



INNOVATION IN FACULTY PRACTICE: A COLLEGE OF NURSING AND JUVENILE JUSTICE COLLABORATION

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Residential Juvenile Justice Services (JJS) facilities are located in every state and, in general, represent an underserved and diverse adolescent population. The JJS centers present an exciting and innovative opportunity for collaboration with colleges of nursing to initiate faculty practice sites. The University of Utah College of Nursing has been serving 5 JJS centers for 14 years and recently doubled its services to incorporate 10 different JJS Centers in the state of Utah. Each center offers a unique patient population and setting providing the student with an opportunity to learn health assessment and physical examination skills not typically presented in more traditional hospital or outpatient facilities. This type of community collaboration affords an opportunity for faculty practice, education, research, and service. An interprofessional focus enriches the experience. (Keywords: Faculty practice; Nursing; Interprofessional collaborative practice; Juvenile justice; Adolescent care; Incarcerated youth) *J Prof Nurs* 32:94–99, 2016. © 2016 Elsevier Inc. All rights reserved.

RESIDENTIAL JUVENILE JUSTICE service (JJS) facilities provide onsite health care to thousands of American youth each year, yet they are largely underutilized by academic institutions as opportunities for education and professional development (Kendig, 2004). JJS health clinics are typically staffed with employees of the correctional facility or contracted agency care providers. Some services are contracted to a health care entity. A few universities have established a school of medicine—correctional facility collaboration including the universities of Connecticut (University of Connecticut, 2014), Georgia (Georgia Regents University, 2014), Texas (University of Texas Medical Branch, 2014), Massachusetts (University of Massachusetts Medical School, 2014) and Rutgers (Rutgers University Behavioral Health Care, 2014). These institutions have developed comprehensive correctional medical, mental health, pharmacy, and dental care systems within their academic

health centers. However, in the literature review, only one other college of nursing—corrections collaboration was identified. The University of Colorado College of Nursing has a women's health—corrections collaboration in four correctional facilities (College of Nursing University of Colorado, 2014).

For colleges of nursing, JJS clinics offer a wealth of student learning experiences and unique opportunities to fulfill faculty research, scholarship, and service missions (Dracup, 2004). The JJS collaboration advances key colleges of nursing missions by providing care for a vulnerable, underserved, and ethnically diverse community population. Benefits to individual faculty members include clinical and research practice sites and opportunities for interprofessional collaboration. For students, these sites provide diverse clinical learning experiences under the supervision of University of Utah College of Nursing (UCoN) faculty and an opportunity to interact with an underserved, minority and high-risk population. Rural students may be particularly well served as JJS clinics are statewide and may be located in rural settings.

For the JJS system, an academic partnership enhances the provision of evidenced-based, comprehensive and coordinated health care to residents. Further, having a college of nursing provides oversight, and administration of JJS health services relieves facility directors, who have no health care training, from the responsibility and legal liability for medical decision-making (D. Loden, 2000–

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2005, Program Director Office of Correctional Facilities State of Utah Division of Juvenile Justice, personal communication, December 10, 2013). This article describes the benefits and opportunities created with a college of nursing–juvenile justice health service collaboration.

Background: Description of Mutual Need

In 2011, 1,470,000 juveniles (youth ages 10–18) were arrested throughout the United States (Puzzanchera, 2013). In fiscal year 2013, over 3,084 different youth were admitted to JJS centers in Utah (DeWitt & Lizon, 2014 p. 25). Youth, in JJS are a high-risk population who often have many unmet physical, developmental, and mental health needs. Throughout their lives, many of these individuals have received inadequate or no health care (American Academy of Pediatrics, 2011). Often, their time of incarceration represents their only significant contact with a health care provider outside an emergency setting (Golzari, Hunt, & Anoshiravani, 2006).

