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Analysis of Michigan Juvenile Detention Facilities

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Abstract

The world of juvenile justice is a relatively new concept in today's society dating back to the nineteenth century in comparison to the ancient structure of the criminal justice system. It is no wonder that the development of juvenile detention centers has been a slow process considering the late start to having modern research for this contemporary structure of a justice system for youth. While there are licensing standards for each juvenile detention facility to meet in order to continue having the beds to be occupied, there are unique ways that each facility can achieve that. The research focused on the state of Michigan including facilities from both the East and West side of the state. However, this does not mean that diversity was limited. Michigan is a state that has a plethora of diversity in regard to race, juvenile offenses, generational upbringings, and education. The purpose of this research is to explore the different routes that juvenile detention facilities are using to achieve goals, and if there are any patterns among juvenile these detention centers that may indicate a common shift in how the juvenile detention centers focus their goals.

Analysis of Michigan Juvenile Detention Facilities

The purpose of this research is to explore the different routes that juvenile detention facilities are using to achieve goals, and if there are any patterns among these juvenile detention centers that may indicate a common shift in how the juvenile detention centers focus their goals. This was achieved by interviewing and researching each detention facility within four counties of the state of Michigan: Oakland, Genesee, Ottawa, and Kent. Other resources contributing to this information include a literature review, and attendance of the Juvenile Justice Vision 202/20 conference held in October, 2018. The conference, literature, and the interactions with all of the facilities were helpful in understanding the current status of the juvenile detention system and its future focus. A review of the history of juvenile services is crucial to understanding the evolution, trends and shifts in juvenile detainment. In order to understand where the juvenile detention centers are, it is imperative to understand where they began.

History

The treatment of juveniles in the United States started to change upon the establishment of the first juvenile court in 1899. Reformers in the nineteenth-century sought better treatment of children who were being harshly punished for crimes as if they were adults. Prior to the first juvenile court in Cook County, Illinois, there were facilities for juvenile delinquents already established in America. The Society for the Prevention of Juvenile Delinquency founded the New York House of Refuge in 1825, and the Chicago Reform School was established in 1855. These social reform efforts protected juvenile delinquents from adult offenders while also prioritize rehabilitation and return into society in order to prevent youth from lives of crime. After the juvenile court was established in 1899, many other states followed suit with similar juvenile systems. Gone were the days of Americans following English law that did not include

separating juveniles and adults as two separate populations. Instead, the focus was on the doctrine of *parens patriae*, a Latin term that is translated into “parent of the country.” This doctrine focused on protection, caring and saving of youth, a significant shift in focus from adult incarceration. The cases within juvenile court were treated as civil actions where the goal was for the juvenile delinquent to be returning back into society and into a life as a law-abiding citizen (“Part 1: The History of Juvenile Justice,” n.d.).

While there have been advancements in the juvenile justice system, the historical conditions of the confinements for juveniles were not adequate enough for basic human needs. Congress directed the Office of Juvenile Justice and Delinquency Prevention in 1988 in order to assess conditions within the detention facilities for juvenile delinquents. The standards were not meeting the national professional standards. The goal of this study was for the facilities to see where they were falling short of meeting the national requirements of conditions to assist with facility improvements. The harsh conditions could be due to the increased admissions of juveniles. Admissions rose in 1984 and increased to the highest peak in 1999 with 690,000 juveniles in facilities. While admissions were increasing, at the same time the offenses of juveniles being taken into custody were shifting to more violent in nature. Policymakers were increasing the severity of punishments in order to deter violent or habitual juvenile delinquents, which resulted in a sharp increase in the number of offenders in detention facilities. America was also seeing a shift in the characteristics of the detained juveniles being prominently of minority descent. From 1987 to 1991, there was a ten percent increase to sixty-three percent of the juvenile offenders being of minority descent, with African Americans making up forty-four percent, and Hispanics making up seventeen percent of the juveniles within detention centers. A comprehensive study was conducted by Dale Parent in 1990. The study included all of the public

