



santa cruz county healthy returns initiative:
final local evaluation report

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Introduction

National research has found that the majority of youth involved in the juvenile justice system have mental health needs (Skowyra and Coccozza, 2006; Soler, 2002). In addition, incarcerated youth experience greater numbers of physical health disorders than their peers (Forrest and Tambor, 2000). Researchers note a particularly high prevalence of physical or sexual abuse, sexually transmitted diseases, respiratory illness, and injuries among youth in the juvenile justice system (Shelton, 2004; Fasher et. al., 1997).

Unfortunately, many juvenile justice systems are not equipped to appropriately address long-term health needs. Many detention facilities have clinicians and nurses on staff. This practice allows trained health professionals to address the immediate needs of youth in detention as well as the long-term health needs of youth being held for long periods of time for serious offenses. However, youth with non-violent or drug offenses typically have shorter lengths of stay in detention. These youth may need to see a health care provider for a period of time that is longer than their sentence.

Unfortunately, many communities do not have community-based health services available for youth on probation. Limited community-based health services can anchor youth more firmly to the juvenile justice system. There have been cases in which jurisdictions keep youth with non-violent and drug offenses in secure detention so they may access health services (Skowyra and Coccozza, 2006). The U.S. House of Representatives (2004) found that 33 states, including California, hold youth in secure detention so that they may access health services. In these cases, youth remain linked to punishment in order to receive health services.

The provision of health services can also create a cycle of incarceration for youth in the juvenile justice system. When services such as counseling are required by the court, youth may receive probation violations for non-attendance. In these cases, youth must be sent back to secure detention or remain on probation for longer periods of time for failing to access health services.

The History of Juvenile Justice System

Punishing youth for failing to attend health services seems counter-productive to their well-being. To understand why the juvenile justice system makes these decisions, it is important to study the history of the juvenile justice system.

The juvenile justice system has fluxuated between rehabilitative and retributive responses to delinquency since its inception in the 1800s (Feld, 1999; Bernard, 1992). These shifts occur because the juvenile court was created to achieve conflicting goals (Urban et. al., 2003). On one hand, the juvenile court was established to care for dependent and neglected youth (Feld, 1999). On the other hand, the juvenile court has always been responsible for monitoring and punishing delinquency (Feld, 1999).

During different historic periods, fear of poor communities of color created pressure on the juvenile justice system to become more retributive. Historically, this political pressure led the juvenile justice system to respond most punitively towards communities of color (Feld, 1999; Wordes et. al., 1994).

The late 1980's and early 1990's provide one example. During 1980's, the Reagan administration complained about African American "welfare queens," and created fears of "crack babies" and "super-predators" from poor communities of color (Marx, 2009). Public pressure to make juvenile delinquents more accountable for their actions led to wide-spread sentencing reforms (Urban et. al., 2003). Rather than basing sentencing on the rehabilitative needs of individual juveniles, states began to develop pre-determined sentencing guidelines to ensure the strict punishment of crimes (Urban et. al, 2003; Singer, 1996). Additionally, some states expanded the guidelines around juvenile incarceration. Some states lowered the age under which juveniles could be incarcerated. For example, Illinois reduced the age that a juvenile could be sentenced to prison from 13 to 10 (Marx, 2009). Other states lowered the age that juveniles could be tried and incarcerated as adults (Urban et. al, 2003; Frazier et. al., 1999). These changes increased the numbers of youth incarcerated in adult and juvenile facilities, leading to overcrowding in many jurisdictions. Between 1985 and 1995, the percentage of youth held in over-crowded detention centers rose from 20 percent to 62 percent (Lubow, 1999). The disproportionate detention of youth of color has also risen dramatically since 1985. Youth of color represented forty-three percent of incarcerated youth in 1985. They represented sixty-nine percent of incarcerated youth in 2006 (Mendel, 2009).

In these historic periods when punishment becomes the policy priority of juvenile justice systems, jurisdictions are more likely to detain youth for non-violent offenses. They are also more likely to assign probation violations when youth fail to attend school or recommended health services. Youth of color are particularly susceptible to these practices.

History of Juvenile Justice Reform

Recent changes in the juvenile justice system provide hope for comprehensive reform. Punitive practices through the 1980's and 1990's led to overcrowding crises around the country and jurisdictions began to look for solutions. Some systems, for example, began to adopt detention screening instruments to manage the demand for bed space (Gamble et. al. 2002).

Other jurisdictions began to move away from punitive practices and resume efforts to rehabilitate youth. Balancing the needs of the offender, the victim, and the community, restorative justice advocates encouraged offenders to take responsibility for their actions and repair any harm they caused to the victim of their crime and their community (Urban et. al., 2003). Conflict-resolution interventions and community service projects allowed youth to complete their sentences or terms of probation more swiftly and reenter their communities.

Another reform effort was led by the Annie E. Casey Foundation (Casey). In the late 1990's, Casey funded the Juvenile Detention Alternatives Initiative (JDAI) in order to address their concerns about the abhorrent conditions of confinement caused by overcrowding, the systemic disinterest in rehabilitating youth, and the alarming rise in the disproportionate incarceration of youth of color (Lubow, 1999). Since the beginning of JDAI, participating sites have reduced the number of youth they detain. Many sites have also reduced disproportionate minority contact and the unnecessary detention of girls. JDAI sites have achieved these successes by

- using data to drive policy decisions;
- collaborating with stakeholders from other county agencies and community-based organizations; and
- developing a broad continuum of alternatives to detention (Steinhart, 1999).

