_____ Support Services
_____ Behavioral Analysis (Functional Behavioral Analysis)
_____ Crisis Intervention Services
_____ Behavioral Health Day Programs

Please provide any additional information to assist our understanding of behavioral health services provided for youth after release.

_____

Best Practices/Barriers and Solutions

Please describe any current best and promising practices that are occurring in Arizona regarding providing behavioral health services to youth in detention/correctional facilities or coordinating care upon entry or release from detention/corrections. Please indicate where in the state these practices are occurring.

_____

_____

What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?

The survey will ask subsequent questions for those barriers that you select.

- [ ] Reimbursement barriers
- [ ] Cost-effectiveness/low volume
- [ ] Staffing
- [ ] Cultural misunderstanding across professions
- [ ] Regulatory barriers
- [ ] Other _____
- [ ] Unsure

To help us better understand the barriers your staff experience when attempting to coordinate release planning for youth transitioning to the community from a detention or correctional facility please drag-and-drop the five most prevalent barriers into the box on the right. Please rank them from highest to lowest, one indicating the most prevalent.

5 Most Prevalent (1 indicates most prevalent)

_____ Not included in multi-disciplinary team meetings within the facility
_____ Poor information sharing
_____ The youth's behavioral health service needs are not identified prior to release
_____ Lack of notifications
_____ Lack of consent to treat
_____ Not enough staff to provide services inside the facility
_____ Low reimbursement
_____ No reimbursement
_____ Provider's travel time to meet with the youth/family (s)
_____ Regulatory challenges
_____ Low health/behavioral health literacy of youth/family
_____ Differences in organizational cultures impeding relationships

This question will be displayed if you chose **Reimbursement barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Reimbursement** as a barrier. Please provide more details about those barriers:
_____

This question will be displayed if you chose **Reimbursement barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Reimbursement** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Cost-effectiveness/low volume** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Cost-effectiveness/low volume** as a barrier. Please provide more details about those complexities:

_____

This question will be displayed if you chose **Cost-effectiveness/low volume** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Cost-effectiveness/low volume** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Staffing Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Staffing** as a barrier. Please provide more details about those barriers:

_____

This question will be displayed if you chose **Staffing Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Staffing** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Differences in organizational culture** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Differences in organizational culture** as a barrier. Please provide more details about those differences:

_____

This question will be displayed if you chose **Differences in organizational culture** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Differences in organizational culture** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Regulatory Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Regulatory** as a barrier. Please provide more details about those regulations.

_____

This question will be displayed if you chose **Regulatory Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Regulatory** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Other Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Other** as a barrier. Please provide more details about those barriers.

_____

This question will be displayed if you chose **Other Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Other** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

Please provide any additional information to support our understanding of barriers to providing direct behavioral health services in detention or correctional facilities:

_____

Please provide any additional information to support our understanding of solutions to providing direct behavioral health services in detention or correctional facility:

_____

Community Collaboratives

Increasing the integration and coordination between the juvenile justice system and the behavioral health system can improve outcomes for youth by providing the expertise and resources to most effectively meet the needs of these youth.

To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.

- [ ] Collaborative(s) exist
- [ ] Development of Collaborative(s) is needed
- [ ] Unsure

This question will be displayed if you chose **Collaborative(s) exist** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe the collaborative(s) that exist in your community, resources that support the collaborative, and the community participants:

_____

This question will be displayed if you chose **Development of Collaborative(s) is needed** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe what is needed to develop a community collaborative, including which community is in need and who are the needed participants:

_____

Based on your experience, please drag-and-drop the top five services that you think would be most beneficial to be provided to youth while they are ***in*** detention or correctional facilities into the box on the right:

5 Most Beneficial Services (1 indicates most beneficial)

_____ Screening and assessment
_____ Individual counseling
_____ Group counseling
_____ Family counseling
_____ Rehabilitation services
_____ Vocational services
_____ Medication
_____ Laboratory, radiology, and medical imaging services
_____ Medical management services
_____ Case Management
_____ Activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing and other activities essential for living in a community
_____ Peer and recovery support
_____ Home care training/family support
_____ Behavioral analysis
_____ Mobile crisis intervention services
_____ Telephonic intervention services
_____ Behavioral health day programs

Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?

- ○ Yes
- ○ Not at this time
- ○ Unsure

This question will be displayed if you chose **Yes** from the question: **Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?**

If your organization is interested in providing services in detention or correctional facilities, please list the detention and correctional facilities for which you would like to begin to provide, or expand provided services:

_____

This question will be displayed if you chose **Not at this time** from the question: **Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?**

If your organization is not interested in providing services in detention or correctional facilities, what prevents you from being interested?

_____

Knowing that there are limited Mental Health Block Grant funds, do you have any recommendations on how funds could be prioritized to address the needs of youth in the community and youth in detention/correctional facilities?

_____

Are there any other thoughts you would like to convey about the behavioral health service needs of youth in detention/corrections or recommendations regarding community-based providers delivering services within a detention/correctional facility?

_____

_____

Thank you for your response; we greatly appreciate your feedback. If you have questions regarding this survey, please contact Brittany Thompson at bthompson@healthmanagement.com

Knowledge Pathway

Best Practices/Barriers and Solutions

Please describe any current best and promising practices that are occurring in Arizona regarding providing behavioral health services to youth in detention/correctional facilities or coordinating care upon entry or release from detention/corrections. Please indicate where in the state these practices are occurring.

_____

_____

What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?

The survey will ask subsequent questions for those barriers that you select.

- ☐ Reimbursement barriers
- ☐ Cost-effectiveness/low volume
- ☐ Staffing
- ☐ Cultural misunderstanding across professions
- ☐ Regulatory barriers
- ☐ Other _____
- ☐ Unsure

To help us better understand the barriers your staff experience when attempting to coordinate release planning for youth transitioning to the community from a detention or correctional facility please drag-and-drop the five most prevalent barriers into the box on the right. Please rank them from highest to lowest, one indicating the most prevalent.

5 Most Prevalent (1 indicates most prevalent)

_____ Not included in multi-disciplinary team meetings within the facility
_____ Poor information sharing
_____ The youth's behavioral health service needs are not identified prior to release
_____ Lack of notifications
_____ Lack of consent to treat
_____ Not enough staff to provide services inside the facility
_____ Low reimbursement
_____ No reimbursement
_____ Provider's travel time to meet with the youth/family (s)
_____ Regulatory challenges
_____ Low health/behavioral health literacy of youth/family
_____ Differences in organizational cultures impeding relationships

This question will be displayed if you chose **Reimbursement barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Reimbursement** as a barrier. Please provide more details about those barriers:

_____

This question will be displayed if you chose **Reimbursement barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Reimbursement** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Cost-effectiveness/low volume** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Cost-effectiveness/low volume** as a barrier. Please provide more details about those complexities:

_____

This question will be displayed if you chose **Cost-effectiveness/low volume** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Cost-effectiveness/low volume** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Staffing Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Staffing** as a barrier. Please provide more details about those barriers:

_____

This question will be displayed if you chose **Staffing Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Staffing** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Differences in organizational culture** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Differences in organizational culture** as a barrier. Please provide more details about those differences:

_____

This question will be displayed if you chose **Differences in organizational culture** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Differences in organizational culture** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Regulatory Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Regulatory** as a barrier. Please provide more details about those regulations.

_____

This question will be displayed if you chose **Regulatory Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Regulatory** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Other Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Other** as a barrier. Please provide more details about those barriers.

_____

This question will be displayed if you chose **Other Barriers** from the question **What kind of barriers discourage providers from delivering direct behavioral health services in detention or correctional facilities?**

You chose **Other** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

Please provide any additional information to support our understanding of barriers to providing direct behavioral health services in detention or correctional facilities:

_____

Please provide any additional information to support our understanding of solutions to providing direct behavioral health services in detention or correctional facility:

_____

Community Collaboratives

Increasing the integration and coordination between the juvenile justice system and the behavioral health system can improve outcomes for youth by providing the expertise and resources to most effectively meet the needs of these youth.

To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.

- [ ] Collaborative(s) exist
- [ ] Development of Collaborative(s) is needed
- [ ] Unsure

This question will be displayed if you chose **Collaborative(s) exist** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe the collaborative(s) that exist in your community, resources that support the collaborative, and the community participants:

_____

This question will be displayed if you chose **Development of Collaborative(s) is needed** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe what is needed to develop a community collaborative, including which community is in need and who are the needed participants:

_____

Based on your experience, please drag-and-drop the top five services that you think would be most beneficial to be provided to youth while they are ***in*** detention or correctional facilities into the box on the right:

5 Most Beneficial Services (1 indicates most beneficial)

_____ Screening and assessment
_____ Individual counseling
_____ Group counseling
_____ Family counseling
_____ Rehabilitation services
_____ Vocational services
_____ Medication
_____ Laboratory, radiology, and medical imaging services
_____ Medical management services
_____ Case Management
_____ Activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing and other activities essential for living in a community
_____ Peer and recovery support
_____ Home care training/family support
_____ Behavioral analysis
_____ Mobile crisis intervention services
_____ Telephonic intervention services
_____ Behavioral health day programs

Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?

- ○ Yes
- ○ Not at this time
- ○ Unsure

This question will be displayed if you chose **Yes** from the question: **Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?**

If your organization is interested in providing services in detention or correctional facilities, please list the detention and correctional facilities for which you would like to begin to provide, or expand provided services:

_____

This question will be displayed if you chose **Not at this time** from the question: **Would your organization be interested in beginning to provide or expand the services your organization provided in a detention or correctional facility for youth?**

If your organization is not interested in providing services in detention or correctional facilities, what prevents you from being interested?

_____

Knowing that there are limited Mental Health Block Grant funds, do you have any recommendations on how funds could be prioritized to address the needs of youth in the community and youth in detention/correctional facilities?

