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PRACTITIONERS' VIEWS ON SERVICE NEEDS FOR JUSTICE INVOLVED YOUTH

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YOUTH

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Juan Carlos Llamas

Robin Latrice Chandler

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ABSTRACT

The purpose of this study was to assess practitioners' views of service needs for juveniles involved with the justice system. In the United States, every year there are thousands of youth committed to detention institutions for delinquent acts. As a result, children as young as nine years of age up until adulthood have a difficult time integrating back into the community. In many instances, youth who have been involved with the justice system have a greater likelihood of recidivism due to their inability to adapt to their environment. Further, when youth enter the system, many times they are not receiving the adequate services necessary to decrease recidivism and in turn are faced with multiple encounters with the justice system and with untreated concerns and additional needs.

This study used a qualitative design, conducting face to face interviews with ten justice involved youth practitioners. Participants were asked to explore areas such as, service utilization, recidivism rates, effectiveness of treatment, and barriers to service utilization. The results identified mental health and substance abuse treatment services as the most important needs of justice involved youth. Themes that emerged as important factors to the utilization of treatment services were meaningful relationships, parental support, and mentorship. This study found inadequacies with the process of assessing needs and services within the juvenile justice system. The results suggest a need for

better treatment services and competent practitioners to reduce the likelihood of

recidivism.

ACKNOWLEDGEMENTS

DEDICATION

I want to dedicate this project to my beautiful, gorgeous, stunning. Amazing wife who has been there for me through ups and downs. You have been extremely supportive, encouraging, patient, and understanding through my education endeavors. I am thankful that you have been there through this journey, I love you. I also want to dedicate this work to my mom. My mom is the one person that can truly understand my journey, from high school drop-out, to master degree recipient. Thank you for being supportive throughout this process mom. I love you. Juan Carlos Llamas.

First giving honor to god because through him all things are possible. Thank you for ordering my steps father. I would like to dedicate this work to my five siblings, Samantha, Hayton, Lawrence, Earlee, and Alma thank you for always being my light at the end of the tunnel. Your belief in me and your encouragement of me, has strengthen my faith at some of the hardest points in my life. Thank you for enduring alongside me. To my nieces and nephew, with you I see a new beginning, thank you for restoring love and hope in our hearts. Lastly, not least, I dedicate this to the love of my life. Your support of me and your willingness to sacrifice so much, in order for me to follow my dreams resonates with me every day. My admiration of you inspires me to be better every day, and it has been that way since I was 16. Robin Chandler

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CHAPTER ONE

OVERVIEW

Introduction

This chapter will discuss the problem to be addressed in this study, the

purpose of this study, and the significance and relevance of this study to the

social work profession.

Problem Statement

This study is significant because there is a high number of juveniles in this

country that are serving a sentence within institutional placement ordered by the

court as part of a rehabilitation process. Yet the youth do not receive adequate

services to address the deficiencies that placed them in the justice system to

begin with. Juveniles in the system are an underserved population who come

from broken homes, minorities, and single parent households with various needs

and stressors.

This research will impact social work practice by providing insight into

social service practitioner's views on service needs from different fields within

social services. This can be essential because prior research supports that

agencies can present barriers to service utilization. It is also important to the

potential of discovering newer trends in juvenile service needs, practice and

policies, and how the social work field can accommodate the emerging needs of

this population. Our research will provide insight into the gaps in services and the need for innovation in social service.

Juvenile delinquency continues to be an epidemic in this country. Justice Involved youth is defined as juveniles who are involved with the court system and convicted of some unlawful act. These juveniles may be placed in a Detention center, treatment facility, camp, or community supervision such as probation. Contributors to juvenile incarceration include status offenses, such as drinking, habitual truancy, or running away. Other juvenile incarceration crimes include the use of drugs, theft, assault, robbery, or murder. Dumbo, Dembo, Wareham, and Schmeidler (2007) suggested that there has been a significant decrease in juvenile arrests between 1993 to 2002. However, the number of offenses for drug abuse violations during this same time increased significantly. Moreover, juvenile arrest rates for driving under the influence increased and liquor law violations also increased between 1993 and 2002 (Dumbo, Dembo, et, al. 2007). Substance use among juveniles continues to be a persistent problem in this country (Dumbo, et al. 2007).

As Dumbo, et, al., argue that the need for services within the justice system is essential to justice involved juveniles (Dumbo, et, al. 2007). In this study, we will explore the common reasons for gaps in services, barriers to service delivery, as well as stigma associated with acquiring service. As we will be referring to throughout this study, justice involved juveniles are youth under the age of 18 not yet old enough to be tried as an adult who have been

committed in a juvenile court. Juveniles tried and sentenced by the court are ordered to serve their sentence by juvenile court judge and are committed to an institutional placement such as detention centers, rehabilitation facility such as institutional camp, or at home probation. Typically, juveniles deemed to be involved with the justice system are convicted of such crime, such as, but not limited to a misdemeanor, or felony, or status offenses. Status offenses typically warrant at home probation including but not limited to truancy, runaway, or underage drinking (Dumbo, et, al. 2007).

Whether an adolescent is in institutional placement due to a status offense, misdemeanor, or a felony, every adolescent incarcerated requires adequate screening to meet their needs. Services in mental health treatment, substance use treatment, and education are key components to a youth's treatment plan and rehabilitation process while serving a sentence as ordered by the court. Institutional placement for many juveniles might be the only time where they have access to services that may impact their ability to reduce the likelihood of recidivism.

While some services are mandated for juveniles to receive, others are voluntary. However, there are barriers to both. From stigmatization from peers or family members, lack of support, financial instability in the home, lack of transportation, as well as scarce and unattainable services. For some individuals, they may find themselves trying to acquire services upon release from an institution and are faced with road blocks, and barriers, this may be due to lack of

professionals offering services, or funding issues that contribute to the attainment of services for many youth and their families.

Further, Kapp (2013) claims that underdiagnoses and misdiagnosis of youth's needs are barriers many Juveniles face in the justice system. Other barriers that many youth face in the system are associated to low income families, stigmatization associated with mental health disorders, as well as inadequate screening. It has been well documented that poverty, substance use, mental illness, lack of education, and traumatic experiences, are risk factors for the development of mental health disorders in children and adolescents. The lack of resources, high rates of homelessness, high-crime, and prevalence of substance use are some implications to low-income families who have the highest rate of underutilization of services, a finding that is particularly troubling given their disproportionate need for services (Bringewatt and Gershoff, 2010).

Policy Context

Policies and laws often reflect the need for services for justice involved youth. However, there are not many empirically based policies to measure the effectiveness of services rendered or the number of facilities who follow policy recommendations. Despite the No Child Left Behind Act, Nissen (2006) argued that justice involved youth are not receiving adequate educational services and for those facilities that are providing education services, they are unlikely to use Individualized Education Plans for juveniles with learning disabilities. The same is true for an offender's mental health needs. The Mental Health act defines and

structures rights of those with mental illness but there are no policies to create uniformity in how facilities render services. Nationally, state and federal juvenile corrections utilize varying assessments to measure the need for mental health services (Nissen, 2006).

Nissen (2006) asserted that decisions on policies are driven by political agendas, they are not constructed or driven to affect a specific group or population, although it is evident that there are clear outcomes through policies. Moreover, policies are influenced by irrational and rational elements and by the supporters of the status quo, but can change or be altered quickly as agendas and coalitions are jeopardized (Nissen, 2006). Further, Nissen (2006) reported that components that contribute to the use of services, or lack of service utilization among justice involved youth are length of stay, prior service use, the ability to access health insurance, and degree of need for service. Because there are youth who may have more severe concerns and needs, they may take precedence of the use of services over other youths, which in turn jeopardizes the ability to receive services while institutionalized (Nissen, 2006). More research needs to be conducted to assess justice involved youth service utilization for their various biopsychosocial needs.