Santa Cruz County was one of the first jurisdictions to adopt JDAI reforms and has since become a model site. By using a detention screening instrument, called the Risk Assessment Instrument, Santa Cruz County halved the number of youth in their juvenile hall. By collaborating with other county agencies and community-based agencies, they have developed alternatives to detention that keep most youth in their homes and schools rather than a cell. Moreover, these programs encourage the development of relationships with service providers in the neighborhoods that youth and their families live in.

Santa Cruz County Healthy Returns Initiative

Santa Cruz County built on these prior successes as they entered the Healthy Returns Initiative (HRI). Funded by the California Endowment, HRI was formed in 2005 to improve mental and physical health services for youth in the juvenile justice system. The Endowment invested in this population--\$6.5 million over four years in Humboldt, Santa Clara, Santa Cruz, Ventura, and Los Angeles Counties—because youth in the juvenile justice system have high levels of health needs.

As a Healthy Returns Initiative (HRI) site funded by the California Endowment, the Santa Cruz County Probation Department improved health services by

- expanding several multi-disciplinary teams that coordinate health services for youth in the juvenile justice system;
- hiring a Health Educator to help families follow-up with referrals to out-of-custody physical health services and provide health education workshops;
- hiring a Certified Application Assistant to help families apply for health insurance;
- hiring a Probation Officer to develop a database for improved data collection and act as a liaison between the Probation Department and partner agencies;
- adopting the MAYSI-2 instrument to screen for immediate mental health needs within juvenile detention; and
- supporting the formation of a Youth Reentry Team to assess and expand reentry services for youth existing juvenile detention.

These efforts resulted in expanded collaboration, improved data collection, and successful bridges to community-based health services. Youth received many more physical and social health referrals that were not mandated by the court, thus reducing the number of strings tying them to probation. Referrals to community-based services also encouraged positive relationships with adults that were close to home. This anchored youth to their communities rather than creating a cycle of incarceration.

At the same time, the Santa Cruz County Juvenile Court continues to require that over 90% of youth in the juvenile justice system receive mental health services. This ensures that most youth in the juvenile justice system receive counseling. At the same time, this leaves youth vulnerable to probation violations or extended lengths of time on probation if they refuse mental health treatment.

HRI Evaluation

Ceres Policy Research (Ceres) conducted a mixed-method evaluation of the Santa Cruz County HRI in order to document system change as well as explore whether the juvenile court should continue to mandate mental health services in Santa Cruz County.

This research relied on a blend of quantitative and qualitative data to measure system changes in health care services for youth in the juvenile justice system. Sources of data included:

- program and administrative data from the HRI database;
- youth and caretaker needs assessments collected by the Youth Reentry Team;
- participant observation notes taken in management meetings, Youth Reentry Team meetings, and state-wide HRI convenings; and
- interview data from Probation Officers who have worked in Santa Cruz County for the entire length of HRI.

Data Analysis

Ceres analyzed the survey and administrative data using a statistical analysis software package called SPSS. They used two different tests. When Ceres was interested in determining whether a group changed over time, they used a t-test. When they were interested in determining whether two groups were different from one another, they used an analysis of variance test. Findings from these tests were considered "statistically significant" if results were more than 95% accurate.

Ceres also conducted a content analysis of interview summaries. Content analysis involves the identification of common words or themes used by respondents. Ceres counted how many respondents held a particular opinion. They were also able to analyze a different themes, describing how individual participants or staff members agree or disagree on a particular theme. This process allowed Ceres to document respondents' views of HRI, enabling a more objective evaluation.

The evaluation findings are presented below. The first section focuses on the the collaborations that developed in Santa Cruz County under HRI. The second section focuses on the expansion in data collection under HRI. The third section focuses on how probation officers view the changes in health care services under HRI, how probation officers see their in the provision of health services, and whether mental health services should continue to be mandated by the courts.

Collaboration under HRI

Santa Cruz County Probation Department used four interrelated collaborations to manage and operate the Healthy Returns Initiative: two multi-disciplinary teams helped coordinate the provision of health services, a collaboration of community-based organizations developed new reentry services for youth, and a small cross-agency partnership that developed an anti-gang curriculum. In addition, a fifty collaboration developed in the last year of the initiative to address barriers to the provision of health care for youth in the juvenile justice and child welfare systems. Ceres describes these collaborations in detail below.

As discussed above, collaboration has been a central strategy for juvenile justice reform in Santa Cruz County under JDAI.

The achievements and limitations of these collaborations can be understood using the research of Mattessich and Monsey (1992). According to these two researchers, the most successful collaborations have:

- a history of collaboration or cooperation in the community that offers partners an understanding of the roles and expectations required in collaboration;
- representatives from each segment of the community that will be affected by the collaboration's activities;
- agreement about the cultural values and norms held by the collaboration;
- frequent communication and interaction; and
- adequate and consistent funding.

Collaboration under HRI met most of these requirements.

Santa Cruz County has a long history of cross-agency collaboration. Santa Cruz was one of the first counties in California to develop a collaborative System of Care (SOC) that includes a broad range of organizations. The purpose of the SOC is to provide a coordinated network of community-based services that are organized to meet the challenges of children and youth with serious mental health needs. The Santa Cruz County SOC includes the County Probation Department, the Child Protective Services program of the County Human Services Department, the Child and Adolescent Mental Health program of the County Health Services Agency, the Alcohol and Drug Services program of the County Health Services Agency, and the County Office of Education. The SOC has also included community-based organizations such as Youth

Services and Pajaro Valley Prevention and Student Assistance, two non-profit counseling programs.

For the past seventeen years, this SOC has delivered services to youth in a coordinated, integrated, and comprehensive fashion. The SOC helped establish core values shared by the participating organizations. Specifically, the SOC has worked to place youth in the least restrictive setting, while developing programs that are family and community-based, evidence-based, data-driven and culturally-responsive.