_____

Are there any other thoughts you would like to convey about the behavioral health service needs of youth in detention/corrections or recommendations regarding community-based providers delivering services within a detention/correctional facility?

_____

_____

Thank you for your response; we greatly appreciate your feedback. If you have questions regarding this survey, please contact Brittany Thompson at bthompson@healthmanagement.com

Detention/Correctional Facility Survey

Introduction and Demographics

AHCCCS has contracted with Health Management Associates (HMA) to conduct a needs assessment of the mental health service needs of incarcerated youth. This needs assessment is in response to a memo issued by SAMHSA that provides clarification that the Mental Health Block Grant (MHBG) funds can be used for services in correctional settings by community providers. AHCCCS' intent for the needs assessment is to further understand the needs and priorities.

We are conducting this survey to understand current behavioral health service availability and utilization in the juvenile justice facilities and what the behavioral health needs are for youth incarcerated (detention and corrections).

Qualtrics uses cookies to save your progress, so if you need to step away from your survey, you will only be able to continue your progress by returning to the survey via the same computer, and the same internet browser. Please also note that none of the questions have a required response, so please feel free to skip questions if you do not know the answer.

Is your county operating a juvenile correctional or detention facility?

- ○ Yes
- ○ No

This question be will displayed if you chose **No** from the question: **Is your county operating a juvenile correctional or detention facility?**

Does your county have an intergovernmental agreement with another county to house juvenile detainees?

- ○ Yes
- ○ No

This question be will displayed if you chose **Yes** from the question: **Does your county have an intergovernmental agreement with another county to house juvenile detainees?**

Which county does your organization have an intergovernmental agreement with to house juvenile detainees?

_____

_____

AHCCCS MHBG Facility Survey

Please provide us with the following information:

- Name of detention or correctional facility: _____
- Street address of detention or correctional facility: _____
- City, State, Zip of detention or correctional facility: _____
- County of the detention or correctional facility: _____
- First Name: _____
- Last Name: _____
- Title: _____
- Email address: _____
- Phone Number: _____

Knowing that some detention/correctional facilities service more than one county, please indicate each county that your facility provides services for:

☐ Apache	☐ Greenlee	☐ Pima
☐ Cochise	☐ La Paz	☐ Pinal
☐ Coconino	☐ Maricopa	☐ Santa Cruz
☐ Gila	☐ Mohave	☐ Yavapai
☐ Graham	☐ Navajo	☐ Yuma

Please indicate all ACC Health Plans/RBHAs your facility collaborates with:

☐ American Indian Health Program	☐ Health Choice Arizona
☐ Mercy Care	☐ Banner-University Family Care
☐ Arizona Complete Health-Complete Care Plan	☐ Magellan Complete Care
☐ Care1st Health Plan	☐ UnitedHealthcare Community Plan

Please indicate the number of youth in your detention or correctional facility from July 1, 2019 through June 30, 2020.

_____

Please provide an estimate of the number of youth who have received the following services in your facility from July 1, 2019 through June 30, 2020

- [ ] Care coordination with community-based providers for youth who enter your facility _____
- [ ] Behavioral health screening services _____
- [ ] Behavioral health assessment services _____
- [ ] Behavioral health treatment services such as counseling _____
- [ ] Care coordination of behavioral health services for youth who are transitioning into the community from our facility _____

Screening and Assessments in Detention/Correctional Facilities

Screening and assessment are critical components of understanding the whole health needs of youth. Throughout the process leading up to a youth being detained, in custody and release back into the community, these processes are essential. Screening may consist of brief clinical interview questions and/or use of standardized or normed instruments with the aim of triaging a situation and intervening if needed.

Assessment techniques can include both an in-depth interview and observation and/or standardized or normed instruments. The results of which will often guide treatment planning and service intervention.

Can you provide any input on screening and/or assessments for your facility?

- ○ Yes
- ○ No **(Please skip to the Behavioral Health Services in Detention/Correctional Facilities section, on Page 5)**

Are screenings, assessment and diagnostic services performed by: (check all that apply)

- [ ] Employed health staff
- [ ] Contracted health services staff or other contracted
- [ ] A community based behavioral health provider
- [ ] Unsure

This question will be displayed if you chose **A community based behavioral health provider** from the question: **Are screenings, assessment and diagnostic services performed by: (check all that apply).**

Please indicate which community-based behavioral health providers deliver services in your facility:

_____

Select the standardized screening/assessment instruments used in your facility to gain an understanding of a youth's needs. Select all that apply.

- [ ] Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)
- [ ] Massachusetts Youth Screening Instrument (MAYSI)
- [ ] Diagnostic Interview Schedule for Children (DISC-IV)
- [ ] Child and Adolescent Psychiatric Assessment (CAPA)
- [ ] National Comorbidity Survey Adolescent Supplement, Composite International Diagnostic Interview (NCS-A CIDI)
- [ ] Young Adult Psychiatric Assessment (YAPA)
- [ ] Risk assessment instrument (RAI)
- [ ] Prevention Assessment Tool (PAT)
- [ ] Community Assessment Tool (CAT)
- [ ] Residential Assessment for Youth (RAY)
- [ ] Assessment of Violence Risk in Youth
- [ ] Child and Adolescent Service Intensity Instrument (CASII)
- [ ] Child and Adolescent Needs and Strengths (CANS)
- [ ] Computerized Assessment and Referral System (CARS)
- [ ] Other (please list) _____
- [ ] No standardized screening/assessment instruments are used

Does your facility utilize a clinical interview used to screen youth to determine if they require behavioral health services

- ○ Yes
- ○ No
- ○ Unsure

To help us better understand the behavioral health service needs for youth in your facility, based on your organization's experience, please drag-and-drop the five most prevalent diagnoses of youth in

detention/corrections into the box on the right. Please rank them from highest to lowest, one being the most prevalent.

	5 Most Prevalent (1 indicates most prevalent)
_____	Neurodevelopmental Disorders
_____	Neurocognitive Disorders
_____	Substance-Related and Addictive Disorders
_____	Schizophrenia Spectrum and Other Psychotic Disorders
_____	Bipolar and Related Disorders
_____	Disruptive, Impulse-Control, and Conduct Disorders
_____	Depressive Disorders
_____	Somatic Symptom and Related Disorders
_____	Dissociative Disorders
_____	Paraphilic Disorders
_____	Sexual Dysfunctions
_____	Gender Dysphoria
_____	Feeding and Eating Disorders
_____	Elimination Disorders
_____	Anxiety Disorders
_____	Trauma- and Stressor-Related Disorders
_____	Sleep-Wake Disorders
_____	Personality Disorders
_____	Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Please provide any additional information to support our understanding of screening and assessments completed in your facility and diagnosis prevalence.

_____

Behavioral Health Services in Detention/Correctional Facilities

Juvenile detention and correctional facilities have an increasing need to provide behavioral and mental health services to detainees. The questions in this section are designed to help us understand what types of services should be provided, and the effectiveness of the services currently available in your facility.

Can you provide any input on behavioral health services for your facility?

- ○ Yes
- ○ No **(Please skip to the Best Practices/Barriers and Solutions section, on Page 7)**

Are behavioral health services like counseling services in your facility provided by (select all that apply):

- ○ Employed health staff
- ○ Contracted health services staff or other contracted
- ○ A community-based behavioral health provider
- ○ Unsure

Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):

- ☐ Screening and Assessment
- ☐ Counseling Services
- ☐ Rehabilitation Services (skills training to support independent living, social, and communication skills)
- ☐ Vocational Services
- ☐ Medical Services
- ☐ Support Services (peer support, family support, personal care services)
- ☐ Behavioral Analysis (Functional Behavioral Analysis)
- ☐ Crisis Intervention Services
- ☐ Behavioral Health Day Programs
- ☐ Other (please describe) _____
- ☐ Unsure

This question will be displayed if you chose **Counseling Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Counseling Services are provided by your organization?

- ☐ Individual
- ☐ Group
- ☐ Family

This question will be displayed if you chose **Medical Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Medical Services are provided by your organization?

- [ ] Medication
- [ ] Laboratory, radiology, and medical imaging services
- [ ] Medical management services

This question will be displayed if you chose **Support Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Support Services are provided by your organization?

- [ ] Case Management
- [ ] Personal Care Services: Activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing and other activities essential for living in a community
- [ ] Peer and Recovery Support
- [ ] Home Care Training/Family Support

This question will be displayed if you chose **Crisis Intervention Services** from the question: **Which of the following Behavioral Health services are provided by your organization to youth in detention or corrections (select all that apply):**

Which of the following Crisis Intervention Services are provided by your organization?

- [ ] Mobile Crisis Intervention Services
- [ ] Telephonic/Consultation

Please provide any additional information to assist our understanding of behavioral health services provided in your facility.

_____

Best Practices/Barriers and Solutions

Describe some of the best and promising practices used in your facility in providing behavioral health care within your facility.

_____

To help us better understand the barriers your organization experiences when providing behavioral health services to youth in your facility please drag-and-drop the most prevalent barriers into the box on the right. Please rank them from highest to lowest, one indicates the most significant barrier prevalent.

Most Prevalent (1 indicates most prevalent)

_____ Difficulty scheduling multi-disciplinary team meetings within the facility

_____ Lack of information about the youth's behavioral health needs pre-detention

_____
_____ Difficulty obtaining consent to treat
_____ Lack of confidential room for services
_____ Language barriers
_____ Not enough staff to provide services inside the facility
_____ Not enough funding to meet the needs of every youth
_____ Not enough qualified providers to meet the need
_____ Other (please describe)
_____ Other (please describe)
_____ Other (please describe)

Would your facility be interested in exploring beginning to have or expanding having community-based providers deliver behavioral health services in your facility using MHBG funding to solve some of these barriers?