This study investigates practitioner perspectives on services by identifying strengths, weaknesses, and barriers that create gaps in service. Such a study can contribute to practice and policy. Youth who are institutionalized have often been raised in high crime areas which frequently places them in imminent risk.

Many of the youth have suffered traumatic experiences in their lives, and one common way they know how to react is fight or flight, they react by committing offenses. Many of these youths may commit offenses to get away from a troubled environment. Many youths have grown up in violent environments and they commit crimes because that is all they know how to do. Incarceration often results after they have exhausted their ability to use coping mechanisms that they have utilized for many years, and now are no longer effective.

Troubled youths must learn new coping mechanisms through tailored, evidenced-based practices which are driven on rehabilitation that will not only reduce recidivism, but will improve the wellness of at-risk youth. It is essential to understand why there an overrepresentation of youth in this country that are justice involved that go undiagnosed and untreated. We want to understand needs of incarcerated youth, why services are not being met or provided, and what barriers hinder the ability of many youth who are in desperate need of services to acquire them. Addressing the service needs and bridging the gap between the needs of youth and the barriers to service utilization will explore some strategies to help this problem moving forward.

The ability for juveniles to have proper screening to address their service needs will improve and reduce recidivism rates, will contribute to safer neighborhoods and it will also increase safety and security in institutions if more youth are receiving treatment and tailored evidence-base practice. This will also be reflected in the schools. Our youth population is the adult population in the

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future. Addressing the needs of incarcerated youth will reduce the likelihood of youths continuing on a path of crime by rehabilitating our youth now we contribute to a better society in the future.

Purpose of the Study

The purpose of this study is to examine practitioner's views of the service needs of justice involved youth. Practitioners from various professions within the juvenile justice system will be interviewed to better understand the service needs of youth across a diverse population. This study will aid research literature, to shed light on the strengths, weaknesses and barriers to service utilization. One common barrier to the utilization of services for justice involved youth is the stigmatization that individuals and families feel when receiving services from community agencies.

The lack of multidisciplinary collaborations on treatment teams is also a barrier to the delivery of services. Adding professional input into research literature may better reflect the need for multi-agency collaborations and resources that will help better bridge this gap. This study will reflect met and unmet service needs of juveniles and how social service practitioners can provide better resources, from a practitioner's experience. In this study, we will also address the types of services that are already being implemented, the effectiveness of the services per the practitioner's views, and future strategies for improving service utilization for justice involved youth.

The research design for the study will be qualitative survey design with face to face interviews with 10 practitioners from different disciplines for a range of 30 to 45 minute sessions. An interview guide consisting of 12 questions will be used. Interviews will be scheduled in coordination with the participants. Both male and female practitioners will be interviewed, with minimum 2 years of working experience with justice involved youth. The sample size is adequate to obtain our qualitative data within the time constraints of this research project. It is likely that because the sample size is relatively small, the results will not be generalizable. The research obtained from this study may be used for the stated purpose. This research can be significant to the juvenile justice system as others may expand upon this research in the future.

Significance of the Study for Social Work

Our findings can empower social workers to initiate policy and advocacy for a vulnerable underserved population. The social work profession will acquire a better understanding of service needs for justice involved juveniles. We will utilize current research to analyze the current use of services, the gaps in services, and the need for services for the adolescent populations within institutional placements. Through evidenced-based interventions, social workers will be better equipped in working with individuals, groups, and families, that are affected by the institution of incarceration.

Our research and data collection will primarily be geared towards analyzing the current service needs of justice involved juveniles from a

practitioner's point of view. Our literature will help support our stance on the need for services for the population we will be studying. On a Macro level, this study can be key in assessing how the juvenile justice system is preparing youth for reentry into communities.

This study will give insight into whether the juvenile justice system is driven on rehabilitation, or if punitive measures are still at the forefront of the system. It will be essential to gain insight into this matter, and reflect upon this notion, because the outcome is significant dependent on where the justice system sides, rehabilitation or punitive. In looking at the implications, this study will analyze the current services in place to rehabilitate justice involved juveniles, and the gaps in service delivery.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will explore relevant research literature as it pertains to the topic of service needs for justice involved youth. The chapter consists of the following literature, mental health service needs, educational service needs, and substance abuse treatment needs for justice involved youth. The final section discusses the theories that guided conceptualization of this study.

Mental Health Needs

Barriers to Mental Health Services

Addressing the lack of mental health service utilization of adolescents in the Juvenile Justice System makes sense from a few perspectives. First, if mental health needs are related to continued offending, or difficulty adjusting in the community, identifying these causes early and providing appropriate treatment could reduce future delinquency, and future involvement with the justice system. Pumariega (1999) identified youth in rural and inner cities go undetected or untreated with mental health problems and they are then confined to juvenile authorities for delinquent or disruptive behaviors (Pumariega, et al., 1999). Second, taking a broader societal perspective, the point of initial engagement in the juvenile justice system may represent a valuable point for

mentally ill youth. Early assessment and diagnosis are important to treating high

risk youth and can lead to successful treatment outcomes for justice Involved

youth (Pumariega, et al., 1999).

According to prior research, Samuel (2015) identified 65%-70% of justice

involved youth suffer from a mental health disorder, co-occurring substance

abuse disorder, and other psychological disorders (Samuel, 2015). Unfortunately,

justice involved juveniles who endure these obstacles while institutionalized more

often than not go untreated of a mental illness, and or substance abuse issue

and psychological concern. Pumariega (1999) reported that at-risk youth in the

juvenile justice system are typically a product of economically challenged family

households which often are overrepresented in the system (Pumariega, et

al.,1999). Lower socioeconomic populations have a higher likelihood of mental

health disorders and are least likely to access mental health treatment

(Bringewatt & Gershoff, 2010).

Indeed, Bringewatt and Gershoff (2010) argued that services are so

scarce that some parents voluntarily relinquish their child to the justice system so

they can receive adequate treatment. Further, ultimately, poverty and the

development of mental health disorders are correlated among children and

youth. Moreover, children and adolescents suffer a great deal of emotional and

psychological trauma living in a low socioeconomic status. Further, impoverished

youth are more susceptible to emotional and behavioral problems due to other

trauma such as parental stress, violence, substance abuse etc. (Bringewatt &

Gershoff, 2010). In addition to increased mental health disorders in low socioeconomic neighborhoods, there is a lack of adequate services provided to families in need, including scarce culturally appropriate services. People living in disadvantaged neighborhoods may find it beneficial to receive services from culturally competent professionals who understand the issues and risks that are associated with residing in this environment (Bringewatt & Gershoff, 2010).

Furthermore, Samuel (2015) reported that people who seek mental health services value cultural competence from service providers. In addition, 48% of the participants in a study used to gauge African Americans utilization of services, reported that they do not believe in talk therapy, because they doubted its effectiveness in relieving stressful environmental situations (Samuel, 2015). However, as previously discussed individuals believe there is a lack of cultural competence, and it is a frequent barrier for service utilization. Samuel (2015) reported that some participants identified racism, dysfunctional families, and poor neighborhoods as the most common causes of mental health problems (Samuel, 2015). African American adolescent males have the lowest rate of service utilization, and this is more evident among males within the juvenile justice system (Samuel, 2015).