The relationships that developed around the provision of mental health services became the foundation of additional child welfare, probation, law enforcement, and education programs that were developed over the last decade. As such, the staff members from county agencies and youth-serving organizations meet frequently to provide a wide range of interrelated services.

The strength of these relationships have allowed Santa Cruz County agencies to secure many foundation, state, and federal grants that require pre-existing collaborations. These grants have supplemented the county general fund and created a broad continuum of services. For example, the Santa Cruz Probation Department was able to secure a Reclaiming Futures Grant from the Robert Wood Johnson Foundation. This grant required collaboration between the Probation Department, the County Child and Adolescent Mental Health program, the County Alcohol and Drug Program and many community-based organizations including Youth Services (a community counseling service), Community Restoration Project (a youth and job development program), and Barrios Unidos (an organization that works to reduce gang violence).

The Healthy Returns Initiative provides another example.

HRI Partners

The Santa Cruz County HRI included the following partners:

- *The Santa Cruz County Probation Department.* The Probation Department served as the fiscal agent for HRI. HRI also paid for one full-time equivalent (FTE) Deputy Probation Officer II as well as some time for Probation Department managers. The HRI DPO II attended collaborative meetings and helped coordinate communication between partners. Another Probation staff member helped develop the anti-gang curriculum.
- *The Santa Cruz County Health Services Agency (HSA).* HRI paid for one Health Educator, who was an employee of HSA. This Health Educator provided a broad range of services, attended the

multi-disciplinary meetings with HRI staff, and helped develop the anti-gang curriculum. HSA has also traditionally provided two nurses that work at juvenile hall. While HRI did not pay for these two positions, the nurses attended multiple disciplinary team meetings with HRI staff.

- *The Santa Cruz County Child and Adolescent Mental Health Program (CAMHP)*. CAMHP has traditionally provided two counselors that work in the juvenile hall. While these two positions were not paid for by HRI, the juvenile hall counselors attended multi-disciplinary meetings with HRI staff.
- *Community Bridges of Santa Cruz County*. Community Bridges provides a network of services for families in the Santa Cruz County Area. La Manzana, one of the Community Bridges centers, is a community-based organization that provides support for families and children, links to education and economic self-reliance, and health and nutrition programs. La Manzana is located in the predominantly Latino, Spanish-speaking community of Watsonville. HRI paid for one FTE bilingual, bi-cultural Certified Application Assistant (CAA) at La Manzana. This CAA was primarily responsible for ensuring that families had access to affordable health insurance. This CAA also linked youth and families to other support services. The CAA attended all of the multi-disciplinary meetings with HRI staff members.
- *Barrios Unidos*, Barrios Unidos is a community-based organization that works to reduce gang violence. HRI provided a \$900 stipend to Barrios Unidos to help plan reentry programs for youth leaving juvenile detention.
- *Community Action Board of Santa Cruz County (CAB)*. CAB operates seven programs that help low-income residents move out of poverty. The Community Restoration Project (CRP) is a CAB program that provides job development programs for previously incarcerated youth and adults. HRI provided a \$900 stipend to CRP to help plan reentry programs for youth leaving juvenile detention.
- *Santa Cruz Community Counseling Center (SCCCC)*. The SCCCC is a non-profit counseling service that provides programs for youth and families across Santa Cruz County. Youth Services is a division of SCCCC that serves youth. The Santa Cruz Probation Department refers many of the youth they serve to Youth Services to receive mental health services. HRI provided a \$900 stipend to Youth Services to help plan reentry programs for youth leaving juvenile detention.
- *Pajaro Valley Prevention and Student Assistance (PVPSA)*. PVPSA is a non-profit counseling service that provides programs for youth in the southern half of Santa Cruz County, an area that is predominantly Latino and Spanish-speaking. The Santa Cruz

Probation Department refers many of the youth they serve to PVPSA to receive mental health services. HRI provided a \$900 stipend to PVPSA to help plan reentry programs for youth leaving juvenile detention.

Multi-Disciplinary Service Coordination and Provision Under HRI

Prior to HRI, two different multi-disciplinary teams helped coordinate services for youth in juvenile detention and on probation. Juvenile hall probation staff, nurses, counselors, and a psychiatrist met regularly to coordinate mental and physical health services being provided on-site. These meetings were called “The Wednesday Meeting.” In addition, probation officers met with mental health providers and parents to make recommendations for out-of-home placement or the transition home from placement. The group that attends this meeting is called “The Placement Screening Committee.” Both of these meetings were expanded with HRI funding.

“The Wednesday Meeting” expanded to include the HSA Health Educator, the HRI Probation Officers, and the La Manzanita CAA. The content of “The Wednesday Meeting” also changed. While they previously focused on health services and medication being provided within juvenile hall, these providers could now coordinate referrals to services in the community. These providers also discussed the progress of the HRI grant. This larger cross-agency collaboration improved the way that health information was shared between agencies, allowing for a more thorough management of youth health.

“The Placement Screening Committee” expanded to include the HSA Health Educator. The Health Educator attended two placement meetings each week. She brought up-to-date information about the insurance status of youth and their families as well as health information for each youth. This health information helped identify more effective and appropriate placements for youth. For example, one young person was diagnosed with asthma. When the Health Educator shared this information, “the Placement Screening Committee” was able to find a group home that could consistently administer asthma medication for this youth.

In both cases, HRI funding supported staff members that worked to expand collaborative efforts and improve the coordination and provision of health services. Unfortunately, the Probation Department was unable to secure continued funding for their staff or partner agencies. As a result, the HRI Probation Officer, HSA Health Educator, and La Manzanita CAA no longer participate in “The Wednesday Meeting” or “Placement Screening Committee.”