detention centers, private juvenile detention centers, reception centers, training schools, ranches, camps, and farms in America, which equaled 984 facilities. According to the Children in Custody census in 1991, the facilities were inhabited by 65,000 juveniles, which meant 69 percent of juveniles under court jurisdiction in America were in some form of facility. The study found four major problems within the facilities. Researchers in this study found deficiencies in the juvenile facilities that lacked adequate standards for “living space, health care, security, and control of suicidal behavior” (Parent, 1994, p. 13). There were also findings that saw high levels of conforming to national standards did not equate to improved conditions of the facilities. The researchers also saw a wide range of facilities having either several deficiencies or very few deficiencies. There were results that found smaller facilities were able to conform to establishing better standards better than bigger facilities. In general, there was crowding in all facilities and not enough beds or rooms to accommodate to safe sleeping standards. With crowded facilities, there came higher risk of staff being injured by juvenile offenders, and juveniles hurting juveniles (Parent, 1994). Overall, facilities were seeing a trend of the higher the admission levels, the more problems that were resulting from lack of space.

Historically, mental health treatments within juvenile detention facilities was sparse. While there have been studies researching the mental health needs of juvenile delinquents, the focus was on male subjects, eliminating any potential information regarding the needs for the opposite gender. In the 1990s, there were studies that found male juvenile offenders exhibited more externalized disorders while female juvenile offenders exhibited internalized disorders. However, the early 2000s brought new research that the opposite was true regarding more serious juvenile offenders compared to the typical juvenile delinquents. There has also been the issue of race of delinquents in juvenile facilities receiving differential mental health treatments.

Researchers in the early 2000s found that “minority youths are more often confined and less often referred for community mental health treatment than white youths,” (Cauffman, 2004, p. 431). This may be the result of professionals lacking a mechanism that is reliable for identifying minority youth who need psychological help, or it may be the result of the juvenile justice system disregarding standards listed in the “Licensing Rules for Child Caring Institutions” handbook to responding appropriately to all mental illnesses, or due to the lack of resources of treatment options for those other than the most serious cases (Cauffman, 2004). Overall, the historical limitations for juvenile facilities having proper mental health treatment programs readily available is now a thing of the past. Today’s society of the twenty-first century has brought a new trend in how mental health is viewed and how accessible the assessments and treatments are for juvenile delinquents.

Current

In today’s society, there has been significant progress in the juvenile justice world regarding the conditions of juvenile detention facilities. While the focus has always intended to be for juvenile delinquents to be held temporarily and to be released back into society, the treatment and conditions these youth receive has become a high priority. In 2018, the research for this project included interviews with juvenile detention administrators both on the East and West geographic areas of Michigan. The juvenile detention facilities analyzed were Oakland County, Genesee County, Kent County, and Ottawa County. This was to observe different trends, similar patterns, and discuss any shifts that each facility has been focusing on. Each facility prioritized the well-being of their children in custody and met the state licensing requirements of caring for youth in a secure facility. These standards are listed in Michigan’s “Licensing Rules for Child Caring Institutions” handbook (“Licensing Rules for Child Caring Institutions,” n.d.). However, the

process and programs to achieve the safety and well-being of the juvenile offenders were conducted in unique ways among each facility.

Oakland County Children's Village. This facility houses the Oakland County detention center as well as other program options for youth. Ms. Bobby Lake, the treatment co-supervisor, discussed how Oakland County's Children's Village is multi-faceted. This facility offers detention, residential treatment, and shelter care. Generally, the juvenile delinquents' stay in detention can range from overnight to months. An extended stay may be due to the child waiting for a waiver into the adult court system. On average the detention facility houses youth fourteen to sixteen years of age with the youngest being eleven years old and the oldest being seventeen. The detention facility offers eighty-four beds, and it ebbs and flows in regard to reaching capacity. For the residential treatment facilities of Oakland County's Children's Village, they have five buildings for low security with an average stay of six to eight months for sixteen youth per building. There is also one high security building for male youth who stay on average eight to ten months and can house. The impact of staying at the detention facility depends on each youth and his or her circumstances. Some youth may become more open to expressing emotions and enjoy their time, while others being in custody at Children's Village is a badge of honor for their families. The families who view admission into Children's Village as a badge of honor are families who are often involved with criminal activity and are frequently incarcerated. The youth who are admitted to the facility are predominately from Oakland County. However, they have taken in other counties' youth, such as St. Clair County or Macomb County, for residential programs. Education at the detention center is facilitated by Waterford public school within the detention center. The residential treatment facility has a main school building, with the exception

for the high-secure program. The secure program has classrooms within the building and a secure outside area. The low-secure programs offer more recreational activities outside and indoors.