People living in poverty are the population who is experiencing substantive deprivation of resources. Villatoro and Aneshensel (2014) found that there is an underutilization of mental health services for African American individuals who have a diagnosed mental disorder (4.9%). Villatoro and

Aneshensel noted that stigmatization and role models within the family history of underutilization of services by the family may play a role in the underutilization. African American individuals may begin to conceptualize that professional help may not be the solution to their current situation (Villatoro and Aneshensel, 2014). Samuel (2015) reported that about 90% of the youth participants in his study believe that living in poverty and disadvantaged neighborhoods is a significant contributor to mental health problems (Samuel, 2015). Socioeconomic status in many ways is linked to the barriers of mental health treatment. In a study conducted on 54 African American male participants Samuel (2015) reported that 70% of participants identified racism, discrimination, dysfunctional family circumstances, and the stress of living in poor neighborhoods as contributing factors to mental health issues (Samuel, 2015).

Typified by the demand of mental health concerns within the juvenile justice system, improper diagnosing and screening allows youth to go untreated. The high rates of undiagnosed and untreated mental health disorders are explained by a system that ignores the rehabilitation and the self-efficacy of individual juvenile offenders. It is logical to presume that a great majority of youth in the system that have a mental illness is due to under or misdiagnosing. Cohen (2011) asserts that detained juveniles are frequently diagnosed with co-occurring mental and substance abuse disorders. An estimated 75% of youth in juvenile detention and correctional institutions have a diagnosable mental disorder, and while only 25% receive treatment (Cohen, 2011).

McGarvey (2012) acknowledged that although many youth go untreated, significant progress has been made. There are still several implications that show the inability to properly screen children and adolescents when first contact is made with the justice system. Inadequate training of staff, law enforcement officers, and initial contact by personnel can be a predictor of unnoticed and undiagnosed mental health concerns. Grisso (2005) talked about the importance of screening and assessment, stating that youth with mental disorders who are arrested on minor or first-time offenses are more likely to be treated in the community than by entering the juvenile justice system (Grisso, 2005).

Treatment Planning

The increasing proportion of youths in juvenile justice programs require the development of rehabilitation plans that do more than seek corrections, adjustments, or general rehabilitation. Moreover, Grisso (2005) contended that when youths with mental disorders are delinquent, their delinquent act(s) are often fueled by the mental disorder. Thus, juvenile justice programming must include better resources and adequate treatment plans for servicing youth's mental disorders as part of their reintegration into the community, aimed at lessening recidivism (Grisso, 2005). Finally, juvenile advocates call for better treatment planning and more focused follow-up for delinquent youths with mental disorders as they reenter the community after incarceration. As primary service providers and treatment facilities, the juvenile justice system must improve on

identifying the mental health needs of juvenile offenders as they enter and reenter the system (Grisso, 2005).

Educational Service Needs

Education is mandated by the juvenile justice system, but often is inadequate at meeting the learning needs of youth. According to Cavendish (2014) it is reported that within the United States, there are youth within the juvenile justice system who have medical, educational, and mental health needs and the disproportion of juveniles eligible to receive special education is between 20% and 90% (Cavendish, 2014). Cavendish reports that more than one out of three children entering the juvenile justice system have received special education services, and are four times more likely to be committed to a juvenile justice facility than their nondisabled peers (Cavendish, 2014). In turn, this reflects the disproportionate representation of justice involved youth with learning and behavioral disabilities. However, research supports a positive correlation between literacy and decreased rates of future delinquency. Baltodano (2005) states, that the overrepresentation of students with disabilities in juvenile justice facilities, and the academic achievement level of justice-involved youth has been steadily estimated at 1 to 5 years below grade level in both reading and mathematics. Educational attainment is a very important service need of youth and can be linked with leading a healthier life.

Cavendish (2014) argues that poor educational results can be linked to juvenile delinquency. Youth growing up in environments where there is substance use, violence, financial hardship, and lack of parental support, can have difficulty thriving within the educational setting. Many youth living in such environments are focused on survival and not educational attainment. It is expected that as well as educational deficiencies, incarcerated youth experience low attainment in social and behavioral areas also (Cavendish, 2014). Leone (2015) reported that historically, children in juvenile correctional facilities receive poor education services (Leone, 2015).

Nationally the educational needs of youth in the justice system largely remain unmet. Platt (2006) suggested that 75 percent of students in custody advanced less than a full grade level per year while in custody. Cavendish (2014) reported that youth who enter institutional settings don't get their educational needs met within placement, so the struggle academically once they are released into mainstream educational environments. Cavendish (2014) suggests that this lack of adjustment between settings is due to a lack of transitional support. The implications of unsuccessful educational services for justice involved youth are great. Lack of academic achievement and attitude toward school are predicting factors in the likelihood of recidivism (Baltodano, 2005).

As previously noted, when youth reenter the community, they face challenges, and obstacles, both to re-enrolling in school and to accessing support services. Thus, many of these youths drop out of high school, making it a

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challenge to obtain later employment and increasing the likelihood of contact with the justice system (Jefferson, 2012). If correctional facilities collaborated with other agencies to provide adequate education, tailored to individual need, these services would help juvenile offenders transition back to the mainstream education system or workforce. According to Platt (2006) programming that focuses on teaching basic skill sets or tutorial approaches may help youth enter the workforce with a trade (Platt, 2006).

Recent research on the juvenile justice system and education strongly suggested that although there are separate missions for each entity, the goal should be the same. Jefferson (2012) contended that the juvenile justice system and public education systems have always operated separately. The juvenile justice system's focus is on crime reduction and rehabilitation, and school system's focus is on increasing academic achievement (Jefferson, 2012).

In Texas, the goal is to improve public safety and give court-involved youths the opportunity to become more productive citizens by building on the strengths of youth and their families (Jefferson, 2012). There are identifiable differences in mission and vision of each school district within the school system, dependent on geographic location. In many school districts the focus is that both low socioeconomic students and their affluent peers acquire the same educational success. Difficulty within the education system is one of the earliest predictors to future justice involvement.

The need for Department of Youth and Rehabilitation services is significant. Suspensions and expulsion of a student for a school violation nearly tripled the likelihood of juvenile justice contact during the following year (Jefferson, 2012). Jefferson (2012) suggests that there is a great need for collaboration among judicial leaders, educators, and other stakeholders to develop a disciplinary system that decreases juvenile justice exposure (Jefferson, 2012). The goal of juvenile corrections is to improve public safety, and reduce incarceration rates among juveniles.

As we have noted, academic achievement and rate of recidivism are contributors to delinquency among minority adolescents. Harris (2003) suggested that California incarcerates more African American males in state correctional facilities than it enrolls in its colleges and universities. Harris (2003) stated that 14% of African American public school students receive degrees from either the University of California (UC) or the California State University (CSU). The situation for Latinos are even more extreme, only 45% of public school students graduate high school. Of these, a mere 6% go on to earn undergraduate degrees (Harris, 2003). Research illustrates a significant correlation between delinquency and academic achievement among justice involved juveniles.

<div align="center">Substance Abuse and Service Needs</div>

Treatment

Recent research and literature strongly support the link between adolescent substance usage and criminal offending. Substance abuse treatment

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for youth are designed to enhance socio-emotional functioning and psychological well-being (American Academy of Pediatrics, 2011). Treating substance abuse disorder is a focus of the juvenile justice system, however when taken in account with the various other needs of juveniles, inadequate resources impact service implementation. Chassin (2008) reported that 25 to 67 percent is the percentage of substance abuse disorder among justice involved youth, signifying a large treatment need. Treating substance use disorders among juvenile delinquents can be complex because incarcerated youths also face a range of other serious issues (Chassin, 2008). White (2016) reported that evidence-based interventions for detained youth are not widely available, approximately 5 percent participate in these interventions annually (White,2016).