Youth Reentry Team

When HRI began, there were four community-based organizations that provided most of the reentry services for youth in the juvenile justice system: Barrios Unidos, CAB/CRP, SCCCC/Youth Services, and PVPSA. Each of these organizations was provided a stipend under the HRI grant to meet regularly to assess and improve the coordination of reentry services. This group was called the Youth Reentry Team (YRT).

The YRT had a number of successes. They first developed a memorandum of agreement that established the rules of the collaboration (see Appendix A).

The YRT then decided that the most effective way to coordinate services was to develop a needs assessment that would be administered to each youth leaving juvenile detention. They first developed a data sharing agreement that established who would see the data and when (see Appendix B). The YRT then developed a short, two-page needs assessment that was administered to youth as well as their parents (the English language version for youth can be found in Appendix C). Depending on the answers provided on the needs assessment, youth were then referred to the appropriate agencies for services.

This process increased referrals to each of the agencies. Difficulties, however, developed because there was no funding for additional staff to respond to referrals. Also, while Ceres Policy Research provided data collection and analysis services, their evaluation budget was not large enough to continue this service.

Since probation officers and the partner agencies found this information helpful, the Probation Department continues to administer the needs assessments to youth leaving custody. Probation officers receive the referral information and keep it in each youth's case file. Expanded funding to cover this procedure would increase the ability of agencies to respond and track outcomes.

Public Health Seminars

In addition to attending collaborative meetings, the HSA Health Educator provided a large number of comprehensive and evidence-based classes on nutrition, general wellness, and sexual health. Over 60 workshops were presented to over 350 youth. These workshops were presented with a range of community partners.

One of the greatest successes was a workshop series on gangs. This curriculum, called "A Gang Intervention: Cultural and Healthy Alternatives," was developed as a partnership between the Healthy

Services Agency, the Probation Department, the County Office of Education, and Barrios Unidos. This series of activities were provided to in-custody youth. Topics included relationship building (there are youth in rival gangs that participated in the workshops), the history of gangs, common cultural and spiritual roots of workshop participants, anger management, choosing healthy alternatives to violence, gang enhancements, and alcohol and drug use. Youth reported having new perspectives on the causes and consequences of gang involvement. As such, the HRI-funded health education has become an important component of improved mental, physical, and social health of detained youth in Santa Cruz County.

One of the benefits of collaborative training efforts was creating a blend of trainer experience. The gang curriculum, for example, blended the experience of a white, female Health Educator in her 50s, with a Latina Probation Officer in her 30s, and a Latino youth advocate in his 20s. This blend of gender, age, ethnicity, and job experience among the trainers provided multiple perspectives at one time. Unfortunately, there was not a large amount of money set aside to pay partner agencies to participate in training. Additional training funds would have expanded the success of this program.

The end of HRI funding also led to the elimination of the Health Educator position. With funding cutbacks across the state, neither the Probation Department or the Health Services Agency could sustain this position.

The Collaborative Development of a Dual Status Protocol

During the last year of HRI, the Santa Cruz County Probation Department identified an important barrier to the provision of health services for youth in both the juvenile justice and child welfare systems. Prior to 2004, youth with experience in both systems were assigned either a probation officer or a social worker. Youth assigned to probation officers would receive case management according to probation protocols. Youth assigned to social workers would receive case management according to child welfare protocols. There was no consistency and no coordination between systems.

Using HRI funds, the Santa Cruz Probation Department hired La Piana and Associates to facilitate the development of a joint protocol between the Probation Department and Child Protective Services. The development of this protocol also involved the juvenile dependency and delinquency judges. This new protocol allows juveniles to have dual status in the juvenile justice and child welfare systems and provides guidelines that regulate:

- communication between the juvenile dependency and delinquency judges;
- multi-disciplinary teams that include the probation officer, the social worker, family members, and other service providers to address the needs of the entire family;
- sharing data; and
- the development of a dual system case plan.

With the completion of the protocol, probation officers and social workers will receive training in cross-system collaboration. These improved relationships will ensure the coordination of social and health services for dual status youth.

Discussion

The collaborations supported by HRI funding had many important characteristics to support their success.

- There was a long history of collaboration between the HRI partner agencies;
- There were representatives from a broad range of county agencies and community-based organizations;
- The HRI partner agencies are familiar with one another and were able to enter into new collaborative formations with shared values and expectations; and
- There was frequent interaction between partners.

Funding presented the biggest challenges to the collaborations. Small budgets for the YRT as well as paying partner agencies to assist with training limited the scope of achievement for these two collaborations. The end of HRI funding, coupled with the California budget crisis has led to the elimination of HRI staff positions that provided essential coordination of services through collaborative meetings with partner agencies.

Collection of Data for HRI

Jurisdictions implementing system changes need accurate data in order to identify areas that need reform, plan new programs, and assess whether changes have been successful (Steinhart, 1999). The Santa Cruz County HRI program collected multiple sources of data to track health assessment and screening information, community-based health and social service referrals, and outcomes. These are each described in more detail below.

HRI Program Database

The Deputy Probation Officer II originally assigned to HRI developed a database to collect physical and mental health assessment and screening data as well as information on out-of-custody referrals. The database was designed to have input from and to share data with multiple partners.

HRI Santa Cruz faced two challenges with the database. Juvenile hall clinicians and nurses were required to enter the data from their files into the database. Because they were not paid HRI staff members, data entry was a low priority. Monthly audits conducted by the HRI DPO II improved the quality and quantity of data being collected, though there were never any systemic incentives put in place to encourage line staff to enter data.

