Systems-Involved Youth: Rural Reentry With a Focus on Health and Well-Being

Introduction

Although the number of youth in out-of-home placements in the United States has been falling for decades, there are still nearly 40,000 youth living in residential placement facilities on any day (Hockenberry & Sladky, 2020). Most of these youth will return home. Their successful reentry depends on the presence of caring individuals, access to education and employment opportunities, access to physical and behavioral healthcare, and other supports and services. Young people who are returning to rural communities from out-of-home placements may face challenges to successful reentry, and rural reentry service providers may face challenges in meeting their needs. Despite these potential limitations, rural communities possess strengths that juvenile justice practitioners and service providers can leverage to support a successful reentry process for youth. Successful reentry requires planning that begins early in a youth's placement outside the juvenile justice system, partnerships with the young person and their family, and a focus on the strengths and opportunities provided by the community.

This brief focuses on access to services that can improve the health and well-being of systems-involved youth living in rural areas, both during and after reentry. In this context, the term "systems-involved" is used to describe youth who are or have been involved in the juvenile justice system, including those who are dually involved with the child welfare system. The brief provides an overview of what health and well-being entail, particularly for systems-involved youth. It also discusses the challenges that youth living in rural areas face in accessing providers or specialized care; describes systems integration and a more streamlined, holistic view of health; and provides a broad definition of health and well-being that includes physical and intellectually stimulating activities.

Supporting the Health and Well-Being of Youth Reentering Rural Communities

Health and well-being are made up of both physical and mental components, each of which are equally important. These aspects of health and well-being overlap with the social determinants of health (i.e., conditions in the social lives of individuals that affect health and well-being) (Centers for Disease Control and Prevention [CDC], n.d.). Social determinants of health include healthcare access and quality, education access and quality, social and community context, socioeconomic stability, and one's neighborhood and environment (CDC, n.d.).

Systems-involved youth often experience a number of challenges with respect to mental and behavioral health. For example, they are more likely than their non-systems-involved peers to have a substance use disorder and/or poor behavioral and mental health outcomes (Office of Juvenile Justice and Delinquency Prevention, 2017; Underwood & Washington, 2016). These health challenges are often cyclical in nature, meaning they can be both

the cause of the youth's system involvement and an effect of their involvement. In this regard, providing youth with access to high-quality healthcare is an important strategy for preventing their involvement with the juvenile justice system and reducing the possibility that they will reoffend.

Within the population of systems-involved youth living in rural areas—which is already considered a vulnerable population—there are vulnerable subgroups of youth who require even greater attention. Racial and/or ethnic groups and youth who identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) are more likely to be systems-involved due to the disparities they experience in system responses; they are also less likely to receive adequate healthcare for both physical and mental health (Alegria et al. 2010; Conron & Wilson, 2019; Irvine et al., 2019; Marrast et al., 2016; Office of Juvenile Justice and Delinquency Prevention, 2017; Rovner, 2016). This disparity is particularly stark in rural communities, where there is a shortage of providers offering specialized services (e.g., gender-affirming healthcare, trauma-informed care, etc.). People of color who live in rural communities are less likely to have their own doctors and more likely to avoid healthcare because of costs compared with their White counterparts (Kozhimannil & Henning-Smith, 2019). For all of these populations, physical and mental health may be closely linked, particularly for transgender or gender nonconforming youth (Matouk & Wald, 2022).

When considering the delivery of health and well-being services and supports related to reentry in rural communities, it is vital to focus on the following four core elements:

- access to both physical and mental/behavioral healthcare;
- youth's ability to maintain long-term and consistent relationships with healthcare providers;
- the integration of youth services for easier access and communication; and
- opportunities for healthy and habit-building exercise, sports, and/or other prosocial activities with peers.

Key Challenges Facing Rural Reentry Policy and Practice

This brief focuses on two key issues related to health and well-being that are particularly challenging for youth in rural areas during reentry: (1) provider shortages and a lack of specialized services, and (2) a lack of activities for positive youth development, including employment opportunities. Although many of these challenges (and their solutions) apply more broadly to justice-involved youth in rural communities, the focus of this brief is on reentry.