- ○ Yes
- ○ No
- ○ Unsure

This question will be displayed if you chose:
If Would your facility be interested in exploring beginning to have or expanding having community-ba... = Yes

If Yes, please describe what you would be interested in exploring.

_____

This question will be displayed if you chose:
If Would your facility be interested in exploring beginning to have or expanding having community-ba... = No

If No, what prevents you from being interested in having community-based providers deliver services in your facility?

_____

Describe some of the best and promising practices currently used by your facility and community-based provides to coordinate care. Please identify the practice and if applicable the community-based providers who your organization engages with for these practices.

_____

_____

To help us better understand the barriers your facility experiences in coordinating behavioral health services with community-based providers for youth transitioning back to the community, please drag-and-

drop the most prevalent barriers into the box on the right. Please rank them from highest to lowest, one indicates the most significant barrier prevalent.

Most Prevalent (1 indicates most prevalent)

_____ Difficult to contact community providers to coordinate care
_____ Difficulty scheduling multi-disciplinary team meetings with community providers
_____ Lack of information about options for the youth's behavioral health needs post-incarceration
_____ Difficulty coordinating care with the youth's RBHA or AHCCCS health plan
_____ Not enough staff to coordinate care with community providers
_____ Not enough funding to meet the needs of every youth
_____ Not enough qualified providers to meet the need
_____ Other (please describe)
_____ Other (please describe)
_____ Other (please describe)

What solutions do you recommend to address barriers to coordinating behavioral health services with community-based providers for youth transitioning back to the community?

_____

Please select the barriers that that prevent community-based providers from delivering direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in your detention or correctional facility:

- [ ] Complexity of the relationships
- [ ] Clearance issues (permission to provide a service within the detention facility)
- [ ] Cultural misunderstanding across professions
- [ ] Regulatory barriers
- [ ] Other (please describe) _____
- [ ] Unsure

This question will be displayed if you chose **Complexity of the Relationships** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Complexity of the Relationships** as a barrier. Please provide more details about those complexities.

_____

This question will be displayed if you chose **Complexity of the Relationships** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose Complexity of the Relationships as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Clearance Issues** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Clearance Issues** as a barrier. Please provide more details about those issues.

_____

This question will be displayed if you chose **Clearance Issues** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Clearance Issues** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Differences in Organizational Culture** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Differences in Organizational Culture** as a barrier. Please provide more details about those differences.

_____

This question will be displayed if you chose **Differences in Organizational Culture** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Differences in Organizational Culture** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Regulatory** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Regulatory** as a barrier. Please provide more details about these regulations:

_____

This question will be displayed if you chose **Regulatory** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Clearance Issues** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

This question will be displayed if you chose **Other** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Other** as a barrier. Please provide more details about these barriers:

_____

This question will be displayed if you chose **Other** from the question **What barriers exist that could deter a detention or correctional facility from having community-based providers deliver direct behavioral health services (e.g. screening, assessments, and counseling, skills training) in detention or correctional facilities?**

You chose **Other** as a barrier. Do you have any potential solutions to addressing these barriers?

_____

Please provide any additional information that you think will help us understand barriers and solutions for having community-based providers deliver services in detention/correctional facilities.

_____

Community Collaboratives

Increasing the integration and coordination between the juvenile justice system and the behavioral health system can improve outcomes for youth by providing the expertise and resources to most effectively meet the needs of these youth.

To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.

- ○ Collaborative(s) exist
- ○ Development of Collaborative(s) is needed
- ○ Unsure

This question will be displayed if you chose **Collaborative(s) exist** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe the collaborative(s) that exist in your community, resources that support the collaborative, and the community participants:

_____

This question will be displayed if you chose **Development of Collaborative(s) is needed** from the question: **To help us understand how community collaboration is working in your community, please tell us about community collaboration efforts.**

Please briefly describe what is needed to develop a community collaborative, including which community is in need and who are the needed participants:

_____

To help us better understand the behavioral health service needs for youth in your facility, please drag-and-drop the top five services that you think would be most ***beneficial to add to the services*** you provide to youth in detention or correctional facilities into the box on the right. Please rank them from highest to lowest.

5 Most Beneficial (1 indicates most beneficial)

_____ Screening and assessment
_____ Individual counseling
_____ Group counseling
_____ Family counseling
_____ Rehabilitation services
_____ Vocational services
_____ Medication
_____ Laboratory, radiology, and medical imaging services
_____ Medical management services
_____ Case Management
_____ Activities to assist an individual in carrying out activities of daily living such as bathing, shopping,

_____
_____ dressing and other activities essential for living in a community
_____ Peer and recovery support
_____ Home care training/family support
_____ Behavioral Analysis (Functional Behavioral Analysis)
_____ Mobile crisis intervention services
_____ Telephonic intervention services
_____ Behavioral health day programs
_____ Other (please describe)
_____ Other (please describe)
_____ Other (please describe)

Knowing that there are limited Mental Health Block Grant funds, do you have any recommendations about how these funds should be prioritized to address the needs of youth in your community and in detention/correctional facilities?

_____

Are there any other thoughts you would like to convey about the behavioral health service needs of youth in detention/corrections or recommendations regarding community-based providers delivering services within a detention/correctional facility?

_____

Thank you for your response; we greatly appreciate your feedback. If you have questions regarding this survey, please contact Brittany Thompson, at bthompson@healthmanagement.com.

Start of Block: Default Question Block

Detention & Probation Staff Survey: Behavioral Health Needs Assessment

AHCCCS has contracted with Health Management Associates (HMA) to conduct a needs assessment of the mental health service needs of incarcerated youth. This needs assessment is in response to a memo issued by SAMHSA that provides clarification that the Mental Health Block Grant (MHBG) funds can be used for services in correctional settings by community providers. AHCCCS' intent for this assessment is to further understand the needs and priorities.

You are receiving this survey as Detention Staff and Probation Staff who work closely with these youth to share your perspective about their behavioral health needs.

The survey will take less than five minutes of your time and can be taken on a mobile device. In advance, thank you for your time!

To begin, please tell us if you are:

- ○ Detention Staff
- ○ Probation Staff

Please indicate the county where you work:

☐ Apache	☐ Greenlee	☐ Pima
☐ Cochise	☐ La Paz	☐ Pinal
☐ Coconino	☐ Maricopa	☐ Santa Cruz
☐ Gila	☐ Mohave	☐ Yavapai
☐ Graham	☐ Navajo	☐ Yuma

Detention & Probation Staff Survey (MHBG)

To help us better understand the types of barriers that make it hard to provide behavioral health services to youth in detention or on probation please select the five top barriers and RANK them from the most significant (1), the second most significant, through to the fifth most significant .

	Most Prevalent (1 indicates most prevalent)
Difficulty scheduling multi-disciplinary team meetings within the facility	
Lack of information about the youth's behavioral health needs pre-detention	
Difficulty obtaining consent to treat	
Lack of confidential room for services	
Language barriers	
Not enough staff to provide services inside the facility	
Not enough funding to meet the needs of every youth	
Not enough qualified providers to meet the need	
Other (please describe)	
Other (please describe)	
Other (please describe)	

Detention & Probation Staff Survey (MHBG)

To help us better understand the behavioral health service needs for youth in detention or on probation please select the **top five** services that you think would be **most** beneficial to the youth you work with and **RANK** them from the most beneficial , the second most beneficial through to the fifth most beneficial .

	Most Beneficial (1 indicates most beneficial)
Screening and assessment	
Individual counseling	
Group counseling	
Family counseling	
Rehabilitation services	
Vocational services	
Medication	
Laboratory, radiology, and medical imaging services	
Medical management services	
Case Management	
Activities to assist an individual in carrying out activities of daily living such as bathing, shopping, dressing and other activities essential for living in a community	
Peer and recovery support	
Home care training/family support	
Behavioral Analysis (Functional Behavioral Analysis)	
Mobile crisis intervention services	
Telephonic intervention services	
Behavioral health day programs	
Other (please describe)	
Other (please describe)	

Community Collaboratives

Increasing the integration and coordination between the juvenile justice system and the behavioral health system can improve outcomes for youth by providing the expertise and resources to most effectively meet the youths' needs.

Do you know of or participate in any community collaborations?

- ○ Yes, I have some knowledge of Community Collaborative efforts
- ○ I am not aware of any Community Collaborative efforts, but I think we need to develop them
- ○ Unsure

Skip To: Q5.A. If Community Collaboratives Increasing the integration and coordination between the juvenile justi... = Yes, I have some knowledge of Community Collaborative efforts

Please tell us about the Community Collaborative efforts you know about and/or participate in:

_____

Knowing that there are limited Mental Health Block Grant funds, do you have any recommendations about how these funds should be prioritized to address the needs of youth in your community and in detention/correctional facilities?

_____

Are there any other thoughts you would like to convey about the behavioral health service needs of youth in detention or probation, or recommendations regarding community-based providers delivering services to youth in detention or on probation?

_____

Thank you for your response; we greatly appreciate your feedback. If you have questions regarding this survey, please contact Brittany Thompson, at bthompson@healthmanagement.com.

End of Block: Default Question Block

Juvenile Det & Probation Follow Up Data Request

Start of Block: Intro & Detention

Intro: Dear County Partners,

Yesterday HMA received approval from AHCCCS to extend the needs assessment report due date. We have an **additional 18 days** to complete the final draft! We are very excited about this news because now we have some time to more thoroughly analyze AHCCCS claims data.

As we attempt to create a more comprehensive picture of the behavioral health experiences and needs of youth who are detained in juvenile detention and/or are on probation we've reviewed the AOC's report ***Arizona Juvenile Court Counts*** for FY18 and FY19. The report provides very good data, but the data is aggregated by fiscal year, by county.

The challenge is the fiscal year aggregation. The claims data we are analyzing for these youth is for **Calendar Year 2019** (January 1, 2019 – December 31, 2019).