The residential unit has been offering treatment programs since 1928. They focus on evidence-based treatment, interactive-journaling, cognitive-based therapy, treatment regarding sexual assault or offenders, art therapy, animal programming, and much more. Ms. Lake observed that as the mental health hospitals and services in the community have closed down, Children's Village has received more youth that need psychological help.

Overall, Oakland County's facility for juvenile delinquents is well versed in providing a stable environment for their youth, providing an education, and helping youth tap into talents they never knew they had. However, there are some challenges within this facility. Ms. Lake explained that everyone, including the court, has a different job and try to get their agendas to be the priority. There are also challenges in regard to enlightening the parents of the youth that they need to follow through with treatment recommendations or risk the youth returning. Each youth leaves with a transition program in order to reintegrate back into society smoothly. The facility emphasizes the importance of connecting youth with positive extra-curricular activities (Lakes, 2018). Each youth also is checked on for six months after leaving the detention facility by staff or until their probation has ended. In summary, Children's Village offers many programs that are unique to their youth coming into their custody, and with consideration of the facility's many years of experiences and research, strive to make a difference in all of the lives of the youth admitted to the facility.

Genesee County Detention Center. The Genesee Valley Regional Center in Flint, Michigan is the smallest facility observed during this research. The center is licensed for seventy two youth. Genesee County's detention center has been under the maximum number of beds for

the past four years with an average of thirty to forty of beds being occupied. While this is an accomplishment of not reaching capacity, this facility does not offer any treatment programs for the youth. Mr. Steven Kleiner, the program manager, explained that the purpose and goal of this detention facility is to hold the juveniles in safe and secure custody while they are waiting for court hearing. Mr. Kleiner also stated his view that that detention and treatment do not mix, and that treatment should be a completely separate program from the detention facility. Genesee County's detention center average age of youth admitted is between fourteen to sixteen years old. The youth are lacking drug treatment programs and sex offender programs within the facility, but they are offered these programs within the community and other counties upon release. Mr. Kleiner made sure it was known that while treatment programs were not officially part of the detention facility, there are community outreach programs who go in and talk to the youth about specific issues like drugs, mental health, and consent. Although this facility maintains a focus on the traditional role of a detention center, from Mr. Kleiner expressed a passion and drive for bettering the youth's futures who are admitted into his care (Kleiner, 2018). In conclusion, Genesee County's detention center focuses on the role of detaining youth and stresses the importance of specialized treatment provided for youth upon release or in a residential treatment placement.

Kent County Detention Center. Kent County's detention center has made recent advancements in improving the facility and has taken action in including residential services provide a better treatment component for its youth. Mr. Hue Martin Robinson, the assistant supervisor of this facility, extensively discussed the improvements and renovations at this facility. In October of 2018, the detention center license increased from sixty nine to ninety eight beds. Currently, twenty four of those beds are for a male residential program for youth ages

fifteen to seventeen. The inclusion of residential units with specified treatments focus is an effort to provide services at their own facility as opposed to sending youth to residential placements outside of the county. The residential program focuses on community service, restorative justice, and substance abuse programs. Kent County's residential program also offers parenting workshops to improve the parenting skills and enhance parents' knowledge on the treatments options for their youth once they rejoin their community. The parenting workshop component is an aspect that Mr. Robinson expressed great pride in and felt that it was essential to the youth's success upon release by assisting families in working together as a cohesive family unit. Mr. Robinson stated that the detention facility works with a level system. This level system is a way to inform the youth that there are rewards for good behaviors, which provides an incentive to act accordingly. The level system has been a proactive way for the youth to refrain from trouble while in the detention center. This detention center also makes sure every unit has cognitive-based therapy available. Cognitive-based therapy has been proven to be beneficial for the youth to gain the words to express their feelings about their experiences and provides tools for the youth to grow from those experiences.

This facility does see a high rate of return to the detention of youth who violate probation. This is common for many detention centers. Mr. Robinson stated that the facility attempts to turn this experience for the youth into a positive one by re-engaging the youth to make improvements and return to the community as well-adjusted as possible. Mr. Robinson also discussed how this detention facility has consulted and observed other detention facilities to implement best practice both in detention practices and in residential care programming. Kent County's detention center has also shifted to a focus in mental health awareness over the last decade. Mr. Robinson expressed belief that this focus has been beneficial to the youth (Robinson,

2018). Kent County's detention facility's openness to different ideas that assist in the growth and education of young people is considered unique amongst the detention facilities across Michigan.