Screening and Assessment

Assessments are pivotal to the clinical treatment of detained youth. Intake assessments serve the purpose of informing treatment decisions within facilities, assess for risk and problem behaviors, and assist with community referrals to treatment (Desai, 2006). Funding and time causes the juvenile justice system to rely on screening assessments to determine treatment needs of adolescents. According to a Juvenile Residential Facility Census, 61 percent screened all the youth, and between 6 and 22 percent of facilities reported no screening at all (OJJDP, 2002). Studies found that assessments are more likely to be made for substance use than for potential mental health problems (Desai, 2006).

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Chassin (2008) reported 11 to 56 percent of youth with a substance use disorder did not receive drug and alcohol treatment. Inadequate screening and effectiveness of assessment present great threat to under-serving youth with serious health needs (Chassin, 2008). Nissen (2006) reported juvenile delinquency has decreased but juveniles entering the justice system with substance related charges have greatly increased. Substance abuse increases the likelihood of children entering the justice system as adolescents and adults (American Academy of Pediatrics, 2011).

Risk Factors

In a study conducted on youth risk behavior in the United States, Sharma (2015), reported that 44.7% of high school students had ever smoked cigarettes; 18.1% of students reported current cigarette use; 70.8% of students had ever consumed alcohol; 38.7% reported current alcohol use; 21.9% of students engaged in binge drinking; 8.2% of students had driven a vehicle one or more times when they had been drinking alcohol; 39.9% of students had ever used marijuana; 23.1% of students reported current marijuana use; 6.8% of students had ever used cocaine; 3% reported current cocaine use; 11.4% had ever used inhalants; 8.2% had ever used ecstasy; 2.9% of students had ever used heroin; and 3.8% of students had ever used methamphetamines (Sharma, 2015). The research suggests a continued epidemic of substance abuse among adolescents which in turn leads to delinquent acts and future incarceration. A connection can be made between delinquency and early, initial age of drug usage and more

frequent substance use than their non-delinquent peers (Potter,2003). Early

Onset of drug usage are associated with serious delinquency and violent

behavior (Potter,2003). Delinquent youth with substance abuse disorders most

often have critical family, social, and psychological problems (Stein, 2015).

Curry (2012) reported that other mental health related disorders may

develop earlier and constitute risk factors for subsequent alcohol or drug

disorders. This is the case in educational settings where substance use is more

prevalent than others. We can argue how peer pressure and the desire to

assimilate with other peers is a key contributor to the use of substances for many

adolescents. The key point here is that, throughout the literature, evidence points

to substance use being a factor to youth involvement with the justice system.

Dumbo, et, al. (2007) asserted that involvement with substances increases the

probability of continued and serious contact with the juvenile justice system

(Dumbo, Dembo, Wareham, Schmeidler, 2007).

Theories Guiding Conceptualization

The Ecological Systems theory is important to practitioner's views on the

service needs of justice involved youth because each system within this theory

impacts service delivery. The Ecological Systems theory established by

Bronfenbrenner, employs that layers of a person's environment directly impacts

how they develop and thrive in the world around them. The setting, policies, and

how society views the treatment of juvenile offenders shape the quality of care

they receive within the justice system. These layers that present barriers to

utilizing mental health services for juvenile offenders are the microsystem, mesosystem, exosystem, and the macro system. At the micro level, the individual's perception of mental health is often one of the most critical factors in why services aren't utilized. Kates (2014) states, "Most of the adolescents interviewed believed that the mental health problem would subside by itself or that the individual could solve the problem alone" (Kates, p.87, 2014). Self-reporting can be essential in some diagnosis, having the ability to identify symptoms and their duration can impede the assessment process if the individual is inattentive to their own mental health.

Individual attitudes towards mental health can contribute to a misdiagnosis or their needs going unmet. An important layer of the ecological approach, which have great implications on juvenile offenders accessing mental health services, is the interaction between parents, schools, and probation officers in the mesosystem. The NCCD stated, the juvenile justice system has developed into a de facto mental health system for underprivileged and minority youth who are unable to access care through the formal mental health system (National Council on Crime and Delinquency, 2007). Parents are unable to afford mental health services, coupled with the lack of school assessments because of dropout rates among this population, inherently places the responsibility of mental health treatment on the justice system. Further, it is likely that children who receive mental health services will receive services in a school setting.

If Juveniles are engaging in delinquent acts or are present in detention centers, then they are not present in formal school institutions for Individualized Education Plan assessments. Laureano (2006) suggested that the effects of policy and the wider society influence other systems such as the mezzo system and the micro system. Lower socioeconomic status and ethnicities can have cultural influences that that directly affect juveniles utilizing mental health services. Kates (2012) reported "the treatments that have proven to be effective for detained youth, such as multi-systemic therapy is much more expensive than traditional outpatient therapy and so fewer openings are available" (Kates, 2012, p.88). The mental health resources in the juvenile justice system are limited and can be costly for states.

The National Institute of Justice (2011), functional family therapy (FFT), a family-based prevention and intervention program for at-risk youths ages 11 to 18 has been proven to be an effective intervention in collaboration with justice involved juveniles and their families within rural, urban, and suburban neighborhoods. This evidence based practice supports the idea of family involvement in Juvenile treatment. Environmental, biological, and social factors suggest that one of the important service needs of justice involved youth are family therapy and family as a support system.

The FFT clinical model concentrates on minimizing risk factors and on increasing protective factors that directly affect adolescents, while placing an emphasis on familial factors. Evidence shows that the treatment group compared

to non-treatment recipients of FFT had lower recidivism rates, and when the program was delivered by competent therapists the outcomes were even more significant. The program had a positive effect on youth by diminishing risky behavior, increasing strengths, and by improving functioning across key life domains (National Institute of Justice, 2016).

Baglivio (2014), argued that FFT works to strengthen the entire family unit by improving their esteem so that they are able to improve their lives. FFT has demonstrated effectiveness with issues such as violence, drug abuse, and delinquency. The effects of FFT can be great, positive outcomes have been reported for children treated with FFT services (Baglivio, 2014).

Sexton (2010), contends that family is central in an adolescent's behavior, family based treatment is a common practice. Furthermore, functional family therapy (FFT) is one of the emerging evidence-based treatment programs for at-risk adolescents and their families (Sexton, 2010). Darnell and Shuler (2015), asserts that FFT is a community-based intervention with the goal of reducing problems behavior such as violence, substance usage, and delinquency.

Summary

The literature reflects a great need for effective treatment services for youth within the justice system. Three of the most important needs being their mental health needs, educational needs, and for substance abuse treatment. Lack of treatment or Ineffective treatments have a great effect on the life course of juvenile justice involved youth. Recent studies and literature convey promising

programs for the juvenile justice system, but there is still a great need for

uniformity of effective treatment strategies for youth across the nation. The

Ecological theory suggest that the needs of justice involved youth vary across

systems, and the impact of these systems on one another greatly shape

treatment for juveniles within the justice system.

CHAPTER THREE

METHODS

Introduction

This chapter will discuss the methods that were used for this study. The focus will be illustrated on the study's design, sampling, data collection and interview instrument, procedures, protection of human subjects, and qualitative data analysis. The study at hand focused on practitioners' views of service needs of justice involved juveniles.