To that end, HMA is requesting some additional data from each of you to inform this analysis. To the extent possible we want to compare the data collected by your organization about the experience of youth in detention and/or on probation, specifically their ability to connect to behavioral health services prior to detention, during detention and post detention.

Thank you in advance for answering the following questions!

Juvenile Det & Probation Follow Up Data Request

Q1 Please Select your county:

- ○ Apache
- ○ Cochise
- ○ Coconino
- ○ Gila
- ○ Graham
- ○ Greenlee
- ○ La Paz
- ○ Maricopa
- ○ Mohave
- ○ Navajo
- ○ Pima
- ○ Pinal
- ○ Santa Cruz
- ○ Yavapai
- ○ Yuma

Q2 Please provide your contact information:

- ○ First Name _____
- ○ Last Name _____
- ○ Email address _____

Q3 To help us better understand the behavioral health needs of youth in detention, please provide the following information for Calendar Year 2019.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Detention Facility Monthly Census												
Number of Youth Involved with DCS												
Length of Stay (Mean)												
Length of Stay (Median)												
Number of Youth with a Diagnosed SED												
Number of Youth receiving one psychotropic medication												
Number of Youth receiving more than one psychotropic medication												

End of Block: Intro & Detention

Start of Block: Probation

Juvenile Det & Probation Follow Up Data Request

Q4 To help us better understand the behavioral health needs of youth on probation, please provide the following information for Calendar Year 2019.

We understand your organization may not collect some of the requested data. Please skip any questions that you cannot answer.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Probation Monthly Census												
IF KNOWN: Number of Youth Involved with DCS												
IF KNOWN: Percentage of Youth residing in a Group Home or Congregate setting												
Length of Probation (Mean)												
Length of Probation (Median)												
Number of Youth who violate probation and return to detention												
IF KNOWN: Percentage of youth unable to connect to behavioral health services												

End of Block: Probation

Start of Block: Language

What language would you like to take the survey in?

¿En qué idioma desea completar la encuesta?

- English/Inglés
- Spanish/Español

End of Block: Language

Start of Block: Family Survey: English

PARENTAL/GUARDIAN CONSENT

We are asking that your child take part in a survey to help the state identify the types of behavioral health services that will help youth involved with the juvenile justice system. If you choose to allow your child to complete the survey, they will be asked questions about their behavioral health needs and social needs.

The survey will take less than 10 minutes to complete and is completely voluntary. Your child can skip questions that they do not want to answer or stop the survey at any time. The survey will be conducted on an anonymous, secure online format that is HIPAA approved for protecting private information and no one will be able to link your child's answers back to them.

If you have any questions about this survey, please contact Brittany Thompson at bthompson@healthmanagement.com

Do you provide consent for your child to participate in the survey and agree to discuss the survey and its purpose with your child?

- Yes
- No

Display This Question:

If Do you provide consent for your child to participate in the survey and agree to discuss the surve... = Yes

By typing your name, you agree that your child may participate in this survey.

- Full Name _____
- Date _____

Display This Question:

If Do you provide consent for your child to participate in the survey and agree to discuss the surve... = Yes

By providing your child's email address, you agree that your child may participate in this survey. We will use the email address to send your child a link to the survey.

_____

We are also interested in your opinion on the types of behavioral health services that will help youth involved with the juvenile justice system. Would you be willing to answer some questions for us?

The survey should take no more than 10 minutes and is voluntary. You can skip any questions you don't want to answer, or stop the survey at any time.

- Yes
- No

Skip To: End of Survey If We are also interested in your opinion on the types of behavioral health services that will help... = No

Demographics

Please choose your county from the list below.

Apache	Greenlee	Pima
Cochise	La Paz	Pinal
Coconino	Maricopa	Santa Cruz
Gila	Mohave	Yavapai
Graham	Navajo	Yuma

What is your ethnicity?

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Display This Question:
If What is your ethnicity? = Hispanic or Latino

What is your family's country of origin?

- ☐ Chicano
- ☐ Cuban
- ☐ Guatemalan
- ☐ Mexican American
- ☐ Mexican
- ☐ Puerto Rican
- ☐ El Salvadoran
- ☐ Other (please describe) _____

Display This Question:
If What is your ethnicity? = Not Hispanic or Latino

What is your race? Please choose all that apply.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other (please describe) _____

What is your relationship to the youth?

- ○ Parent
- ○ Grandparent
- ○ Sibling
- ○ Aunt
- ○ Foster Parent
- ○ Uncle
- ○ Legal Guardian
- ○ Other (please describe)_____

Many people are responsible for planning and decision-making for your family member now that they are involved in the juvenile justice system. This survey is a chance to tell us about the issues affecting your family member and to tell us what services or supports you think they need the most.

Emotional State

Attention Difficulties

Please read the following statements and choose on a scale from 1-5 whether you think the statement describes your family member.

	This doesn't describe my family member at all **1**	This doesn't describe my family member very well **2**	Neutral **3**	This describes my family member somewhat well **4**	This describes my family member very well **5**
They have a hard time paying attention at school or work.	○	○	○	○	○
They have a hard time staying organized and getting everything done.	○	○	○	○	○
They have a hard time staying still and it's hard for them to stay in their seat or other places they are supposed to stay.	○	○	○	○	○

Anger

Please read the following statements and choose on a scale from 1-5 whether you think the statement describes your family member.

	This doesn't describe my family member at all **1**	This doesn't describe my family member very well **2**	Neutral **3**	This describes my family member somewhat well **4**	This describes my family member very well **5**
They get upset easily.	○	○	○	○	○
They lose their temper quickly.	○	○	○	○	○
They seem angry a lot of the time.	○	○	○	○	○
Sometimes when they are mad, they hurt or break something on purpose.	○	○	○	○	○

Depression

Depression is feeling sad or irritable for a few weeks or longer. Other signs of depression are negative thinking, changes in appetite or sleep, and loss of enjoyment in activities.

How often does your family member feel depressed?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

Anxiety

Anxiety means feeling worried, nervous or fearful

How often does your family member feel anxiety?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

Trauma

Traumatic experiences are things your family member has experienced or witnessed that are physically or emotionally harmful or life-threatening that make it hard for them to function or feel good.

Please read the following statements and choose on a scale from 1-5 whether you think the statement describes your family member.

	This doesn't describe my family member at all **1**	This doesn't describe my family member very well **2**	Neutral **3**	This describes my family member somewhat well **4**	This describes my family member very well **5**
Something very bad or scary happened to my family member.	○	○	○	○	○
They have seen someone severely injured or killed in person—not in the movies.	○	○	○	○	○
They have a lot of bad thoughts or dreams about a bad or scary thing that happened to them.	○	○	○	○	○

Skills and Services

In this section we want you to tell us what you think would help your family member when they leave detention so they can successfully complete probation and not re-offend

Life Skills: Independent Living Skills

On a scale from 1-5, please choose how helpful the following services would be to your family member.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Household management.	○	○	○	○	○
Budgeting.	○	○	○	○	○
Help learning how to find community resources.	○	○	○	○	○

Life Skills: Self-Care

On a scale from 1-5, please choose how helpful the following services would be to your family member.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Learning how to manage stress.	○	○	○	○	○
Learning how to manage medication.	○	○	○	○	○
Learning how to live a healthy life.	○	○	○	○	○
Learning about safe sex practices and HIV.	○	○	○	○	○

Life Skills: Social Skills

On a scale from 1-5, please choose how helpful the following services would be to your family member.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Communication skills.	○	○	○	○	○
Relationship skills.	○	○	○	○	○

Life Skills: Case Management

On a scale from 1-5, please choose how helpful the following services would be to your family member.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Help finding resources other than behavioral health services.	○	○	○	○	○
Help coordinating all their services like healthcare appointments, educational supports, social supports, judicial appointments (courts/probation) and other community services.	○	○	○	○	○

Life Skills: Education

On a scale from 1-5, please choose how helpful the following services would be to your family member.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Job skills like filling out an application, interviewing skills and dressing for the workplace.	○	○	○	○	○
Vocational skills such as learning how to be an electrician, a nurse, a plumber, a car mechanic etc.	○	○	○	○	○
Help with accessing job services through Arizona Works.	○	○	○	○	○
Help getting a GED.	○	○	○	○	○
Computer training.	○	○	○	○	○

Behavioral Health Services

On a scale from 1-5, please choose how helpful the following services would be to your family member.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Counseling for your family member.	○	○	○	○	○
Counseling for your family member with the rest of your family.	○	○	○	○	○
Anger management.	○	○	○	○	○
Help staying off of alcohol and/or drugs.	○	○	○	○	○
Help at home for you and your family so you can effectively interact and communicate.	○	○	○	○	○
Support from a Peer (someone who is close to their age and has similar experiences) to help them deal with their behavioral health and/or substance use problems.	○	○	○	○	○

Thank you for sharing your thoughts; we really appreciate it! In appreciation for your feedback we would like to offer you an incentive. We will need your email address to deliver the incentive. Do you consent to give us your email address? We will only use it to deliver your incentive.

- ○ Yes (please provide your email in the line below) _____
- ○ No

Display This Question:

If Thank you for sharing your thoughts; we really appreciate it! In appreciation for your feedback w... = Yes (please provide your email in the line below)

Please choose an incentive from the list:

- ○ $15.00 Kroger Gift Card
- ○ $15.00 Kwik Trip Gift Card
- ○ $15.00 Amazon Gift Card

End of Block: Family Survey: English

Start of Block: Family Survey: Spanish

Consentimiento Padre/Guardiana

Le pedimos que su hijo participe en una encuesta para ayudar al estado a identificar los tipos de servicios de salud conductual que ayudarán a los jóvenes involucrados con el sistema de justicia juvenil. Si decide permitir que su hijo complete la encuesta, se le harán preguntas sobre sus necesidades de salud conductual y sus necesidades sociales.