A second challenge arose when Santa Cruz HRI needed to complete reports using the program data. While the data had been entered by HRI partners, a separate county agency, the Information Services Department, was responsible for programming reports or downloading raw data. Beginning in 2007, ISD developed a long waitlist for data requests, from the many different county agencies. This meant that Santa Cruz HRI could not easily access the data they were entering. HRI evaluation reports were completed by entering each youth's electronic file and completing a separate Excel spreadsheet, which was a time-consuming endeavor. This system was nonetheless an improvement over the previous system that relied on paper case files.

Moving forward, the Probation Department is developing a comprehensive computer-based case management system, they have woven many of the data fields from the HRI database into the new database. Reports will also be programmed so that the Probation Department is less dependent on the ISD Department to generate health-related data. In this way, health information will become a more consistent component of juvenile justice case management for Santa Cruz County.

Aggregate health data helps jurisdictions assess and improve services. Analysis of HRI program data uncovered a number of useful findings. Ninety youth were selected from the program database for analysis. Thirty-four percent of these youth were white, fifty-seven percent were Latino, seven percent were African American, and two percent had another racial or ethnic identity. Eighty-three percent of the youth in the spreadsheet were boys and seventeen percent were girls.

Data on health assessments by the nurses shows that ninety-five percent of youth who enter juvenile hall are assessed and that eighty percent receive physical health services while in-custody. Seventy percent of youth have their health needs fully addressed while they are in-custody. The most common health issues are sexually transmitted diseases and upper respiratory infections. The majority of youth have not had annual exams, so the nurses provide physicals for these youth.

Based on the results of health assessments, ten percent of youth receive out-of-custody referrals for physical health care. The most common referrals are birth control/family planning, dental care, and vision care.

Ceres analyzed whether there are differences across ethnicity/race or gender with regard to health needs. Ceres compared needs related to dental care, sexually transmitted diseases, infectious diseases, acute injuries, pregnancy/family planning, and mental health and found no differences across ethnicity or race. Girls, however, were more likely to need health care related to sexually transmitted diseases (twenty-nine percent of girls compared with eight percent of boys). There were no other differences across gender.

The program data also tracked the insurance needs of youth and their families. Upon exit, eighty percent of youth have public health insurance, fourteen percent have private health insurance and five percent are without health insurance. There are no differences across ethnicity/race or gender with regard to access to insurance.

MAYSI-2

Under the Healthy Returns Initiative, Santa Cruz County began screening youth for urgent mental health needs using an instrument called the MAYSI-2. The MAYSI-2 is a validated instrument that screens for high levels of need related to alcohol and drug abuse, anger and irritability, depression and anxiety, somatic complaints, suicidal ideation, and thought disturbance.

HRI Santa Cruz faced a number of challenges with MAYSI-2 implementation. Collection of the data initially relied on the CAMHP

clinicians, who were opposed to the use of the tool. This slowed the collection of data. In response, HRI staff members convinced these clinicians to begin administering the instrument. At the same time, HRI staff members worked to install a computer kiosk that would allow youth to complete the screening instrument without a clinician. While there were initial technical problems with the kiosk, it was finally installed. At this point, the majority of youth complete the MAYSI-2 instrument when they enter detention.

Ceres also analyzed the MAYSI-2 data and found some interesting findings. 344 youth completed the MAYSI-2 between March and September 2009. This represents sixty-seven percent of youth booked into detention. Among these youth

- 36% of youth scored in the caution or warning range for alcohol and drug abuse;
- 28% of youth scored in the caution or warning range for anger and irritability;
- 28% of youth scored in the caution or warning range for depression and anxiety;
- 32% of youth scored in the caution or warning range for somatic complaints;
- 13% of youth scored in the caution or warning range for suicidal ideation; and
- 33% of youth scored in the caution or warning range for thought disturbance.

Conducting a separate analysis of the 90 youth described in the section above, Ceres found that there were no statistically significant differences across ethnicity or race. That is, there was no race or ethnic group that was more or less likely to score in the caution or warning range on the MAYSI-2. Boys were more likely, however, to score in the caution or warning range for thought disturbance. There were no other differences across gender.

Youth Reentry Team Needs Assessment

As discussed above, the Youth Reentry Team developed a needs assessment for youth exiting juvenile detention. Youth and their parents were referred to services based on their answers to needs assessment questions.

Ceres conducted a data analysis of 230 youth responses from 2007-2008. These respondents varied by ethnicity/race:

- 34% of the respondents were white/Anglo;
- 50% of the respondents were Latino;

Respondents varied by gender:

- 70% of the respondents were boys;
- 30% of the respondents were girls;

Respondents varied by sexual orientation:

- 86% of the respondents were straight;
- 14% of the respondents were bisexual, queer, or questioning;

Respondents also reported variation in probation status:

- 42% of the respondents were on probation;
- 25% of the respondents were not on probation;
- 29% of the respondents were pending probation; and
- 3% of the respondents were on informal probation.

Respondents identified a range of needs. Three of the five most common needs identified were linked to jobs:

- 80% of the respondents wanted a job;
- 41% of the respondents wanted access to birth control;
- 32% of the respondents wanted to talk about future goals;
- 25% of the respondents were not attending school; and
- 20% of the respondents wanted stronger job skills.

The YRT needs assessment and service referrals led to two important system changes for Santa Cruz County.

As youth were referred to the Community Restoration Project, the demand for job development services soon outstripped services. With a waiting list, the Community Restoration Project met with the Santa Cruz County Office of Education (COE), the primary provider of Workforce Investment Act (WIA) services for youth. While the Community Restoration Project was already subcontracting with the COE to provide WIA services for youth in the juvenile justice system, this increase in demand led to increased funding for probation youth. The COE and Community Restoration Project were also able to apply for even more WIA funding under the California Gang Reduction, Intervention, and Prevention (CalGRIP) program to expand job development services juvenile justice youth.