Study Design

The purpose of this study was to examine practitioners' views of the service needs of youth involved with the Juvenile Justice system. A qualitative design was used to collect data for this study. The qualitative study was utilized to pose 12 open-ended questions that examined juvenile service needs, effective services already in use, and services or practices that could be improved in the juvenile justice system. Face to face Interviews were conducted with 10 professional juvenile social service practitioners. Interviews were conducted in various locations within San Bernardino county to accommodate practitioners' preference. Each interview lasted between 30 to 45 minutes in duration. This time limit allowed researchers the opportunity to gather needed information.

The qualitative design allowed the opportunity for researchers to examine the service needs of juveniles within the justice system from the practitioner's viewpoint. The study design provided practitioners the opportunity to provide insight on the service needs of juveniles from their professional experience. This design enabled professionals to express their views on the different service needs of justice involved youth, and to contribute to juvenile justice literature. The questions focused on service needs, barriers to utilization, and ineffective practices that are already in place. The number of participants and the gathering of participants through snowball sampling suggests that this study is not representative of all practitioners' views in San Bernardino county.

Sampling

This study was derived using a non-probability sampling, snowball sampling. The researchers began with 6 personal contacts that agreed to participate in the study. The participants then led the researchers to additional individuals who fit the sampling criteria. The prognostic was that through personal contacts, an additional 6 individuals would be willing to participate in this study, as the gathering of participants was successful. The expectation for this study was that the research would be gathered from diverse disciplines within the social service. Sampling criteria for this study included only practitioners who have had prior experience with justice involve youth, and those who have come in direct contact with juveniles within the justice system, and reside in Southern California.

The participants for the study are practitioners who are, or have been employed within probation camps, juvenile halls, and rehabilitation institutions throughout Southern California. The researchers interviewed 10 practitioners who are or have been employed within the juvenile justice system. Because the study utilized nonprobability sampling, the probability of each participant included in the sample was unknown. This study constitutes a lack of representativeness because the study is not representative of the population interviewed. However, the goal of the researchers was to ensure that there be a diverse group of participants across all demographic characteristics.

The researchers included a demographic questionnaire where participants anonymously identified themselves based on age, gender, ethnicity, education level, years of experience and position. Because there is an overrepresentation of minority juveniles within the justice system, it was important that diversity was reflected among the research participants in this study. Due to the snowball sampling conducted in this research project, the sample characteristics were currently unknown.

Data Collection and Instruments

This study utilized face to face interviews using an interview guide that was comprised of 12 questions. Demographic information such as age, gender, ethnicity, years of experience, position, and education level were collected separate from the interview guide questionnaire. The questions in the interview guide that were posed to the participants can be found in the appendix section of

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this paper. The questions asked were open-ended and participants were encouraged to elaborate on their responses to solicit the most information possible to enrich the study. Because this study was solely assessing the views of practitioners, it was essential to elicit additional responses that can be beneficial to the study.

Furthermore, the order of questions was constructed so that the participants had the opportunity to add their own personal experiences within the juvenile justice system. The questions researchers asked were in place to gauge personal views of service needs of juveniles within the justice system. Themes of questions included characteristics of adolescent in the system, interagency collaborations, current services provided to justice involved youth, barriers to service utilization, and areas for improving the delivery of services. The goal was to seek responses regarding this phenomenon.

Procedures

Each referred practitioner was recruited via phone or email. If they agree to participate in the study, they were contacted again for confirmation of interview process between 9am and 7pm from January 5, 2017 to January 28, 2017 to confirm time, location, and date of their interview. Each participant was required to meet the sampling criteria prior to completing the interview. The criteria included direct contact with justice involved youth and prior work experience serving justice involve youth. The actual interviews took place between January 23rd-March 7th, 2017 during their non-working hours.

Participants were interviewed and audio recorded in a private, closed area to protect confidentiality. Participants were suggested to choose location of interview. Participants were given an informed consent form prior to the start of the interview. Interviews were held for approximately 30-45 minutes, and were administered by Juan Llamas and Robin Chandler. Upon completion, participants were thanked received a gift card of 10 dollars for their participation in the study. Some participants refused the gift card benefit for their contribution to the study.

Protection of Human Subjects

The researchers ensured appropriate measures to protect of the rights and privacy of all participants in this study. All participants were interviewed on a voluntary basis. Each participant was given an informed consent, as well as an audio consent form to which they consented to by placing an X in the appropriate space and placing an X where appropriate to participate in the study and to permit the recording of audio throughout the interview. The participants were informed of the purpose of the study, confidentiality, as well as informing them of their voluntary participation.

Participants were informed that they may withdraw or refuse to answer any questions that they feel uncomfortable with at any time if they wish to do so. Additionally, the participants were informed that Juan Carlos Llamas, and Robin Chandler MSW students are conducting the study and are being supervised by Dr. Janet Chang. The participants were notified of the approval of IRB and that upon participation in this study they will be receiving a gift card in the amount of

$10. For purposes of confidentiality, at no time were the participants identified by name, but rather a number between 1 and 12 that was assigned to each participant. This precaution was used to protect the anonymity of each participant. All data was stored in a way that the researchers will have sole access to it. In addition, upon completion of the research study, all data was destroyed.

Participants in the study were advised that if they wish to have access to the results of the study, the results may be accessed through Pfau Library Scholar Works (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after December 2017. All participants in the study were notified that no deception was involved in this study.

Data Analysis

This study used qualitative data analysis techniques. The data was collected from audio recorded interviews and transcribed verbatim. Researchers individually read through research transcripts multiple times to highlight relevant words or phrases. Coding is conducted individually so that phenomenon can later be compared and discussed between researchers. Relevant complete sentences are used in the coding process, and researchers conducted constant comparison with data. Researchers compared answers to all 12 questions and pulled themes and categories among participant answers. Researchers in this study discovered categories and themes for service needs that fall into three major areas of

educational needs, mental health needs, and substance abuse services. The

researchers examined the data for categories or themes relevant to the study.

Summary

In summary, this chapter outlined the methodology that was utilized

throughout this study. This study used a non-probability snowball sampling

qualitative design. Face to face interviews were conducted using an interview

guide of approximately 12 questions lasting between 30-45 minutes in duration.

This chapter also discusses protection of human subjects and the data analysis

for the study.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, major findings regarding practitioners' views on services needs and barriers, and effects of service utilization among justice involved juveniles will be presented. The demographics characteristics of the participants interviewed in this study will also be presented.

Presentation of the Findings

Demographics

The study sample population included 10 individuals who completed the interview. Of this sample, there are 6 men, and 4 women. The participants were of diverse ethnicities which included two White Americans, 3 Hispanic or Latinos, four African Americans, and one biracial Hispanic and White, respectively.

The median age of participants was 38 years old. The study included 7 participants 38 years of age or older, 2 participants between 32 37 years of age, and 1 participant between 20 25 years of age. Of the 10 total participants, 5 of the participants reported having earned a master degree, 3 reported having earned a bachelor's degree, and 2 were college graduates.

Participants were asked about their experience in working with justice involved juveniles. The range of experience reported by participants ranges from

3 years to 30 years of experience working with justice involved juveniles. There is an average of 11 years of experience of participants working with justice involved juveniles.

Of the participants, 3 reported their position as Social \Service Practitioners, 2 identified themselves as Juvenile Correctional officers, 1 identified as a Deputy Probation Officer, 1 identified as Senior Correctional Probation Officer, 1 identified as Juvenile Probation Officer, 1 identified as Probation Officer, and 1 identified as Probation Officer II.