La encuesta tardará menos de 10 minutos en completarse y es completamente voluntaria. Su hijo puede omitir preguntas que no desean responder o detener la encuesta en cualquier momento. La encuesta es anónimo y seguro, que está aprobado por HIPAA, para proteger información privada y nadie podrá vincular sus respuestas de su hijo.

Si tiene alguna pregunta sobre esta encuesta, por favor póngase en contacto con Brittany Thompson en bthompson@healthmanagement.com

---

¿Da su consentimiento para que su hijo participe en la encuesta y acepta discutir la encuesta y su propósito con su hijo?

- ○ Sí
- ○ No

Display This Question:

If ¿Da su consentimiento para que su hijo participe en la encuesta y acepta discutir la encuesta y s... = Sí

Al escribir su nombre, usted acepta que su hijo pueda participar en esta encuesta.

- ○ Nombre Completo _____
- ○ Fecha _____

Display This Question:

If ¿Da su consentimiento para que su hijo participe en la encuesta y acepta discutir la encuesta y s... = Sí

Al proporcionar la dirección de correo electrónico de su hijo, usted acepta que su hijo pueda participar en esta encuesta. Usaremos la dirección de correo electrónico para enviar a su hijo un enlace a la encuesta.

_____

También estamos interesados en su opinión sobre los tipos de servicios de salud conductual que ayudarán a los jóvenes involucrados con el sistema de justicia juvenil. ¿Estaría dispuesto a respondernos algunas preguntas?

La encuesta no debe tardar más de 10 minutos y es voluntaria. Puede omitir cualquier pregunta que no quiera responder o dejar la encuesta en cualquier momento.

- ○ Sí
- ○ No

Skip To: End of Survey If También estamos interesados en su opinión sobre los tipos de servicios de salud conductual que ay... = No

Demografia

Por favor elige su condado de la lista a continuación.

☐ Apache	☐ Greenlee	☐ Pima
☐ Cochise	☐ La Paz	☐ Pinal
☐ Coconino	☐ Maricopa	☐ Santa Cruz
☐ Gila	☐ Mohave	☐ Yavapai
☐ Graham	☐ Navajo	☐ Yuma

¿Cuál es tu etnia?

- ○ Hispano o latino
- ○ No hispano(a) ni latino(a)

Display This Question:

If ¿Cuál es tu etnia? = Hispano o latino

¿Cuál es el país de origen de su familia?

- [ ] Cubano
- [ ] Guatemalteco
- [ ] Mexicano-americano
- [ ] Mexicano
- [ ] Puertorriqueño
- [ ] El Salvadoreño
- [ ] Otro (sírvase describir) _____

Display This Question:

If ¿Cuál es tu etnia? = No hispano(a) ni latino(a)

¿Cuál es tu raza? Por favor, elija todos que correspondan.

- [ ] Blanco
- [ ] Negro o afroamericano
- [ ] Indio Americano o Nativo de Alaska
- [ ] Indio asiático
- [ ] Chino
- [ ] Filipino
- [ ] Japonés
- [ ] Coreano
- [ ] Vietnamita
- [ ] Nativo Hawaiano
- [ ] Guamanian o Chamorro
- [ ] Samoano
- [ ] Otro (sírvase describir) _____

¿Cuál es su relación con su jóven?

- ○ Padre
- ○ Abuelo
- ○ Hermano
- ○ Tía
- ○ Padres de Crianza
- ○ Tío
- ○ Guardián Legal
- ○ Otro (por favor describa) _____

Estado Emocional

Muchas personas son responsables de la planificación y decisiones para su familiar ahora que están involucrados en el sistema de justicia juvenil. Esta encuesta le ofrece una oportunidad para informarnos sobre los problemas que afectan a su familiar y de decirnos qué servicios o apoyos cree que más necesitan.

Dificultades de Atención

Lea las siguientes declaraciones y elija en una escala del 1 al 5 si cree que la declaración describe a su familiar.

	Esto no describe a mi familiar en absoluto **1**	Esto no describe muy bien a mi familiar **2**	Neutral **3**	Esto describe a mi familiar un poco bien **4**	Esto describe muy bien a mi familiar **5**
Les cuesta prestar atención en la escuela o en el trabajo.	○	○	○	○	○
Les cuesta mantenerse organizados y completar las cosas.	○	○	○	○	○
Tienen dificultades quedarse quietos y es difícil para ellos permanecer en su asiento u otros lugares donde se supone que se queden.	○	○	○	○	○

El Enojo

Lea las siguientes declaraciones y elija en una escala del 1 al 5 si cree que la declaración describe a su familiar.

	Esto no describe a mi familiar en absoluto **1**	Esto no describe muy bien a mi familiar **2**	Neutral **3**	Esto describe a mi familiar un poco bien **4**	Esto describe muy bien a mi familiar **5**
Se molestan fácilmente.	○	○	○	○	○
Pierden sus temperamento fácilmente.	○	○	○	○	○
Parecen enojados la mayor parte del tiempo.	○	○	○	○	○
A veces, cuando están enojados, duelen o rompen algo a propósito.	○	○	○	○	○

Depresión

La depresión es siente triste o irritable durante unas semanas o más. Otros signos de depresión son el pensamiento negativo, cambios en el apetito o el sueño, y la pérdida de disfrute en las actividades.

¿Con qué frecuencia se siente deprimido el familiar?

- Siempre
- La mayoría de las veces
- Aproximadamente la mitad del tiempo
- Algunas veces
- Nunca

Ansiedad

Ansiedad significa sentirse preocupado, nervioso o temeroso

¿Con qué frecuencia su familiar siente ansiedad?

- Siempre
- La mayoría de las veces
- Aproximadamente la mitad del tiempo
- Algunas veces
- Nunca

Traumá

Las experiencias traumáticas de trauma son cosas que su familiar ha pasado o visto que son física o emocionalmente dañinas o peligrosos para la vida que se dificulta funcionar o sentirse bien.

Lea las siguientes declaraciones y elija en una escala del 1 al 5 si cree que la declaración describe a su familiar.

	Esto no describe a mi familiar en absoluto **1**	Esto no describe muy bien a mi familiar **2**	Neutral **3**	Esto describe a mi familiar un poco bien **4**	Esto describe muy bien a mi familiar **5**
Ha tenido algo bien malo o aterrador que le ha pasado a mi familiar.	○	○	○	○	○
Mi familiar ha visto a alguien gravamente herido o que fue matado (en persona, no en películas).	○	○	○	○	○
Mi familiar ha tenido muchos pensamentos o sueños malos de una cosa mala o de miedo que les pasó.	○	○	○	○	○

Habilidades y Servicios

En esta sección queremos que nos diga lo que cree que ayudaría a su familiar cuando salgan de la detención para que puedan completar con éxito la libertad condicional y no volver a ofender

Habilidades para la vida: Habilidades de vida independientes

En una escala de 1 a 5, elija lo útiles que serían los siguientes servicios para su familiar.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Gestión de hogares.	○	○	○	○	○
Presupuestación.	○	○	○	○	○
Ayuda a aprender como encontrar recursos en la comunidad.	○	○	○	○	○

Habilidades para la Vida: Cuidar de sí Mismo

En una escala de 1 a 5, elija lo útiles que serían los siguientes servicios para su familiar.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Aprender a manejar el estrés.	○	○	○	○	○
Aprender a manejar mis medicamientos.	○	○	○	○	○
Aprender llevar una vida saludable.	○	○	○	○	○
Aprender sobre sexo seguro y el HIV.	○	○	○	○	○

Habilidades para la Vida: Habilidades Sociales

En una escala de 1 a 5, elija lo útiles que serían los siguientes servicios para su familiar.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Habilidades de comunicación	○	○	○	○	○
Habilidades de relación.	○	○	○	○	○

Habilidades de la Vida: Gestión de Casos

En una escala de 1 a 5, elija lo útiles que serían los siguientes servicios para su familiar.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Ayuda a encontrar recursos otro que servicios de salud conductual.	○	○	○	○	○
Ayuda a coordinar todo mis servicios como las citas medicas, apoyos educativos y sociales, citas judiciales (las cortes / libertad condicional) y otros servicios comunitarios.	○	○	○	○	○

Habilidades de la Vida: Educación

En una escala de 1 a 5, elija lo útiles que serían los siguientes servicios para su familiar.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Habilidades de trabajo que inclusen llenar una applicación, entrevistando, y vestirme para el lugar de trabajo.	○	○	○	○	○
Habilidades vocacionales como aprender ser electricista, enfermera, plomero, mecánico, etc.	○	○	○	○	○
Ayuda con el acceso a los servicios de empleo en Arizona Works.	○	○	○	○	○
Ayuda complir mi GED.	○	○	○	○	○
Entrenamiento de computadora	○	○	○	○	○

Servicios de Salud Conductal

En una escala de 1 a 5, elija lo útiles que serían los siguientes servicios para su familiar.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Consejería para su familiar.	○	○	○	○	○
Consejería para su familiar con el resto de su familia.	○	○	○	○	○
Manejo del enojo.	○	○	○	○	○
Ayuda a mantenerse alejado del alcohol y/o las drogas.	○	○	○	○	○
Ayuda en casa para poder interactuar y comunicarte bien con tu familia.	○	○	○	○	○
Apoyo de una persona (que es cerca de la edad de su familiar y tiene experencias similares) que le ayude con sus problemas de salud conductal y/o uso de sustancias.	○	○	○	○	○

Gracias por compartir sus pensamientos. ¡Realmente lo apreciamos! En agradecimiento por sus comentarios, elija una tarjeta de regalo de la lista debajo. La tarjeta seria entregadá por correro electrónico a la misma dirección de correro electrónico a la que recibió esta encuesta.