Ottawa County Detention Center. Similar to the previous facilities mentioned, Ottawa County's juvenile detention center provides services above and beyond a traditional detention facility by providing treatment programs. According to Ms. Michelle Anguiano, the treatment supervisor, ninety percent of the youth within this facility are in some form of residential treatment. This detention center is a structured environment for the youth who are admitted, which can be a positive aspect for youthful offenders to learn how to thrive in a structured environment. However, this structured lifestyle can make it difficult for a successful transition back into society. This in turn can culminate to a regression in the juvenile offender's behavior and often may result in the youth returning to Ottawa County's detention center.

On average, the juvenile delinquents who enter Ottawa County's detention center are approximately fifteen years of age. Ms. Anguiano expressed that the majority of the youth are from other counties, and the length of stay depends on possible services that are being provided. Juveniles who return due to probation violation most often stay about seven days, and there are youth who's stay is shorter term while waiting for a court hearing. Ottawa County has two specific residential treatment programs, a substance abuse residential treatment program, and Lighthouse, a girls residential treatment program. For the youth who are receiving substance abuse treatment, the stay is a minimum of twenty-eight days. The treatment program Ottawa is most known for is the Lighthouse program. This program is for females who range in ages of twelve to seventeen, and are court-ordered to receive treatment for a wide range of issues. The Lighthouse program is a residential program for female youth to offer hope in discovering a deliberate and viable course for their futures. The treatment offered depends on the assessment

for each female youth to see which services will be best to accommodate optimal growth. In general, this program has a strong therapy component, in which treatment can include affects of trauma, substance abuse, anger issues, self-injurious behaviors, mental health disorders, and more. Ms. Anguiano believes the residential treatment programs are successful, yet there can be challenges. These challenges can include issues such as how to incorporate the medications needed into the treatments, and the overall sensitivity needed while dealing with trauma.

Another unique aspect of Ottawa County's detention facility is the evaluation success that this facility holds. It is the only juvenile detention facility that is ACA accredited in Michigan. ACA stands for the American Correctional Association. This prestigious accreditation is official in the United States, and indicates the facility is excelling at what is offered. The training for staff is exceptional, and Ottawa County's detention center has high quality members on the staff team. The programming to rehabilitate the youth back into society is one of the most unique aspects of this detention facility, and the staff focus heavily on providing treatments that can provide the best success for each juvenile who needs help (Anguiano, 2018). Overall, this facility emphasizes rehabilitation back into society and makes mental health treatment and other individualized treatments a priority for the juveniles who enter into the residential treatment programs.

Contrasts Among Facilities. There were not many distinctions among the facilities observed for this project. The main contrast observed was the lack of a residential treatment component for the Genesee Valley Regional Center. However, Genesee County's detention center is a standard detention facility for the United States. The standard duty of a juvenile detention facility is to hold a juvenile in custody while pending legal action, which is indeed what the Genesee Valley Regional Center achieves. When Genesee County's detention center

does have youth admitted who require treatment, they send them to facilities that offer the appropriate residential treatment programs. Most often the residential treatment program accessed is Children's Village in Oakland County due to its close proximity, and the treatment programs most often fit the needs of the youth. This also occurs for the other facilities overviewed when the youth admitted require treatment services not offered at their facility. Genesee Valley Regional Center houses the lowest number of youthful offenders due to its smaller size in comparison to the other facilities. Children's Village in Oakland County was observed to be on the higher range of beds being occupied. This occupancy can vary based on the time of year and the overall delinquency rate for each county. Overall, there were some general differences in practice observed among the facilities, but all comply to Michigan licensing rules. The most obvious distinction was based on the facilities that included a residential treatment component.

Similarities Among Facilities. The facilities observed on the East and West sides of Michigan all have administration and staff that possess clear qualities of compassion and emphasized the desire to help the juvenile delinquents that entered their facilities. While the Genesee County Juvenile Detention Center did not have a residential treatment component like the other detention facilities, the staff prioritize the wellbeing of the youthful offenders, and maximize the limited resources. Similar to the Oakland County's Children's Village, Genesee County's detention center has community groups come into the facility to teach the youthful offenders a plethora of subjects that are beneficial once the youth leave the facility. Oakland County and Genesee County both have community outreach programs that discuss the challenges of drug and substance abuse, family dynamics, and sex education. These facilities have seen an increase in a sense of a community as the programs come in and talk to the youth, building

rapport with the people within the community programs. Another similarity seen among the detention facilities are the number of beds being occupied. The number of youth at any given time in the observed detention facilities are from twenty to close to one hundred youth. The higher range is a result of the facilities offering residential treatment services beyond the historical role of detention only. Each detention facility also has an average age range of fourteen to fifteen years of age for the juvenile offenders.