Provider Shortages and Lack of Specialized Services

There is a shortage of healthcare providers in rural America and this shortage has been exacerbated by the COVID-19 pandemic. According to research conducted by the Association of American Medical Colleges, "areas with higher proportions of low-income and minority residents, such as rural areas, tend to suffer most from lower supply of physicians and other health professionals," (IHS Markit Ltd., 2019; Rural Health Information Hub, 2020). This shortage has resulted in a lack of access to specialized services in rural communities, such as psychiatry, which significantly affects systems' abilities to meet the health needs of systems-involved youth (Graves et al., 2020; Sukel, 2019).

Having access to adequate physical, mental, and behavioral healthcare is a necessity for everyone, but systems-involved youth are more likely than youth in the general population to have experienced trauma (Rosenberg et al., 2014). This trauma is associated with psychiatric disorders like substance use disorder, depression, anxiety, and posttraumatic stress disorder.

There are many factors driving the provider shortage and lack of specialized services in rural communities, including lack of funding and resources and fewer educational and vocational opportunities for staff (Boydell et al., 2006; Gamm et al., 2010). System leaders and staff may not receive sufficient training in best practices for mental and behavioral health for youth and adolescents (Morales et al., 2020).

Behavioral healthcare providers in particular are in high demand but they have little availability (Graves et al., 2020). Lack of resources in rural areas can undermine the recruitment and retention of highly specialized practitioners (Sukel, 2019). In many rural areas, the lack of free or low-cost transportation impedes access by systems-involved youth to existing services and programs.

Lack of Available Activities for Positive Youth Development

Juvenile justice stakeholders and partners in rural communities often report a lack of available prosocial opportunities and activities for youth. Given that prosocial activities promote skill development and relationship building among youth and also may prevent both systems involvement and adverse health outcomes (Mertins, 2016; Taylor et al., 2017), it is essential that practitioners provide these opportunities to youth.

For young people reentering their communities, such opportunities may include connecting them to a variety of prosocial programs based on their interests and needs, such as recreational programs (e.g., arts, music, sports), youth leadership and civic engagement programs, mentoring, employment training, and other programs that help youth build essential life skills. Programs that help youth develop positive habits with respect to exercise, diet, and a healthy lifestyle (including avoiding substance abuse) can also help to promote a successful transition to adulthood (Shek et al., 2019).

Strategies for Moving Forward

Juvenile justice practitioners and partners need to focus on improving mental, behavioral, and physical health and well-being among rural youth who are reentering their communities by increasing the availability of services. Three strategies to achieve this goal are explored below:

1. integrating health and well-being within youth-facing systems, including juvenile justice, child welfare, education, and behavioral health;
2. improving the accessibility of services; and
3. building the capacity of systems to provide healthcare.

Systems Integration

When the child welfare, education, juvenile justice, and other child-serving systems (including healthcare, education, behavioral and mental health) are integrated with activities for positive youth development and flow seamlessly, reentry is regarded as part of the treatment continuum, rather than a separate set of actions for systems-involved youth. Integration prevents youth and families from having to find and navigate new and different

systems. This is particularly important in rural areas, given the availability and accessibility challenges detailed earlier in this brief.

The integrated care model in Georgia offers a strong example of a multisystem, interagency collaboration to advance the health and well-being of youth who are reentering rural communities. The Georgia Interagency Directors Team (IDT) works collaboratively to integrate 17 youth-facing agencies in the State (McCall, 2017; Pruett et al., 2016). Their focus areas are access to and coordination of services, and workforce development. One of the most important outcomes thus far from this new way of systemic thinking has been a shift to preventive care, thereby addressing health and well-being issues before they become complex and acute.