The YRT needs assessments was also one of the first data collection instruments in the country to ask juvenile justice youth about their sexual orientation and gender identity. By documenting that fourteen percent of Santa Cruz youth have bisexual sexual orientations, queer identities, or are questioning their sexual orientation, leaders in the Probation Department

were able to convince the Annie E. Casey Foundation to conduct a national survey tying sexual orientation and gender identity to juvenile justice system involvement. These findings were replicated nationally, with 15% of youth disclosing lesbian, gay, or bisexual sexual orientations, transgender gender identities, or that they are questioning their sexual orientation. These findings will form the basis of new trainings for Santa Cruz County probation staff as well as the development of culturally responsive programming for LGBT youth in the juvenile justice system.

Discussion

While data collection protocols were difficult to establish, the collection of HRI program data, MAYSI-2 data, and YRT needs assessment data have provided important baseline data on the health needs of youth in the Santa Cruz juvenile justice system as well as the basis for system change.

Future health initiatives should emphasize the development of bridges to out-of-custody family planning, dental, and vision services.

Families also need help accessing health insurance. One low-cost solution to this gap is providing families with a list of other Certified Application Assistants located around Santa Cruz County.

Data analysis of the YRT needs assessments found few differences across race or ethnicity or gender. Future research might focus on the needs assessments completed by LGBT youth to determine whether this important subgroup of youth has special needs related to health.

Linking Youth to Community Health Services

Despite the intentions of law-makers and public officials, system change relies on the decisions of front-line staff (Kelly, 1994; Lipsky, 1980). Within the context of the juvenile justice system, reform relies on the attitudes of individual probation officers.

For this reason, Ceres Policy Research interviewed individual probation officers to determine how familiar line-staff became with HRI-funded system changes. Ceres collected interview data from probation officers who worked for the Santa Cruz County Probation Department for the entire length of HRI. Ceres did not interview any senior managers who were familiar with the reporting requirements, in order to eliminate bias in answers to the interview questions. Fifteen out of sixteen eligible probation officers were interviewed. This represents a ninety-four percent response rate.

The age of respondents ranged from thirty-two to sixty years old, with an average of forty-four years old.

Respondents varied by gender:

- 63% of the respondents are female; and
- 37% of the respondents are male.

Respondents also varied by race/ethnicity:

- 50% of the respondents have Anglo, white, or European-American identities;
- 25% of the respondents have Latino, Mexican, or Mexican-American identities;
- 19% of the respondents have multiple ethnic or racial identities; and
- 6% of the respondents have a Pacific Islander identity.

The interview data shows that the majority of probation officers were familiar with HRI, though only a minority had in-depth knowledge of the initiative.

- 38% of the respondents are familiar with most of HRI reforms, while
- 38% of the respondents are familiar with 1-2 of HRI reforms, and
- 24% of the respondents are not familiar with HRI reforms.

Interview respondents were asked which components of HRI they were most familiar with. Probation officers were most familiar with the YRT needs assessment and the corresponding referrals to social services. As discussed above, the YRT was formed under HRI to coordinate reentry services for youth leaving juvenile detention. This group developed a needs assessment that continues to be administered to youth as they leave juvenile detention.

The needs assessment helps the Probation Department identify the needs of youth and their families. Based on the results of the needs assessments, probation officers provide referrals to social services.

50% of the probation officers interviewed mentioned that they are familiar with the YRT needs assessment.

In addition,

31% of the respondents described how HRI staff helped youth with out-of-custody referrals to physical health services;

31% of the respondents described how La Manzana helped families apply for health insurance;

31% of the respondents described the health education workshops provided by the HRI Health Educator;

19% of the respondents described how HRI improved coordination of services across agencies through expanded collaboration; and

13% of the respondents described how the Santa Cruz Probation Department used HRI funding to adopt the MAYSI-2.

Several probation officers also suggested ways that HRI could have been improved. Two respondents felt that juveniles held in detention for long periods of time received better services than youth released after a short time in detention or youth on informal probation. Another respondent felt that the Health Educator spent more time serving youth living in the northern section of the county. HRI services, therefore, would have been more effective if they could consistently serve youth with shorter lengths of stay, particularly youth living in southern Santa Cruz County.

Mandated Health Services

In addition to asking probation officers about their familiarity with HRI, Ceres asked respondents about a potential philosophical contradiction between JDAI reforms and the provision of non-mandated physical health services, and the provision of mandated mental health services. On one hand, JDAI recommends linking youth to services in community and reducing the number of terms of probation that could lead to probation

violations and a return to secure detention. Physical health services and needs assessment referrals have been offered to youth without any court mandates attached. On the other hand, Santa Cruz County adds counseling as a term of probation for over 90% of the youth that enter the juvenile justice system. This creates a situation where youth could be punished for failing to attend mental health services.

When asked whether mental health services should be mandated by the court, probation officers were split.

- 38% of the respondents believe mental health services should be mandated while
- 62% of the respondents believe mental health services should not be mandated or are not sure.

Among the probation officers who feel that mental health services should be mandated, most see mental health needs tied to criminal activity.

“The primary reason...some minors may be involved in criminal activity...may be due to mental health issues. If we can treat the mental health issue, it can lead to a reduction in criminal activity.”
--interview with probation officer

Among the probation officers who feel that mental health services should NOT be mandated, most believe that counseling is not appropriate for all youth.

“If a kid gets caught with a lighter, they shouldn’t have to see a counselor.” --interview with probation officer

Other respondents see mental health mandates as an undue burden on probation officers, families, and youth. For example, two probation officers felt that it is not fair to mandate mental health services when counseling centers do not always respond to youth and their families in a timely fashion.