All of the counties represented discussed the importance of having a compassionate staff working with the youth and a strive to offer the youth tools for better readjustment back into the community. However, Oakland County, Kent County, and Ottawa County have also directed funds to offer residential treatment programs in their facilities. Treatment programs within detention facilities has been observed by the Michigan Juvenile Detention Association as one of the most beneficial tools to have for a detention center, along with mental health awareness. Oakland County is able to carefully coordinate a treatment for each youth in the facility that is tailored to their needs, and also offers a boy's program for sexual offenses, aggressive behaviors, and substance abuse. Kent County is able to offer programs that are to help youthful offenders who are struggling with substance abuse, and also offer programs for the parents to assist them with their youth once the treatment program is completed. These parent workshops offer assistance to equip the parent with tools for meeting basic needs for their youth and helping them adjust outside of the detention facility in a more efficient manner. Ottawa County also offers residential treatment programs to help youth with substance abuse issues and a Lighthouse program for girls. The Lighthouse program is for female youth who are struggling with a variety of issues that can range from being a victim of abuse to having their own struggles of drug and substance abuse. Ottawa County is also community-focused in regards to following up with the

youth who leave the facility for a certain number of months or until the juvenile is done with probation. By keeping in contact with the youth once they leave the facility, the goal is to help support the youth on the correct path and hopefully deter them from returning to old habits.

Throughout Michigan, the juvenile detention facilities need to be meeting adequate licensing standards that allow them to continue to be open, but there are also opportunities for continued growth in best practices through the conferences that the MJDA hosts. All of the examined detention facilities follow the “Licensing Rules for Child Caring Institutions” handbook established by the Michigan Department of Health and Human Services (“Licensing Rules for Child Caring Institutions, n.d.). Throughout the interviews with the different juvenile detention centers, there has been a common trend for the counties and that has been interaction with the Michigan Juvenile Detention Association, MJDA. All previously mentioned juvenile detention centers send staff members to conference trainings, and some even have staff members who are on the board of the Michigan Juvenile Detention Association. When asked what has been a focus for the juvenile detention facilities, all counties mentioned a rise in prioritizing mental health. It is now a common trend to see therapists at each facility to help the juveniles within the center with whatever is on their minds that they are struggling with. There is an emphasis on creating ways to help youthful offenders through mental health issues and prioritizing their needs. Merely a decade ago, mental health was not considered a relevant issue for the administration and staff to be concerned about with the youth in their care. Currently, it is such a major issue that there are assessment programs and treatment plans centered around mental health issues that the youth are facing, as well as making sure that mental health concerns are being addressed by qualified professionals.

Implications of Common Shift in Addressing Juvenile Delinquent Mental Health. On October 11, 2018, the Juvenile Justice Vision 20/20 organization hosted a juvenile justice conference attended by students, and many professions in juvenile justice such as probation officers, detention youth specialists, law enforcement and community treatment providers. This conference assisted with further research in the common shift seen in juvenile detention centers of a focus on mental health issues. Dr. Lisa Boesky, was the keynote speaker, she is a national presenter specializing in adolescent mental health and suicide prevention. At this particular conference at Grand Valley State University, Dr. Boesky touched on topics of mental health needs and suicide with court-involved youth. Her expertise specifically applied to this research project by specifically addressing the history of juvenile detention centers, where they are growing, and what the future may hold in regards to mental health services.

Court-Involved Youth and Suicide. A common mental health concern seen throughout history in juvenile detention facilities and in the facilities that were observed is the high rate of depression among youth. While depression does not necessarily lead to suicidal thoughts or attempts, there are associated risk factors that have been found in those who have died by suicide. The risk factors are as followed: having a mood disorder, using drugs or alcohol, being aggressive, having conflict at home, skipping schools, having a past of sexual or physical abuse or neglect, being involved with disciplinary or legal problems, having suicidal thoughts or even attempts, and knowing another person who died by suicide (Boesky, 2018). A common mood disorders among youth is depression among youth. Suicidal behavior has always been existent in the juvenile detention centers, yet the research was limited to merely decades ago due to the stigmatization of it. Dr. Boesky stated that modern research has found that one in ten youth in a detention facility have attempted suicide, over one in ten have suicidal thoughts or ideation, and

not one of those youth told others about their struggles with suicide (Boesky, 2018). Clearly this has an impact on detention centers not only in a legal aspect but also in finding ways to be proactive.