This work can be replicated in other rural areas by:

- identifying local youth-facing agencies;
- setting up regular meetings with leaders and working groups from each agency;
- deciding on shared goals;
- establishing policies that align with the overall effort of integrated care;
- focusing on the most important challenges facing systems-involved youth in the area; for example: the availability of substance misuse specialists (in counties struggling with opioid use), a need for more foster placements in lieu of group placements, and a need for expanding trauma-informed care; and
- assigning individuals to teams that will collaborate on solutions to the shared focus areas.

The Georgia IDT includes the State Department of Education and various other organizations that focus on education. Ensuring collaboration with the education system is vital for systems integration work that can improve youths' mental and physical health and well-being (van Vulpen et al., 2018). Due to its frequent contact with youth, the education system is well situated to provide important prosocial activities for youth; mental and behavioral health and counseling services; and increased awareness and education around sexual health, sexuality, and substance use, among other topics (Hwang et al., 2014; Leone & Fink, 2017; Office of Juvenile Justice and Delinquency Prevention, 2015; Sinclair et al., 2017).

Having early access to these supports and services prevents youth from needing more serious mental, behavioral, and physical health interventions later in life. This is especially important in rural areas, given the lack of available programming and providers.

Improving Accessibility

As noted above, a lack of transportation can often limit the ability of youth and families in rural communities to engage in essential services. One strategy to improve the accessibility of services is to expand the availability of free or low-cost transportation options available to the community.

Integrated Care—Georgia

- A multidisciplinary collaboration involving system stakeholders and partners in Georgia has designed and implemented an integrated care model intended to improve behavioral health for system-involved youth. Although this is a statewide initiative, it has significant implications for rural communities given that more than 40 percent of Georgia's population is considered rural (World Bank, 2020).
- Purpose: Design, manage, facilitate, and implement an integrated approach to a child and adolescent system of care (e.g., a collaborative, coordinated network of services and supports for youth) that informs policy and practice and shares resources and funding.
- Goals:
  - Improve child and adolescent behavioral health in Georgia.
  - Adopt and implement an integrated approach.
  - Use a System of Care (SOC) model.
  - Inform policy and practice.
  - Coordinate and integrate resources and funding.
- Focus area 1: Access
  - Provide access to trauma-informed care that is:
    - family-driven,
    - youth-guided, and
    - culturally competent.
  - Meet the needs of children, youth, and young adults with severe emotional disturbance, substance use disorders, and co-occurring disorders.
- Focus area 2: Coordination
  - Facilitate effective communication, coordination, education, and training within the larger SOC and among local, regional, and State child-serving systems.
- Focus area 3: Workforce development
  - Develop, maintain, and support a culturally competent, trauma-informed workforce to meet the needs of children, youth, and young adults and their families.

To learn more about Georgia's integrated care model, visit: https://scholarworks.gsu.edu/ghpc_materials/83

One such example comes from a behavioral healthcare provider in Boulder County, Colorado—an urban area—that serves a multicounty region in the State that is largely rural. In serving youth and families, this provider learned that the lack of transportation was significantly affecting the ability of youth and families to access and engage in services, complete probation and court meetings or requirements, and attend school. In response, the provider contracted with a rideshare company called HopSkipDrive to enable youth and families to access therapeutic and prosocial activities (see box on next page). This strategy was a better option than having youth and families rely solely on public transportation (given the challenges with reliability and availability) or use other rideshare companies that are costly and often prohibit unaccompanied, underage riders.

In addition to focusing on transportation, systems should consider three other methods for improving youth's and families' accessibility to services: (1) the hub and spoke model, (2) mobile services, and (3) virtual services.

Hub and Spoke

Hub and spoke models are common in the healthcare field, especially in resource-limited settings. "Hub" facilities are centrally located, are generally in less rural areas, and provide specialized care. Other, or "spoke," facilities work with the hub, but are located in more rural or resource-limited areas that have fewer resources and less specialized care. Thus, for standard appointments, the "spoke" facilities are easier to get to, but when specialized care is needed, the individual already has connections through the "hub," which facilitate access that would otherwise be difficult to obtain. This model has been used effectively in Vermont for treating opioid addiction and could be appropriate for other behavioral healthcare opportunities as well. For more information on how this model works in Vermont, visit https://gmunitedway.org/wp-content/uploads/2016/05/care-alliance.pdf.