- ○ Sí (por favor proporcione su direccion de correro electronico aqui)

  _____

- ○ No

Display This Question:

If Gracias por compartir sus pensamientos. ¡Realmente lo apreciamos! En agradecimiento por sus comen... = Sí (por favor proporcione su direccion de correro electronico aqui)

Por favor, elija un incentivo de la lista:

- ○ Tarjeta de $15.00 para Kroger
- ○ Tarjeta de $15.00 para Kwik Trip
- ○ Tarjeta de $15.00 para Amazon

End of Block: Family Survey: Spanish

Start of Block: Language

What language would you like to take the survey in?

¿En qué idioma desea completar la encuesta?

- English/Inglés
- Spanish/Español

End of Block: Language

Start of Block: Survey: English

We are asking that you to take part in a survey to help the state identify the types of behavioral health services that will help youth involved with the juvenile justice system. You will be asked questions about your behavioral health needs and social needs.

The survey will take less than 10 minutes to complete and is completely voluntary. You can skip questions that you do not want to answer or stop the survey at any time.

The survey will be conducted on an anonymous, secure online format that is HIPAA approved for protecting private information and no one will be able to link your answers back to you.

If you have any questions about this survey, please contact Brittany Thompson at bthompson@healthmanagement.com.

Demographics

Please choose your county from the list below.

☐ Apache	☐ Greenlee	☐ Pima
☐ Cochise	☐ La Paz	☐ Pinal
☐ Coconino	☐ Maricopa	☐ Santa Cruz
☐ Gila	☐ Mohave	☐ Yavapai
☐ Graham	☐ Navajo	☐ Yuma

What is your gender?

- ○ I identify as female
- ○ I identify as male
- ○ I prefer not to answer

How old are you?

- ○ 11 – 13
- ○ 14 - 15
- ○ 16 – 17
- ○ 18+

What is your ethnicity?

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Display This Question:

If What is your ethnicity? = Hispanic or Latino

What is your family's country of origin?

- ☐ Cuban
- ☐ Guatemalan
- ☐ Mexican American
- ☐ Mexican
- ☐ Puerto Rican
- ☐ El Salvadoran
- ☐ Other (please describe) _____

Display This Question:

If What is your ethnicity? = Not Hispanic or Latino

What is your race? Please choose all that apply.

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other (please describe) _____

Many people are responsible for planning and decision-making for you now that you are involved in the juvenile justice system. This survey is a chance to tell us about the issues affecting you and what services or supports you need the most.

Emotional State

First, we'd like you to tell us about the issues you are facing that affect how you feel.

Attention Difficulties

Please read the following statements and choose on a scale from 1-5 whether you think the statement describes you.

	This doesn't describe me at all **1**	This doesn't describe me very well **2**	Neutral **3**	This describes me somewhat well **4**	This describes me very well **5**
I have a hard time paying attention at school or work.	○	○	○	○	○
I have a hard time staying organized and getting everything done.	○	○	○	○	○
I have a hard time staying still. It's hard for me to stay in my seat or other places I'm supposed to stay.	○	○	○	○	○

Anger

Please read the following statements and choose on a scale from 1-5 whether you think the statement describes you.

	This doesn't describe me at all **1**	This doesn't describe me very well **2**	Neutral **3**	This describes me somewhat well **4**	This describes me very well **5**
I get upset easily.	○	○	○	○	○
I lose my temper easily.	○	○	○	○	○
I feel angry a lot of the time.	○	○	○	○	○
Sometimes when I am mad, I hurt or break something on purpose.	○	○	○	○	○

Depression

Depression is feeling sad or irritable for a few weeks or longer. Other signs of depression are negative thinking, changes in appetite or sleep, and loss of enjoyment in activities. How often do you:

	Always	Most of the time	About half the time	Sometimes	Never
Feel lonely?	○	○	○	○	○
Feel like you aren't having fun with your friends?	○	○	○	○	○

Anxiety

Anxiety means feeling worried, nervous or fearful. How often do you:

	Always	Most of the time	About half the time	Sometimes	Never
Have nervous or worried feelings that keep you from doing things you want to do?	○	○	○	○	○
Have nightmares that are bad enough to make you afraid to go to sleep?	○	○	○	○	○

Trauma

Traumatic experiences are things you have experienced or witnessed that are physically or emotionally harmful or life-threatening that make it hard to function or feel good.

Please read the following statements and choose on a scale from 1-5 whether you think the statement describes you.

	This doesn't describe me at all **1**	This doesn't describe me very well **2**	Neutral **3**	This describes me somewhat well **4**	This describes me very well **5**
I have had something very bad or scary happen to me.	○	○	○	○	○
I have seen someone severely injured or killed (in person—not in the movies).	○	○	○	○	○
I have a lot of bad thoughts or dreams about a bad or scary thing that happened to me.	○	○	○	○	○

Skills & Services

In this section we want you to tell us what you think will help you when you leave detention so you can successfully complete probation and not get in trouble again.

An important part of growing up is learning how to take care of yourself. To live on your own, you need to have a basic set of life skills so you can take care of things like eating, sleeping, health, money, shopping, and laundry. These skills may seem simple, but you need them to live. Getting a handle on basic life skills will prepare you to be an independent adult.

Independent Living Skills

Please choose how helpful the following services would be to you.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Household management.	○	○	○	○	○
Budgeting.	○	○	○	○	○
Help learning how to find community resources.	○	○	○	○	○

Self-Care

Please choose how helpful the following services would be to you.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Learning how to manage stress.	○	○	○	○	○
Learning how to manage medication.	○	○	○	○	○
Learning how to live a healthy life.	○	○	○	○	○
Learning about safe sex practices and HIV.	○	○	○	○	○

Social Skills

Please choose how helpful the following services would be to you.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Communication skills.	○	○	○	○	○
Relationship skills.	○	○	○	○	○

Case Management

Please choose how helpful the following services would be to you.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Help finding resources other than behavioral health services.	○	○	○	○	○
Help coordinating all my services like my healthcare appointments, educational supports, social supports, judicial appointments (courts/probation) and other community services.	○	○	○	○	○

Education

Please choose how helpful the following services would be to you.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Job skills like filling out an application, interviewing skills and dressing for the workplace.	○	○	○	○	○
Vocational skills such as learning how to be an electrician, a nurse, a plumber, a car mechanic etc.	○	○	○	○	○
Help with accessing job services through Arizona Works.	○	○	○	○	○
Help getting my GED.	○	○	○	○	○
Computer training.	○	○	○	○	○

Behavioral Health Services

Behavioral health describes the connection between the health and well-being of your body and your mind, which can include eating habits, drinking habits, exercise, and mental health challenges. Behavioral health services include psychiatric treatment, individual and family counseling, stress management, anger management and addiction treatment.

Please choose how helpful the following services would be to you.

	This service wouldn't be helpful at all **1**	This service wouldn't be all that helpful **2**	Neutral **3**	This service would be somewhat helpful **4**	This service would be very helpful **5**
Counseling for you by yourself.	○	○	○	○	○
Counseling in a group with other kids.	○	○	○	○	○
Counseling for you and your family.	○	○	○	○	○
Anger management.	○	○	○	○	○
Help staying off of alcohol and/or drugs.	○	○	○	○	○
Help at home for you and your family so you can interact and communicate well.	○	○	○	○	○
Support from a Peer (someone who is close to your age and has similar experiences) to help me deal with my behavioral health and/or substance use problems.	○	○	○	○	○

Thank you for sharing your thoughts; we really appreciate it! In appreciation for your feedback please choose an incentive from the list below. The incentive will be delivered via email, to the same email address that you got this survey through.

- ○ $10.00 Google Play Gift Card
- ○ $10.00 iTunes Gift Card
- ○ $10.00 Amazon Gift Card
- ○ None

End of Block: Survey: English

Start of Block: Survey: Spanish

Le pedimos que participe en una encuesta para ayudar al estado a identificar los tipos de servicios de salud conductual que ayudarán a los jóvenes involucrados con el sistema de justicia juvenil. Se le harán preguntas sobre sus necesidades de salud conductual y sociales.

La encuesta tardará menos de 10 minutos en completarse y es completamente voluntaria. Puede omitir las preguntas que no desea responder o detener la encuesta en cualquier momento.

La encuesta es anónimo y seguro, que está aprobado por HIPAA, para proteger información privada y nadie podrá vincular sus respuestas de nuevo a usted.

Si tiene alguna pregunta sobre esta encuesta, por favor póngase en contacto con Brittany Thompson a bthompson@healthmanagement.com.

Demografia

Por favor elige su condado de la lista a continuación.

- ☐ Apache
- ☐ Cochise
- ☐ Coconino
- ☐ Gila
- ☐ Graham
- ☐ Greenlee
- ☐ La Paz
- ☐ Maricopa
- ☐ Mohave
- ☐ Navajo
- ☐ Pima
- ☐ Pinal
- ☐ Santa Cruz
- ☐ Yavapai
- ☐ Yuma

¿Cuál es tu género?

- ○ Me identifico como mujer
- ○ Me identifico como hombre
- ○ Prefiero no responder

¿Cuántos años tienes?

- ○ 11 – 13
- ○ 14 - 15
- ○ 16 – 17
- ○ 18+

¿Cuál es tu etnia?

- ○ Hispano o latino
- ○ No hispano(a) ni latino(a)

Display This Question:
If ¿Cuál es tu etnia? = Hispano o latino

¿Cuál es el país de origen de su familia?

- ☐ Cubano
- ☐ Guatemalteco
- ☐ Mexicano-americano
- ☐ Mexicano
- ☐ Puertorriqueño
- ☐ El Salvadoreño
- ☐ Otro (sírvase describir) _____

Display This Question:
If ¿Cuál es tu etnia? = Hispano o latino

¿Cuál es tu raza? Por favor, elija todos que correspondan.