The four detention facilities examined in this paper all reported instances where their youth have had suicidal thoughts, attempts, or deaths by suicide. Dr. Boesky discussed the legal ramifications of having a youth offender admitted into a detention center die by suicide. There can be lawsuits due to negligence, and most often those initiating the lawsuits will win if there is no documentation of attempts to help the child. Documentation has become a way for the detention facilities to protect themselves against lawsuits. While there was not extensive observation on detention facilities mentioned in this paper and their documentation process, all of the people interviewed discussed the importance of having documentation of seeking help for the youth who are needing it and trying to find ways to make the situation better for everyone involved. Each facility prioritizes the importance of mental health awareness among the staff. Oakland County's Children's Village provides the extra step. Through the use of individual treatment plans for each youth who comes into the facility, Children's Village is able to make each interaction with youth personal and meaningful. This facility has been able to make advancements in the juvenile justice world through residential treatment programs that are offered and prioritizing mental health to an extent that makes each youth feel like he or she matters.

Dr. Boesky discussed the importance of being proactive with mental health in court-involved youth. She specifically hit on the points of being observant of everything for youth who are most at risk for suicide. Through observation, looking at the history of the youth, creating a supportive environment, and interviewing youth offenders, this is one way faculty in detention

centers can determine who is at risk and how to help them. Dr. Boesky also mentioned that youth are incredibly aware of who is being deceptive towards them and not genuinely caring about their well-being. This in turn will resort to the youth closing up and not letting anyone know how to help them. In order to prevent this, the number one thing is to be blatantly honest with the youth. They are human beings, and human beings appreciate genuine interactions and honest conversations. To promote honest conversations, the faculty should not “beat around the bush” and instead discuss the uncomfortable topic of death to juvenile offenders who are most at risk. This practice of being honest along with the assessments to determine who is most at risk are excellent tools for all juvenile detention facilities to use in order to be most proactive with preventing deaths by suicide in youth.

While Dr. Boesky’s main topic was about suicide in court-involved youth, this established an awareness that is needed for the topic of mental health. Mental health issues have been stigmatized as ugly qualities in people in society, and it prevents people from speaking out about their issues and seeking help. However, there is also a trend that is being seen in today’s society as newer generations break the stigma of having mental health issues being a negative aspect of their lives. This is even being seen in the juvenile detention facilities, specifically the ones in Michigan. While there were only four facilities observed for this research, the Michigan Juvenile Detention Association has made mental health awareness a priority. Through the trainings in the annual conferences held and finding their own research on how to better prepare people for conducting themselves with mental health in facilities, the MJDA has created assessment and treatment opportunities for the youth that would have not been considered decades ago. Mental health awareness and active suicide prevention plans have become basic tools in all of the observed juvenile detention facilities. In order to maintain and promote this

shift of mental health awareness, every person involved in the care of youthful offenders must be active in this movement, and it is shown to be true for the juvenile detention facilities in Michigan.

Conclusion.

This research has offered an insight into a handful of the detention facilities in Michigan that are making remarkable impacts on the juvenile offenders in their custody. There is evidence of a shift for detention centers also providing residential treatment programs as well as incorporating mental health care. Each facility observed in the counties of Oakland, Genesee, Ottawa, and Kent have similar goals in mind of providing high quality care for each child in their facility, but have slightly different ways of achieving this. Three of the four examined detention facilities have expanded beyond the historical role of a detention facility as a temporary secure hold by also incorporating residential treatment components. While there are differences among the facilities' treatment plans and availability of residential treatment components, each facilities follow the current trend of raising awareness for mental health and addressing the needs of youth. All of the examined detention facilities possess their own qualities of how to assist with mental health issues in youth, but the fact that they are aware and proactive of the need for helping youth with mental health issues to be addressed is commendable. In conclusion, the information obtained during this research is valuable for presenting examples of detention facilities that are successful at what they do, and hopefully can become best practice examples for other facilities to replicate.

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