Mobile Services

Similar to hub and spoke models, mobile services have been used in the healthcare field. Mobile services have been used for HIV testing, popup clinics, and vaccine distribution, among other things. For instance, during the COVID-19 pandemic, popup COVID-19 testing and vaccination services have played a large role in increasing accessibility to healthcare.

Arizona, Idaho, Mississippi, Tennessee, and West Virginia—all States with largely rural populations—offer mobile medical clinics in rural areas through the Children's Health Fund (National Academies of Sciences et al., 2018; See et al., 2011). These "doctor's offices on wheels" provide primary care and, in some cases, dental and mental health services. For more information on how to contact the Children's Health Fund, visit https://www.childrenshealthfund.org/contact/.

HopSkipDrive Rideshare

- HopSkipDrive rideshare partner:
  - Ride service is specifically for youth.
  - All drivers must pass a background check to drive unaccompanied youth.
  - All rides are tracked by the service.
    - » Youths' caregivers/team can track the progress of the ride through an app on the computer or on their phone.
  - All drivers are identified by a specific orange shirt, a sticker in their car, and a code word that is chosen by the youth.
- Provide transportation to
  - prosocial activities,
  - school and summer school,
  - therapeutic services,
  - probation meetings,
  - community service, and
  - family homes and court hearings.
- Caregivers are able to ride with the youth, increasing familial support.
  - On occasion, HopSkipDrive provides transportation to caregivers to their own mental health services, which helps to provide support and stabilization to the entire household.

https://www.hopskipdrive.com/

Virtual Services

Since February 2020 and the beginning of the COVID-19 pandemic, virtual services have played an increasingly important role in traditional healthcare and education and prosocial activities. Nearly all healthcare providers used "telehealth" during the pandemic. Because most providers now have a virtual framework in place, it can be expanded to offer more mental and behavioral health services. Although expanded virtual services may have been intended as a short-term solution to the COVID-19 pandemic, they have post-pandemic utility in rural areas. Virtual services require internet connectivity, which can be a major obstacle for youth who were recently released from residential placement facilities. However, as public spaces have begun to reopen after the pandemic, community spaces that provide access to Wi-Fi are becoming more accessible. For instance, public libraries often provide internet services. Other community-created, publicly accessible spaces with internet connectivity include community centers or government offices.

Building System Capacity

One way to increase capacity for healthcare in rural areas is to incentivize rural-based employment. Strategies to do so include student loan forgiveness and tax incentives from the Federal Government; State designation of Rural Opportunity Zones, which create financial incentives such as State-based tax income credits to move to and reside in rural areas (see, e.g., https://www.kansascommerce.gov/program/taxes-and-financing/rural-opportunity-zones-roz/); and signing bonuses from youth-facing systems. The Federal Health Resources & Services Administration's National Health Service Corps (NHSC), an agency located within the U.S. Department of Health and Human Services (HHS), provides support for qualified healthcare providers who work in areas with limited access to care, including rural areas. This support is provided in the form of student loan repayment and educational scholarships (National Health Service Corps, n.d.). In October 2021, HHS announced the availability of $100 million to expand HRSA's State Loan Repayment Program, which incentivizes primary care workforce growth in underserved areas (U.S. Department of Health and Human Services, 2021).

Both the Alaska Mental Health Trust Authority and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) have established grants to increase training and capacity for healthcare, with a particular focus on mental and behavioral healthcare (Alaska Mental Health Trust Authority, 2020; Office of Juvenile Justice and Delinquency Prevention, 2019). The Alaska Mental Health Trust Authority is located in Juneau, the capital of Alaska. However, nearly all of the funding goes toward increasing capacity in Alaska's most rural areas, where more than 30 percent of Alaska's population lives (Rural Health Information Hub, 2021).