- ☐ Blanco
- ☐ Negro o afroamericano
- ☐ Indio Americano o Nativo de Alaska
- ☐ Indio asiático
- ☐ Chino
- ☐ Filipino
- ☐ Japonés
- ☐ Coreano
- ☐ Vietnamita
- ☐ Nativo Hawaiano
- ☐ Guamanian o Chamorro
- ☐ Samoano
- ☐ Otro (sírvase describir) _____

Muchas personas son responsables de la planificación y decisiones tuyas ahora que usted está involucrado en el sistema de justicia juvenil. Esta encuesta le ofrece una oportunidad para informarnos sobre los problemas que le afectan y qué servicios o apoyos más necesitas.

Estado Emocional

Para comenzar, nos gustaría que nos cuente acerca los problemas que enfrenta y que afectan cómo se siente.

Dificultades de atención

Lea las siguientes declaraciones y elija del 1 al 5 si cree que la declaración lo describe.

	Esto no me describe en absoluto **1**	Esto no me describe muy bien **2**	Neutral **3**	Esto me describe un poco bien **4**	Esto me describe muy bien **5**
Me cuesta prestar atención en la escuela o en el trabajo.	○	○	○	○	○
Me cuesta mantenerme organizado y completar las cosas.	○	○	○	○	○
Me cuesta quedarme quieto. Es difícil para mí quedarme en mi asiento o otros lugares en los que se supone que debo quedarme.	○	○	○	○	○

El Enojo

Lea las siguientes declaraciones y elija del 1 al 5 si cree que la declaración lo describe.

	Esto no me describe en absoluto **1**	Esto no me describe muy bien **2**	Neutral **3**	Esto me describe un poco bien **4**	Esto me describe muy bien **5**
Me enojo fácilmente	○	○	○	○	○
Pierdo mi temperamento fácilmente.	○	○	○	○	○
Me siento enojado la mayor parte del tiempo.	○	○	○	○	○
A veces, cuando estoy enfadado, me lastimo o rompo algo a propósito.	○	○	○	○	○

Depresión

La depresión es sentirse triste o irritable durante unas semanas o más. Otros signos de depresión son el pensamiento negativo,

cambios en el apetito o el sueño, y la pérdida de disfrute en las actividades. ¿Con qué frecuencia:

	Siempre	La mayoría de las veces	Aproximadamente la mitad del tiempo	Algunas veces	Nunca
¿Te sientes solo?	○	○	○	○	○
¿Sientes que no te estás divirtiendo con tus amigos?	○	○	○	○	○

Ansiedad

Ansiedad significa sentirse preocupado, nervioso, o temeroso. ¿Con qué frequencia:

	Siempre	La mayoría de las veces	Aproximadamente la mitad del tiempo	Algunas veces	Nunca
¿Tiene sentimientos nerviosos o preocupados que le impiden hacer las cosas que desea hacer?	○	○	○	○	○
¿Tiene pesadillas tan malas que les hace tener miedo dormir?	○	○	○	○	○

Trauma

Las experencias traumáticas so cosas que usted ha pasado o visto que son física o emocionalmente dañinas o peligrosos para la vida que se dificulta funciónar o sentirse bien.

Lea las siguientes declaraciones y elija del 1 al 5 si cree que la declaración lo describe.

	Esto no me describe en absoluto **1**	Esto no me describe muy bien **2**	Neutral **3**	Esto me describe un poco bien **4**	Esto me describe muy bien **5**
Ha tenido algo bien malo o aterrador que me ha pasado.	○	○	○	○	○
Yo he visto a alguien gravamente herido o que fue matado (en persona, no en películas).	○	○	○	○	○
He tenido muchos pensamentos o sueños malos de una cosa mala o de miedo que me pasó.	○	○	○	○	○

Habilidades y servicios

En esta sección queremos que nos diga lo que cree que le ayudará cuando deje la detención para que pueda completar su libertad condicional y no volver meterse en problemas. Una parte importante de hacerce adulto es aprender a cuidarse. Para vivir solo, necesita tener habilidades básicos para que pueda cumplir con cosas como comer, dormir, salud, dinero, compras, y lavandería. Estas habilidades pueden parecer simples, pero las necesitas para vivir. El manejo de tus habilidades te preparará ser un adulto independiente.

Habilidades de Vida Independiente

Por favor elija los siguientes servicios que son útiles para ti.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Gestión de hogares	○	○	○	○	○
Presupuestación	○	○	○	○	○
Ayuda a aprender como encontrar recursos en la comunidad	○	○	○	○	○

Cuidar de sí Mismo

Por favor elija los siguientes servicios que son útiles para ti.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Aprender a manejar el estrés.	○	○	○	○	○
Aprender a manejar mis medicamientos.	○	○	○	○	○
Aprender llevar una vida saludable	○	○	○	○	○
Aprender sobre sexo seguro y el HIV.	○	○	○	○	○

Habilidades Sociales

Por favor elija los siguientes servicios que son útiles para ti.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Habilidades de comunicación	○	○	○	○	○
Habilidades de relación.	○	○	○	○	○

Gestión de casos

Por favor elija los siguientes servicios que son útiles para ti.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Ayuda a encontrar recursos otro que servicios de salud conductual.	○	○	○	○	○
Ayuda a coordinar todo mis servicios como las citas medicas, apoyos educativos y sociales, citas judiciales (las cortes / libertad condicional) y otros servicios comunitarios	○	○	○	○	○

Educación

Por favor elija los siguientes servicios que son útiles para ti.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Habilidades de trabajo que inclusen llenar una applicación, entrevistando, y vestirme para el lugar de trabajo.	○	○	○	○	○
Habilidades vocacionales como aprender ser electricista, enfermera, plomero, mecánico, etc.	○	○	○	○	○
Ayuda con el acceso a los servicios de empleo en Arizona Works.	○	○	○	○	○
Ayuda complir mi GED.	○	○	○	○	○
Entrenamiento de computadora.	○	○	○	○	○

Servicios de Salud Conductal

La sauld conductal describe la conexión entre la salud y el bienestar de su cuerpo y su mente, que puede incluir hábitos de alimiento, beber, ejercisio, y problemas de salud mental. Estos servicios incluyen tratamiento psiquiátrico, consejería individual y familiar, manejo del estrés y el enojo, y tratamiento para las adicciones.

Por favor elija los siguientes servicios que son útiles para ti.

	Este servicio no sería útil en absoluto **1**	Este servicio no sería tan útil **2**	Neutral **3**	Este servico sería algo útil **4**	Este servico sería muy útil **5**
Consejería para ti, por ti mismo.	○	○	○	○	○
Consejería en grupo con otros.	○	○	○	○	○
Consejería para ti y tu familia.	○	○	○	○	○
Manejo del enojo.	○	○	○	○	○
Ayuda manternerse el abuso del alcohol y las drogas.	○	○	○	○	○
Ayuda en casa para poder interactuar y comunicarte bien con tu familia.	○	○	○	○	○
Apoyo de una persona (que es cerca de su edad y tiene experencias similares) que me ayude con mis problemas de salud conductal y/o uso de sustancias.	○	○	○	○	○

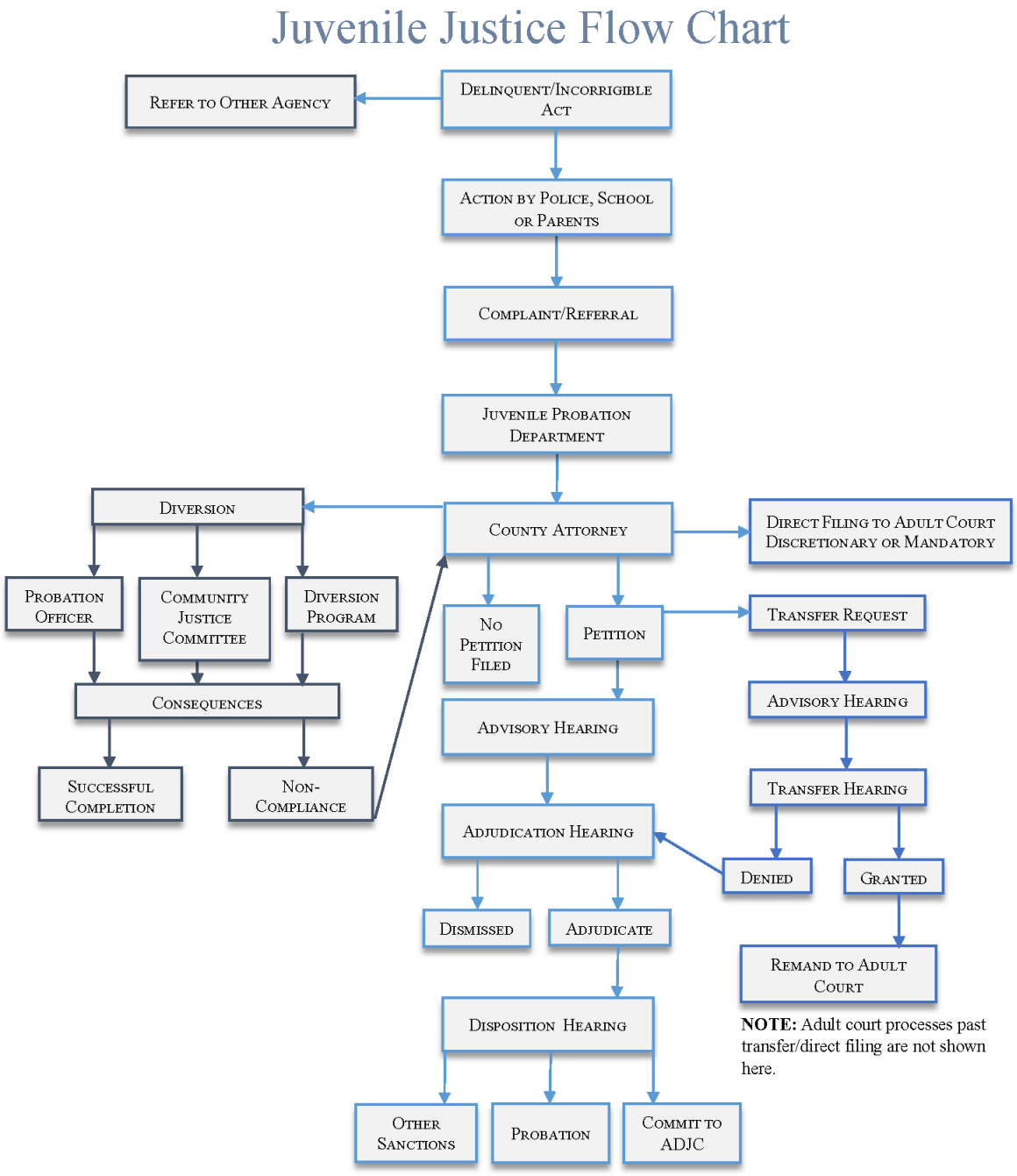
Gracias por compartir sus pensamientos. ¡Realmente lo apreciamos! En agradecimiento por sus comentarios, elija una tarjeta de regalo de la lista debajo. La tarjeta seria entregadá por correro electrónico a la misma dirección de correro electrónico a la que recibió esta encuesta.