<u>Population Served</u>

Practitioners were asked about the population they serve in terms of age, gender, and ethnicity. Four of the participants reported that they served predominantly males as young 9-10 years of age up to 18 years of age. All participants noted that the youth they serviced were from lower socio economic backgrounds. Participant #5 stated that he had "served predominantly uneducated, poor, gang involved youth in his 30 years of experience, within the juvenile justice system" (I5, Personal Interview, February 2017). Three participants, typically female participants worked with female juveniles. One participant had previous experience in working with female juveniles. All the participants stated that majority of individuals they serve were of minority ethnicity. One participant stated, "I would say as far as custody, absolutely I can't say one in particular ethnicity is overrepresented, but generally Hispanics and blacks" (I4, Personal Interview, February 2017). Eight respondents stated that

they had serviced primarily Black and Hispanics within the juvenile justice system. Another stated, "over the years you could see it changing there was a lot more Hispanics and more Blacks, just a few Caucasian kids, but the majority of our population was Hispanic and Black" (I7, Personal Interview, February 2017).

<u>Types of Crimes Committed by Juveniles</u>

When participants were asked of the types of crimes committed by juveniles, 8 stated that they have worked with juveniles from a range of offenses, as small as curfew, and as severe as murder. One participant stated,

> We get a lot of petty theft in our unit, we get some violent fights at school, assault and battery type charges, we've dealt with in other units' assault with deadly weapons, attempted murder, so it's the range of a curfew to murder, so we get the gamut of it. (I1, Personal Interview, January 2017)

However, three participants indicated that they typically served children who committed non-violent offenses. Interviewee #2 stated "In my years of experience working with Justice involved youth, I have seen more children regarding non-violent offenses, such as fights at school, marijuana on school campus, low-level sex offenses meaning inappropriate touching" (I2, personal Interview, January 2017). Two participants reported that the facility in which they worked was a felony facility, and they didn't work with kids with low level crimes such as status offenses. One participant stated,

> It is a felony Institution, so there is no such thing as stealing a pack of gum or running away from home they don't lock you up for that. Even if you

attack your parents unless the parents are actually charges they don't do

anything so it's a felony institution such as child molestation, rape, murder,

bank robbery carjacking, home invasion they do everything juveniles do

everything that adults do, so it was strictly a felony Institution. (I8, personal

Interview, February 2017)

<u>Practitioners Role in the Rehabilitation Process</u>

When participants were asked of their role in the rehabilitation

process, 7 of the respondents stated that their primary role in the rehabilitation

process of the youth was to ensure the safety and security of the youth. One

participant stated, "my primary role in the juvenile's treatment was safety and

security, I supervised juvenile's offenders on probation in the community, and I

supervised juvenile offenders within the correction institution" (I5, personal

Interview, February 2017). Three respondents stated that their role in the

juvenile's treatment was primarily that of a clinical case manager and advocacy.

One participants stated, "my role in the juvenile's treatment is to try to find

services for the minor whether it be mental health counseling or to connect them

to outside resources to reduce recidivism rates" (I4, personal Interview, February

2017). Similarly, another participant stated,

My role in the juveniles' treatment is to create the treatment plan in

conjunction with the juvenile, to create links for the client to outside

resources within the community, and to advocate for the client through

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court documentation of the client's circumstances. (I9, personal Interview,

March 2017)

Important Service Needs of Justice Involved Youth

When the participants were asked about the most important service

needs of justice involved youth, 8 of the respondents conveyed that mental

health and substance abuse as the most important service needs. One

participant stated, "almost all juveniles within her unit had substance abuse

issues, primarily marijuana, alcohol, and in some case methamphetamine" (I10,

personal Interview, March 2017). Another participant stated, "approximately 85%

of our clients within the justice system are undiagnosed from mental health and

substance abuse issues" (I2, Personal Interview, January 2017). Two

participants reported that some of the most important service needs with justice

involved youth are mentorship. For example, participant #3 replied, "a lot of youth

don't have a significant parent figure in their lives at one point 92% of our youth

population in our facility was without a father" (I3, Personal Interview, January

2017).

Reasons Behind Juvenile Incarceration

In regard to reasons behind incarceration, all ten participants' responses

varied from environmental factors such as growing up in low-socio economic

neighborhoods, gang involvement, availability of community outreach to lack of

family involvement, positive role models, and parental supervision. One

respondent stated, "a lot of our youth within the system are growing up in single

family homes that are impoverished as well as gang entrenched families and environments" (I9, personal Interview, March 2017). Another respondent replied, "it makes it tough to make good decisions when you don't have the proper supervision" (I7, personal Interview, February 2017).

Factors that Would Reduce Recidivism Rates

When the participants were asked about some factors contributing to reduce recidivism, 7 of the participants reported that self-determination and individual attitudes would reduce future contact with the justice system. One interviewee stated, "kids 15 to 18 years of age rarely accept responsibility for their actions, it's always someone else fault" (I6, personal Interview, February 2017). The minority or respondents 20% (2 participants) conveyed that parental involvement was important to reducing recidivism rates. One respondent stated, "The parents need to want to take an active role in their kid's behavior" (I3, Personal Interview, January 2017). One participant suggested "the recidivism rate would be reduced if state invested money into rehabilitation programs and after school programs rather than incarceration" (I8, personal Interview, February 2017).

Factors that Contribute to Successful Outcome

Participants were asked about the factors that contribute to successful outcome of justice involved youth. A majority of participants reported that the contribution of services to the wellness of the individual ultimately depended on the willingness of the individual to seek treatment, and the passion and

genuineness of the service provider to treatment the individual. One participant

stated, "if you are true to your job and you step away from that and have a

natural care for the field, the child is going to be much more successful" (I2,

personal interview, January 2017). One participant stated, "honestly it comes

down to hope, but then they don't have any hope, what is there really to hope for

so when the kids internalize of that, they'll push the limits and say I don't want to

do anything" (I3, personal interview, January 2017). One participant related the

wellness of the individuals to the uncertainty of placement. When asked about

the contribution of the services being rendered to the client's wellness, one

respondent stated,

> It's hard to say because after they get out of our custody we really don't
>
> see them anymore. If they're doing good, I have probably seen about 5
>
> kids in about 24 years of working in the probation system that have grown
>
> up to be adults and are successful that I have seen personally. (I8,
>
> personal interview, February 2017).

 Service Needs and Unmet Service Delivery

Participants were asked about service needs and their unmet service

delivery. All ten participants' responses are varied. One participant stated,

"Housing, because once they have received all these services, then what

happens then if they can't go back home, if they don't have family, what are we

going to do" (I2, personal interview, January 2017). Another participant noted that

consistency in the lives of justice involved youth is a need within the system that

is not addressed. This participant stated, "Consistency is the greatest unmet service, that is the number one thing, there is no consistency in these kids" (I6, personal interview, February 2017). Another participant reported that the greatest unmet service delivery for these kids within the justice system is a positive mentor. This participant reported that the better the relationship is between the staff within the institution and the incarcerated youth, the greater the chances are of the youth engaging in services. This participant again stated, "we want them to be a little like us" (I5, personal interview, January 2017).

One interviewee reported that for many of the youth on probation, they are entrenched in a life of poverty, and their families are trying to make ends meet. Another participant noted that parental involvement is a huge deterrent in juvenile delinquency and a need, and unfortunately many of the youth within the justice system are from a single parent household. This participant stated,

> I think treating the juvenile as a family unit, the family needs, we try to fix a
> juvenile but their parents need help or their grandparents have custody of
> them and they need help, they can't control these kids, I think they try to
> get the parents involved, but whether the parents are willing to be involved
> or not is another thing. (I10, personal interview, March 2017)

Strategies for Improving Current Service Utilization

Participants were asked about possible strategies for improving the current service utilization for justice involved youth. Across all ten participants, responses varied; 2 of participants noted that one strategy for improving the

current use of services would be through proper training of staff. One respondent

stated, "thorough training and a more diverse group of staff" (I7 personal

interview, February 2017). Another respondent stated, "I think adequate training

of the staff would be the most instrumental thing for service use" (I8, personal

interview, February 2017). Another participant emphasized an interagency

collaboration. This participant stated, stated "I think it's wherever they need to go

to meet their needs and collaboration between agencies, between all of us I think

sometimes communication gets lost" (I10, personal interview, March 2017).