“If mental health providers don’t get a call back, they close the case. Then, it is the Probation officers that have to restart the effort to get youth to see a counselor. Children’s Mental Health and (community-based counseling centers) should be accountable to the court for the delivery of services (instead of the youth).” --interview with probation officer

“Mental health providers respond to youth in variable lengths of time. Families respond back if it is only one week after their court appearance. But, if they have been waiting for two months, kids

and their parents blow the counseling centers off. When it takes so long to get a call, it undermines the urgency and makes it seem like the mental health term of probation isn't actually a requirement." -- interview with probation officer

A conundrum develops for probation officers who want to provide services in non-punitive way, but feel only court mandate will get youth to counseling.

"Many of our clients would benefit. However, they won't follow through unless they are ordered by the court." --interview with probation officer

Two respondents who are ambivalent about mandated mental health services feel that counseling services are not family responsive. One probation officer discussed the outreach methods used by counseling centers:

"Families need outreach workers that beat doors. The counselors are not really in the community. If they are really serving families, they need to go to people's homes or the schools, where parents and families go every day." --interview with probation officer

Other probation officers see resistance to counseling based specifically in Latino cultural values.

"The Latino community believes you must be mentally ill to see a counselor. The stereotype is that you go to a counselor when you are depressed. And when Latinos hear 'depressed,' they think you are suicidal. So, when mental health services are mandated, it is punitive, but it is an excute to go because it is required." --interview with probation officer

Probation officers are similarly split about mandating physical health services.

38% of the respondents believe that physical health services should be mandated while
62% of the respondents believe that physical health services should not be mandated or are not sure.

Probation officers said that physical health should be mandated if there is a contagious disease, the court mandates medication, or a child's life is at risk.

“If a young person has tuberculosis, they should get treatment. If this is going to benefit the youth, it should be required.” --interview with probation officer

As with mental health services, a conundrum develops for other probation officers who feel that court mandates are the only way to get some youth to a doctor.

“Some families can advocate for themselves. There are other families in the middle, who just need referrals. Then there are families that need an intervention. I had one case with a kid who was a diabetic. He could’ve died. Mom finally went to the doctor’s office because he was almost in a coma.” --interview with probation officer

One probation officer with an intensive case load adds physical health requirements to a youth’s case plan if they haven’t been to the doctor.

“When a family has not seen the doctor or dentist in years, I tell them they need to do so in order to get off probation. Families wait until they are very ill and then go to the Emergency Room. That’s the foundation of the problem with our health care system.” --interview with probation officer

Discussion

The majority of probation officers in Santa Cruz County are familiar with at least a few components of HRI. They are most familiar with the informal system of referrals established by the Youth Reentry Team: Youth and their parents complete needs assessments as they exit juvenile detention. Youth and families are then referred to services based on the needs that they themselves identify.

Probation officers also reported that improved access to health insurance, assistance with physical health referrals, and expanded health education services assisted the youth on their caseloads.

Interviews also explored the contradiction between non-mandated physical health services and mandated counseling as a term of probation. Some probation officers felt that this difference in policy made sense because criminal activity is more closely linked to mental health problems. At the same time, there were probation officers who felt that there are cases when physical health services should be mandated. Still others felt that mental health services should not be mandated.

These contradictions are grounded on the high quality relationships that probation officers have with the youth on their caseloads. All of the interview respondents work to assess and address the social, mental, and physical health needs of juvenile offenders and their families. The challenges that they identified (lack of insurance, the high cost of counseling and doctors, ineffective outreach efforts by counseling centers) all reflect a high level of cultural sensitivity towards youth and families engaged in the juvenile justice system.

More research, however, is needed to determine whether the benefits of mandated mental health services outweigh the threat of punishment for a failure to attend counseling. Jurisdictions engaged in juvenile justice reform might also consider whether the practice of mandating mental health services corresponds with their commitment to reduce detention for non-violent offenses.

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Youth Reentry Team Collaboration Agreement

In April 2005, the Probation Department of Santa Cruz County entered into a collaboration with Barrios Unidos (BU), the Community Restoration Project (CRP) of the Community Action Board (CAB) of Santa Cruz County, Pajaro Valley Prevention and Student Assistance (PVPSA), Youth Services, and Ceres Policy Research to coordinate reentry services for youth leaving detention.

WHEREAS the goals of the collaboration include building a deeper relationship between collaboration partners; assessing the gaps in reentry services for detained youth; developing an initiative to fill gaps in services for detained youth; applying for funding to support such an initiative; and documenting the process and outcomes of the collaborative work, the members of the collaboration agree to:

- meet bi-monthly for the span of the HRI Grant (The collaboration will meet more often if funding opportunities arise.);
- designate one agency representative and one alternate to ensure continuity in attendance at collaboration meetings;
- attend all meetings;
- utilize a consensus form of agreement;
- participate actively in discussions;
- stay informed and involved by reading correspondence and participating in between-meeting tasks; and
- bring honesty, tolerance, trust, impartiality, and a willingness to share.

appendix b

Youth Reentry Team Data Sharing Agreement

This Data Sharing Agreement will begin September 1, 2006 by and between the Youth Division of the Santa Cruz Probation Department, Ceres Policy Research, The Community Action Board of Santa Cruz County, Barrios Unidos, Youth Services, and Pajaro Valley Prevention and Student Assistance (collectively “The Youth Reentry Team” or YRT).

WHEREAS the Youth Reentry Team will be

- collecting youth assessment data from the juvenile hall,
- referring youth and their caregivers to support services, and
- tracking whether the youth and/or their caregivers received the services they were referred to.

And, WHEREAS the Youth Reentry Team is interested in collecting data longitudinally to see if the same youth and caregivers access services over time.

A. DATA PROTECTION POLICIES

The individual members of the Youth Reentry Team agree to

1. comply with their data protection policies, and
2. adopt data protection policies if they have not yet done so.