- ○ Tarjeta de $10.00 para Google Play
- ○ Tarjeta de $10.00 para iTunes
- ○ Tarjeta de $10.00 para Amazon
- ○ Ninguno

End of Block: Survey: Spanish

APPENDIX D: CHARTS & GRAPHS

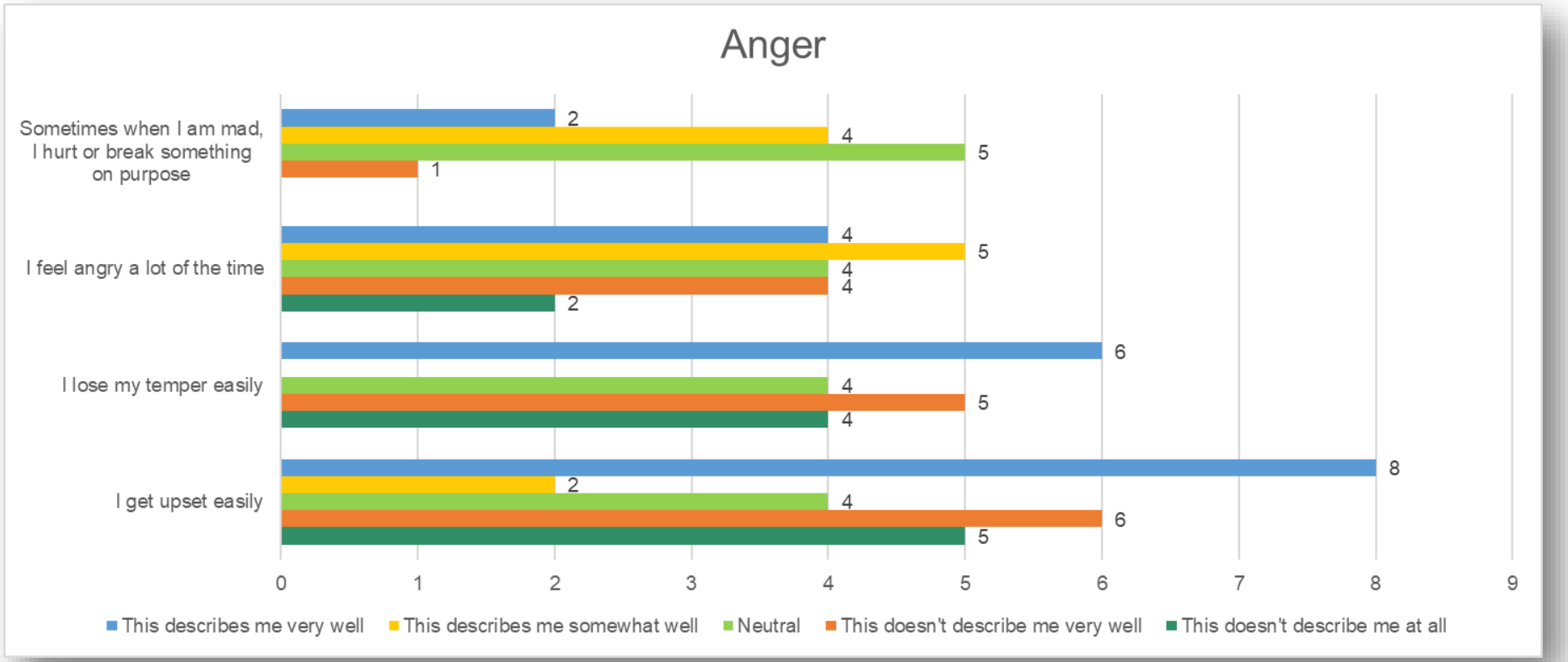
Arizona Juvenile Justice Flowchart



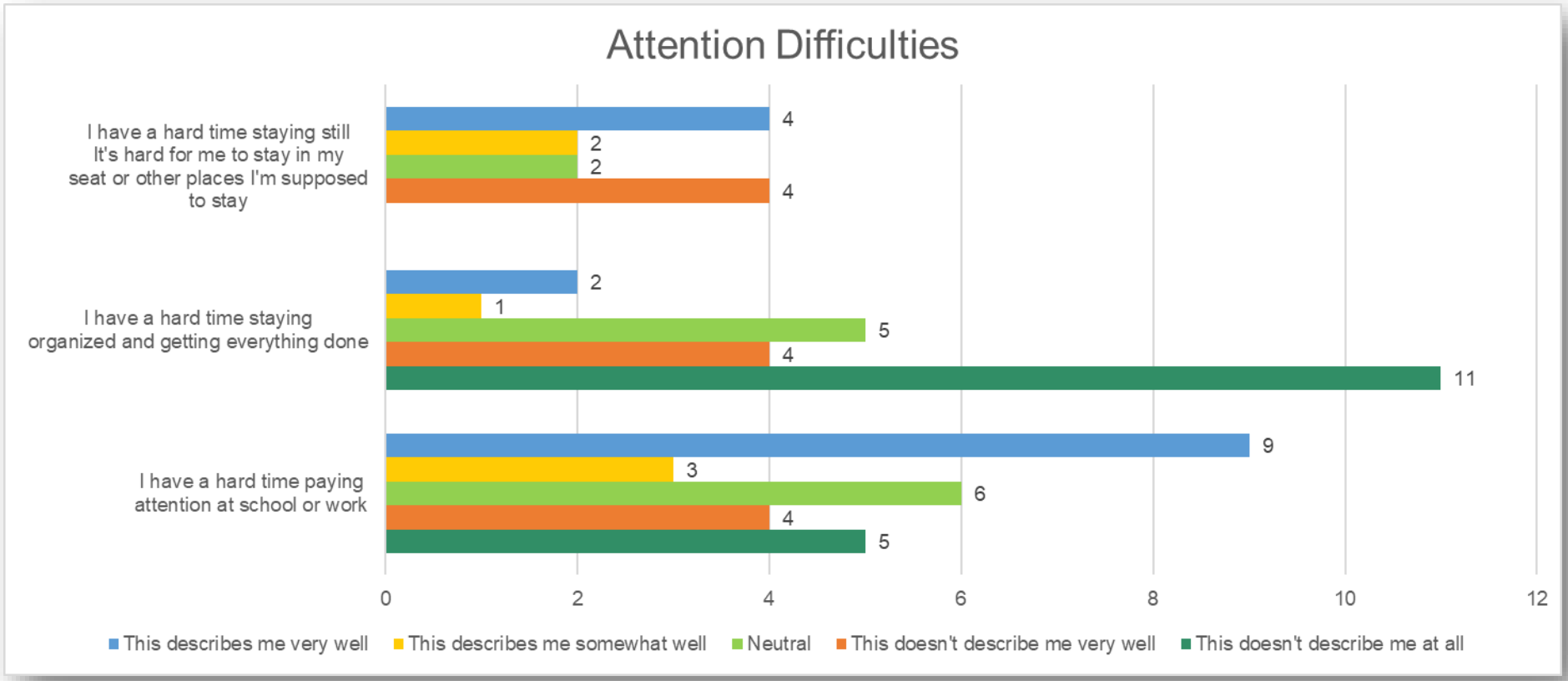
Behavioral Health Services	Aggregated Ranking				
	This service wouldn't be helpful at all	This service wouldn't be all that helpful	Neutral	This service would be somewhat helpful	This service would be very helpful
Counseling for you by yourself	3	0	6	4	9
Counseling in a group with other kids	10	3	3	2	5
Counseling for you and your family	6	1	2	0	3
Anger management	5	0	1	0	0
Help staying off of alcohol and/or drugs	3	1	0	0	2
Help at home for you and your family so you can interact and communicate well	0	0	0	0	0
Support from a Peer to help me deal with my behavioral health and/or substance use problems	10	1	3	4	7

Life Skills & Services	Aggregated Ranking				
	This service wouldn't be helpful at all	This service wouldn't be all that helpful	Neutral	This service would be somewhat helpful	This service would be very helpful
Household management	2	2	7	8	3
Budgeting	3	4	4	6	8
Help learning how to find community resources	1	3	6	7	7

Durango Juvenile Detention Facility Focus Group: Anger



Durango Juvenile Detention Facility Focus Group: Attention Difficulties



Durango Juvenile Detention Facility Focus Group: Trauma