Important Support Systems to Justice Involved Youth

When participants were asked about important support systems to justice

involved youth, the vast majority of participants stated that parental figures and

families are the most important support systems. Other responses varied, one

reported social workers, educators, social environment, and probation officers

were important support systems. Other participants conveyed that parental

figures and family units were important support systems. Participant #8 stated,

"the family support is huge because usually that's where everything starts is with

your family, I mean that is where it all begins" (I8, personal Interview, February

2017). One participant reported that school staff such as teachers, administrator,

and school counselors were positive support systems. Interviewee #10 stated,

"finding that educator who inspires them to be bigger than what they feel can be

a help" (I10, personal Interview, March 2017). One participant stated that social

workers were important support systems to justice involved youth. Some

participants suggested that a juvenile's social environment was an important

support system, with both positive and negative implications.

Proper Assessment Procedures for Justice Involved Youth

When asked about proper assessment procedures for justice involved

youth, 8 participants stated that their agency used an assessment tool to identify

the needs of the client. One participant stated, "a full biopsychosocial

assessment is completed, I think you get a full history, going all the way back to

birth" (I4, personal Interview, February 2017). Two participants could not recall as

assessment tool. Six participants found assessments to be effective, where as

40% of respondent reported assessments as being ineffective. Respondent #7

stated, "I think the assessment tools are effective in the institution, so that he

does not get abused while he is in there" (I7, personal Interview, February 2017).

Another Interviewee stated, "there are assessment tool but they are inadequate

because there is so much paperwork, they don't address any of the real needs of

the individual" (I8, personal Interview, February 2017).

Barriers to Service Utilization

In regard to barriers to service utilization, the participants' responses are

diverse. Six participants reported lack of transportation, funding, accessibility of

services. One participant stated, "I think that in the halls probation does their best

to make sure everything is accessible, but I think that our clients aren't

sometimes in there long enough to benefit from the services" (I9, personal

Interview, March 2017). Four participants believed low self-motivation, was a

barrier for justice involved youth utilizing services. One interviewee indicated, "personal accountability is a huge barrier, and that goes back to hope and a person's desire to change" (I3, Personal Interview, January 2017. Three participants reported fear of stigmatization by family and peers. Interviewee #4 stated, "a lot of times families still have stigma regarding mental health disorders" (I4, personal Interview, February 2017). Another participant identified fear of working with social services as a possible barrier to service utilization of justice involved youth. This participant stated, "When people hear social worker they think your CPS, and you're going to take their children from them" (I4, personal Interview, February 2017).

Summary

In summary, this chapter presented the demographics, characteristics, and major findings, service needs, barriers, and service utilization from the practitioners point of view of the justice involved juvenile's population. Furthermore, the opinions, experiences and beliefs derived from 10 face to face interviews were used to illustrate the findings that were presented. It is important to note that this sample is not representative of all practitioners who work with justice involved juveniles.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the major findings presented in chapter 4. Also, presented in this chapter will be the limitations of the study and recommendations for social work practice, policy, and research. Finally, this chapter concludes with a summary of findings and the study.

Discussion

The results of this study identified mental health, substance abuse, parental involvement, human connection, and the importance of adequate assessment of services as the five main themes to the service needs of justice involved youth. These findings were consistent with previous literature (Cohen, 2011; Samuel, 2015; Bringewatt & Gershoff, 2010; Chassin, 2008; Villatoro and Aneshensel, 2014; Dembo, 2007; Stein, 2015; Sexton 2010; National Institute of Justice, 2011; Kapp, 2013; OJJDP, 2002).

It is important to note that mental health was overwhelmingly reported by practitioners as a service need. Cohen (2011) identified co-occurring mental and substance abuse disorders as more prevalent among detained youth. Further, his study argued that an estimated 75% of youth in juvenile detention and correctional facilities had a diagnosable mental disorder, and only 25% receive

treatment (Cohen, 2011). Samuel (2015) identified similar finding in that, the need for mental health services make up approximately 65% to 70% of youth in juvenile detention facilities. One participant when addressing mental health as a need conveyed that youth within institutional detainment come from communities who have stigmatization regarding mental health disorders. One minor response addressed the lack of accountability and self-awareness of successful mental health outcomes.

In this study substance abuse treatment was emerged as another relevant service need for justice involve youth. The majority of practitioners stated that there is an overrepresentation of substance abuse disorders among justice involved youth. Chassin (2008) reported that 25 to 67 percent of the justice involved youth, have significant substance abuse treatment needs. Furthermore, Chassin (2008) reported 11 to 56 percent of youth do not receive alcohol and drug treatment. Dumbo, et., al, (2007) connected the involvement with substances to higher recidivism rates. These findings are congruent with our study in that participants conveyed the importance of substance abuse treatment through court advocacy, community referral, and treatment plans.

Stein (2015) noted that most often delinquent youth with substance abuse disorders have critical family and social problems (Stein, 2015). This study identified human connection as a contribution to successful treatment outcomes. This idea may be because many of the clients committed to a juvenile institution are raised in troubled neighborhoods, high crime areas, history of substance use,

lack of meaningful relationships, and a lack of supervision. As a result, children and young adolescents engage in substance use to deal with their life circumstances, and may end up in a life of delinquency.

Further, one assumes that young adolescents want to belong, to feel a sense of meaning, and a positive human connection with positive role models. It is likely that many youth within the justice system explore a human connection with those who provide instillation of hope, basic needs, and a natural care. This may be a probation officer, a social worker, an attorney, a therapist, anyone who encounters the offender. As a result, youth who identify meaningful relationships while in an institution may have a greater likelihood of utilizing the services rendered to the justice involved youth.

Samuel (2015) stated that there is a strong correlation between human connection and service utilization. He addressed that culturally, African Americans do not believe in talk therapy because they doubt its effectiveness in relieving stressful environmental situations. However, the present study in which practitioners reported an overrepresentation of minority youth, found that the relationship between practitioners and clients are a viable alternative for meaningful connections, mentorship and positive role models.

The participants in the study identified the lack of parental involvement as a major predictor to juvenile incarceration. The majority of practitioners acknowledged the lack of parental supervision as an antecedent in juvenile delinquency. A participant stated that parental involvement is a major deterrent in

juvenile delinquency. The study found that proper assessment and identification of service needs was viewed as an essential factor in providing adequate care for justice involved youth.

However, many youth in the system come from single parent households. Many times, youth who are raised in a single-family household have a lack of parental involvement. Some reasons for lack of family involvement may be due to the parent having to work extensive hours to make ends meet, family substance use, and other environmental factors that contribute to the lack of parental involvement. The majority of participants reported that the focus of treatment should be family interventions. Family interventions can be beneficial for justice involved youth and should be implemented in every youth's treatment plan while in an institution.

Recidivism rates may decrease if family involvement was advocated more and implemented as a core function of the client's treatment. It is important to assess the client's home life, the family dynamics, client strengths and support systems within the home. It is equally important that the family receive education on environmental factors. Providing a structured family intervention can allow the justice involved youth to explore meaningful relationships with family members.