B. DATA COLLECTION AND SHARING PROTOCOL

The individual members of the Youth Reentry Team agree to the following data collection and sharing protocol:

1. The juvenile hall staff will offer a youth assessment form to every youth who exits the detention hall.
2. The juvenile hall staff will offer a caregiver assessment form to every caregiver exiting the detention hall with a released youth.
3. The juvenile hall staff will place completed youth and caregiver assessment forms in the HRI probation officer (DPO) mailbox.

4. The HRI DPO or HRI intern will compare the assessment forms to the referral matrix and complete the referral fields on the assessment cover pages.
5. If the youth answers “no” on number six, indicating that they do not have housing free from violence and abuse, the referral will be prioritized above all other referrals and sent to the appropriate CBO contact person. The CBO contact person will call the reporting party. If the CBO contact person finds evidence of abuse or neglect, he/she will call Child Protective Services (CPS).
6. If a parent/caregiver answers “yes” on number seven, indicating that they want to talk about violence or abuse involving their child, the referral will be prioritized above all other referrals and sent to the appropriate CBO contact person. The CBO contact person will call the reporting party. If the CBO contact person finds evidence of abuse or neglect, he/she will call Child Protective Services (CPS).
7. The HRI DPO or HRI intern will enter the following variables into a probation referral database: type of respondent (youth or caregiver), name of booked youth, p number, date of survey completion, referred agencies, and date the referral is sent to the agency/ies.
8. The HRI DPO or HRI intern will email the probation referral database to Ceres Policy Research on the first day of each month.
9. If the youth has a probation officer (PO), one xeroxed copy of the youth and caregiver assessments will go to the PO.
10. One faxed copy of the youth and caregiver assessments will go to each referred agency with the PO contact information. (The HRI DPO or HRI intern will do the faxing.)
11. If the youth does not have a PO, one faxed copy of the youth and caregiver assessments will go to each referred agency with family contact information. (The HRI DPO or HRI intern will do the faxing.)
12. All original youth and caregiver assessments will be mailed to Ceres Policy Research (Ceres). An HRI intern will enter the assessment data into a Ceres YRT database. This Ceres database will contain data from the probation referral database, the youth and caregiver assessments, and the agency referral reports (see below).
13. Each month, an HRI intern will send a blank referral report to each member of the YRT. This referral report will contain a list of the youth referred to the agency in the last month, the p number for each youth, and

the date of each referral. This form will ask each agency to report whether they contacted the youth or caregiver, the contact date, whether the youth or caregiver came for services, the date of the first service, whether the youth or caregiver is a current client, and the reason for ending service (or refusing service).

14. The HRI intern will add the referral report data to the Ceres database.

C. DATA USE

The individual members of the Youth Reentry Team agree to the following uses of YRT data:

1. The probation referral database, referral reports, and Ceres database will contain names and p numbers to avoid duplication of entries for individual youth and their caregivers. The probation referral database will be limited to the following variables: name of booked youth, p number, date of assessment, referred agencies and date the referrals are sent to the referred agencies. The referral reports will be limited to the following variables: whether they contacted the youth or caregiver, the contact date, whether the youth or caregiver came for services, the date of the first service, whether the youth or caregiver is a current client, and the reason for ending service (or refusing service). The Ceres database will contain data from the referral database, the youth and caregiver assessments and the referral reports.

2. The Ceres database will be analyzed by Ceres Policy Research in order to assess the success of the YRT. The individual YRT members must approve the use of YRT data by any other organization. If Ceres Policy Research is requested to share their database with any other organization, they must erase all youth names and p numbers.

3. Any report using YRT data will use aggregated statistics. Ceres Policy Research will not report individual names to the public under any circumstances.

D. SIGNATURES

_____ Date _____
Laura Garnette
Juvenile Division Director
Santa Cruz County Probation Department

_____ Date _____
Angela Irvine
Principal
Ceres Policy Research

_____ Date _____
Mark Silva
Director
Youth Services

_____ Date _____
Jenny Sarmiento
Director Agency Programs
Pajaro Valley Prevention and Student Assistance

_____ Date _____
David True
Program Director, Community Restoration Project
Community Action Board of Santa Cruz County

_____ Date _____
Jose Hurtado
Program Coordinator
Barrios Unidos

appendix c

Youth Reentry Team Needs Assessment (English
Language Version for Youth)

youth name _____

If you say yes to the questions below, we will share your answers with an organization that can help. Depending on your answers, you may receive calls from more than one organization.

Do you have the services you need?:

0. I have a counselor.	yes	no	not sure
1. I have a doctor.	yes	no	not sure
2. I have a dentist.	yes	no	not sure
3. I have access to birth control.	yes	no	not sure
4. I have health insurance.	yes	no	not sure
5. I have housing.	yes	no	not sure
6. I have housing that is free from violence and abuse.	yes	no	not sure
7. I have the job skills I need.	yes	no	not sure
8. I have a job.	yes	no	doesn't apply
9. I am attending school.	yes	no	doesn't apply

Do you want to talk to someone about what has happened or is happening in your life?:

10. I want to talk about my life (past or present).	yes	maybe	no
11. I want to talk about my future goals.	yes	maybe	no
12. I want to talk about my gender identity or sexuality.	yes	maybe	no
13. I am expecting a baby and want to talk about it.	yes	maybe	no
14. I want to talk about my drug and/or alcohol use.	yes	maybe	no
15. I want to talk about violence or abuse in my relationship.	yes	maybe	no
16. I want to talk about violence in my neighborhood.	yes	maybe	no

17. Please list any topics mentioned above that you would like more information about.	
18. Please list any other services you would like that you are not currently getting.	