Supporting Primary Care Providers Working in Rural Areas

Licensed primary care clinicians in eligible disciplines can receive loan repayment assistance through the National Health Service Corp's State Loan Repayment Program. The program supports primary care providers working in "Health Professional Shortage Areas" within their states (i.e., HRSA-designated areas that have a shortage of primary, dental, or mental healthcare providers). For more information, visit: https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/application-requirements

Steps to Achieve Systems Integration, Improved Accessibility, and Capacity Building

The model of integrated care demonstrated in Georgia, the Collective Impact Framework (CIF), provides a useful framework to advance improved systems integration, accessibility, and capacity building in rural areas. The model contemplates a multidisciplinary approach that engages stakeholders and partners across health, juvenile justice, child welfare, education, and other youth-serving domains. At the heart of the model is a common agenda—one that prioritizes the goal of increasing the health and well-being of youth reentering rural communities. This common agenda is then supported by a backbone organization that can organize the collaborative's strategies and efforts.

The Georgia CIF also illustrates shared performance measurement, mutually reinforcing activities, and continuous communication. Shared measurement means that the collaborating organizations agree on

what data to collect and share all data that are collected. Mutually reinforcing activities include increased access to healthcare and prosocial activities through transportation, virtual services, capacity building, mobile services, and hub and spoke models. Increased preventive care, such as afterschool activities or employment training can also be explored through this model. Finally, continuous communication is a necessity for successful systems integration. This requires partnerships with youth and families who:

1. Work as a team to identify the individual strengths, risks, and needs of each youth;
2. Identify and attempt to remove potential barriers to services, including transportation; and
3. Gather input from staff, youth, and families at all stages to inform the work and make changes as needed.

Because this brief is intended to provide resources for increasing the health and well-being of youth facing rural reentry, the Utilization Tool box that follows on the next page outlines key questions to consider when working toward systems integration.

Conclusion

It is essential that juvenile justice practitioners and partners work together to support the health and well-being of youth reentering rural communities from residential placement facilities. Many rural areas continue to experience barriers to strong reentry practices, including a lack of specialized services, providers, and positive development opportunities for youth. Moving forward, system leaders and partners can address these barriers by strengthening their multisystem collaborative efforts, expanding the availability and accessibility of services for youth and families, and deepening their systems' capacity to deliver these effective services. Through these strategies, juvenile justice practitioners and partners can more effectively meet the needs of youth reentering the community in rural areas, thereby promoting their health and well-being and positioning them for long-term success in the community.

Alaska Juvenile Offender Reentry Support Services (Juneau, Alaska)

- OJJDP Fiscal Year 2019 Second Chance Act Youth Offender Reentry Program:
  - Provides financial support to States, local governments, and tribal governments to facilitate partnerships with service providers for comprehensive (youth) reentry services.
  - This financial support is, in large part, used for:
    - » Incentivization for providers to practice in rural areas, and
    - » Increased funding that rural counties can allocate for reentry services.
- Alaska Mental Health Trust Authority Grants:
  - Provided funding to seven recipients in support of mental and behavioral healthcare for rural reentry; and
  - Funding was distributed to localities to meet the stated goal of increased capacity through incentivization and increased funding.

Utilization Tool: Questions To Ask Yourself

- What is our common agenda?
  - Does this agenda increase health and well-being for youth who are reentering rural areas?
  - Does this agenda allow for systems integration?
- How can we prioritize **systems integration**?
  - Do we have a system of shared measurement/data collection?
  - Do we have a system of long-lasting, frequent communication?
- Are we including **preventive care** in our services?
- Which organizations (Federal, State, and nonprofit) can we **partner** with?
- Does our model include youth and family voices?
- How can we incorporate innovative solutions to chronic problems?
  - For example, rideshare programs, telehealth, mobile clinics, hub and spoke models, grants that will fund increased capacity and incentivize rural careers.

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Acknowledgments

This publication is part of a series of briefs designed to support practitioners and partners who serve youth reentering rural communities. The Center for Juvenile Justice Reform at Georgetown University's McCourt School of Public Policy has developed these briefs in partnership with the American Institutes for Research.

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This document was prepared under Cooperative Agreement Number 2020-CZ-BX-K002 from the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.