Concomitantly, in 2011, over 75,000 qualified individuals were turned away from nursing education programs including over 14,000 who applied for graduate programs (American Association of Colleges of Nursing, 2012). The single most significant reason qualified nursing student applicants were turned away from 4-year college and university nursing programs was because of a lack of clinical placement sites (65.2%). Lack of clinical sites was reported by baccalaureate and graduate nursing programs more often than a lack of faculty (62.5%), lack of classroom space (46.1%), insufficient preceptors (29.4%), or budget cuts (24.8%; American Association of Colleges of Nursing, 2012). In 2000, the potential for clinical community health placement sites was one of the drivers for the UCoN to pursue a contract with the Utah Department of Human Services, Division of Juvenile Justice Services (UDHS-DJJS) (S. Huether RN, Ph.D. Professor Emeritus, former Executive Associate Dean, UCoN, personal communication, October 29, 2013).

Description of the Utah Juvenile Justice Health Care Setting

Initially, five UDHS-DJJS facilities were included in the contract between the UCoN and the UDHS-DJJS. The five facilities and their average annual admissions are a short-stay, valley-wide detention center (2,687), an observation and assessment center (158), a restitution facility (232), a gang-related secure facility (47), and a sex offender secure facility (35). In July of 2014, five additional facilities in an adjacent county were added to the contract. These additional facilities admit 2,300 youth per year bringing the total admissions cared for by our team to about 5,500. Currently, UCoN faculty and staff provide care in 10 out of the 18 UDHS-DJJS facilities with an average of 400 youth residing within these facilities each day. For all Utah JJS facilities, the average length of stay ranges

from 8.2 days at the short stay detention center to 9.4 months at the secure facilities (DeWitt & Lizon, 2015).

Facility size and census within the Utah JJS settings are variable: from small facilities that hold six youths at capacity to those that house 96 (DeWitt & Lizon, 2015). Youths are single or double bunked and are divided into subunits of 10–15. They are segregated by gender and, at times, by age or offense depending upon the size of the facility. Youths attend high school, receive counseling, and have family visitation and religious services available. In the less-restrictive facilities, youth may participate in educational or work-release outings. Psychiatric, vision, and dental services are variable depending upon the facility purpose and length of time youths typically reside within the facility.

At the time of admission, youth are screened by facility staff, using a questionnaire, for any immediate health care needs. The facility staff is responsible to report any resident's illness to the nurse, or if a youth with medical needs is admitted after hours, the on-call health care provider is immediately notified. Most youths are admitted without exigent health concerns and receive a nursing assessment within 48 hours of admission. In addition, youth may submit a "sick call" request at any time. Sick call requests are confidential and provide an opportunity for one-on-one interaction with a nurse or medical provider. The most common reasons for a sick call request include acne, allergies, asthma, headache, gastrointestinal distress, sports injuries, insomnia, and self-harm. Per the terms of the contract, complete physical examinations are performed by a nurse practitioner, within 7 days of admission for youth entering all facilities except detention where physicals are due by day 30. Youths are not charged a fee for health visits, and staff may never impose a restriction or a punishment for such requests (National Commission on Correctional Health Care [NCCCHC], 2011). Care must be initiated according to national correctional standards and standard of care within the community (American Academy of Pediatrics, 2011, p. 1230). The UCoN strives to adhere to the Standards for Health Services in Juvenile Detention and Confinement Facilities established by the NCCCHC. Coordination of care must take place when the youth is released into society, referred for medical treatment, or moved to a different facility.

Description of the UCoN/UDHS-DJJS Care Model

UCoN established its first faculty practice over 40 years ago to fulfill the multiple missions of the college, foremost the clinical practice mission. The UCoN faculty practices are primarily located in University of Utah Health Science Center and community clinics that assist in meeting the health care needs of Utah residents. Currently, there are 18 faculty practice foci, and one of the foci is the JJS contract. Since 2000, the UCoN, in partnership with the Department of Pediatrics, has had a contract to care for incarcerated youths housed in

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