Villatoro and Aneshensel (2014) found that stigmatization of mental illness, positive role models, and a history of family involvement may play a role in the utilization of services. The National Institute of Justice (2011), supported the Functional Family Therapy clinical model for decreasing risk factors and

increasing protective factors that emphasize family involvement. Further, Sexton (2010), contended that family is central in an adolescent's behavior.

Practitioners conveyed that inadequate training of staff often contributes to the underdiagnoses or misdiagnosis of youth. Further, practitioners in the study associated the inadequacies of the assessment tools used, with unaddressed service needs. The office of Juvenile Justice and Delinquency Prevention (2002) reported that between 6 and 22 percent of residential facilities reported no screening at all. In the present study, there was a negative correlation between the length of sentence and the juvenile's ability to access treatment within a juvenile institution. This may be due to poor accessibility of treatment or maybe prioritization of individuals based on severity of needs.

The study identified misdiagnosis or underdiagnoses of needs for justice involved youth as primary indicators of the negative relationship between length of sentence and utilization of services. Justice involved youth may fail to receive the adequate care they need while institutionalized due to the inability to provide a thorough in depth analysis of client's presenting concerns. The study's findings are congruent with previous Kapp's (2013) study findings that the barriers that juveniles face within the justice system are either undiagnosed or misdiagnosed within the system. These findings support our study by suggesting that proper assessment is important to addressing the service needs of justice involved youth.

Limitations

Limitation of this study include a small sample size of ten participants. The study may not be generalizable of all juvenile justice practitioners who serve justice involved youth. The complexity of the justice system may not allow practitioners to be forthcoming of information relating to service needs or service utilization of justice involved youth. The sample was gathered through the snowball method, which limits the veracity of the study findings. Another limitation to the study is the length of experience of practitioners. Some practitioners' views may differ based on length of experience.

This study may reflect other than genuine responses from practitioners, due to their position and status. This study may reflect a lack of understanding and or education of factors that contribute to juvenile delinquency. Although the study participants were ethnically diverse, their views may not be representative of all ethnic groups. One criteria regarding the participants in this study was that they possess a minimum of 2 years of experience working with justice involved youth. Thus, practitioners' views of service needs for justice involved youth may not be representative of all juvenile justice practitioners, including those with more or less experience in their profession.

Recommendations for Social Work Practice, Policy and Research

As evidenced by the findings in this study, practitioners identify several needs, and barriers to service utilization for justice involved juveniles. It is important that the social work profession and other professionals who encounter

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juveniles in the justice system are cognizant of the vulnerable population that they are working with. Justice involved youth have various needs that must be met to decrease the likelihood of recidivism. Based on our findings, it is recommended that practice and policy procedures in juvenile justice be evaluated for its effectiveness and assess for evidence-based practice treatment modalities. The study findings convey that there are current inadequacies in the assessment process for mental health, substance use, education, and other complex needs of justice involved youth. Inadequate screening is hindering juvenile's ability to be successful after release from an institution and is increasing the likelihood of recidivism. Based on our study, it is recommended that policy and practice be evaluated to ensure proper training and education of practitioners who provide direct treatment to juveniles.

In the policy context, it is important to consider proactive transitional support services that work closely with the youth and their families upon re-entry into the community. Our study supports that prevention and family involvement is critical to the success of the youth, and putting positive support systems in place can promote successful community re-entry. It seems critical that components of juvenile justice including, but not limited to, funding for rehabilitation programs, proper training of treatment providers, proper assessment of service needs, and appropriate linkages to aftercare resources need to be evaluated. Juveniles' Rehabilitation and servicing are complex; this system could greatly benefit from collaborations with other agencies. It seems there is a need for education of

practitioners regarding precipitating factors to juvenile delinquency and the importance of meaningful connection for justice involved juveniles, and continuity of care for youth to reduce the likelihood of recidivism with juvenile justice.

Recommendations for Future Research

This study may incorporate some desensitization from practitioners to the juvenile population they serve. For future research, it may be beneficial to assess for practitioners' sensitivity to justice involved juveniles. There is not much prior research conducted on practitioner's views of the needs of justice involved youth. Due to this assumption, it is our suggestion that future research explore this area in depth. This study may reflect differences in professional values due to the representation of various agencies. For future research, it may be helpful to stay within one discipline that serves justice involves juveniles to assess views under a single set of professional values. The questions utilized for the interviews were constructed to apply universally, but the practitioner's knowledge or understanding of questions could not be measured. In the future, it may be beneficial to the study to construct a questionnaire that any individual can understand the language being used. Findings from our research identified an overrepresentation of single parent households among justice involved youth. In the future, it may be helpful to distinguish justice involved youth who were raised by a two-parent household versus a single-parent household to measure the implications and assess differences in service needs, service utilization, and barriers to services.

Conclusion

This study was used to assess practitioners' views of service needs for justice involved juveniles. The study assessed the service needs of youth, service utilization, recidivism rates, effectiveness of treatment, and barriers to service utilization. Although the results of our study varied, most participants reported that lack of meaningful connections in juvenile's lives, mental health treatment, and substance abuse treatment as prevalent needs for youth in the justice system. It is hoped that this study will assist the social work profession in addressing the barriers to service utilization, addressing the policies that measure the effectiveness of programs for justice involved juveniles, and shedding light on practice and new clinical trends in juvenile justice. It is hoped that these things will contribute to a successful outcome for juveniles within the justice system.

APPENDIX A

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the views of practitioners in regards to service needs of justice involved juveniles. The study is being conducted by Juan Carlos Llamas and Robin Chandler, Master Social Work students under the supervision of Dr. Janet Chang, Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to assess practitioners' views on service needs for justice involved juveniles.

DESCRIPTION: Participants will be asked 10-12 questions of their views on service needs to justice involved juveniles. The type of questions will assess the current barriers to service utilization, unmet service needs, and demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported as practitioner within juvenile justice.

DURATION: The interview will take anywhere from 30 minutes to 45 minutes to complete.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will be a gift card in the amount of $10 given to each participant as appreciation of contribution to the research study.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5184.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after December 2017.

This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an X mark here   Date
I agree to be audiotaped, and I understand that this is completely anonymous.
Place an X mark here._____   Date:

APPENDIX B

QUESTIONNAIRE

QUESTIONNAIRE

Interview Guide
- Demographic Questions-
   Age- 20-25   26-31   32-37   38-older
   Gender- Position- Years of experience- Education Level- ethnicity-
1. What is the type of population that you are serving? 'Types of juveniles' age ranges, ethnicity, gender.
2. What are the types of delinquent acts that juveniles commit that place them in juvenile justice? Ex. Violent offenses, nonviolent offenses, status offenses, what are the type of crimes?
3. What is your role in the juvenile's treatment?
4. What are the most important service needs of justice involved youth? Are the needs being met? Are the services being provided? If not, why?
5. From your professional point of view, what are the reasons behind juvenile incarceration?
6. What services can juveniles within the justice system receive that would reduce recidivism rates?
7. How do you feel the current services contribute to the wellness of the juveniles within the justice system?
8. From your professional point of view, what service needs have the greatest unmet service delivery, and why?
9. What are some strategies for improving current service utilization?
10. From your professional point of view, what are the support systems that are important to juveniles within the justice system?
11. What are the proper assessment procedures to assess for service needs of justice involved youth?
12. What are the barriers to service utilization?

Developed by Juan Carlos Llamas and Robin Latrice Chandler

REFERENCES

American Academy of Pediatrics (2011). Health care for youth in the juvenile justice system. *Pediatrics, 128*(6), 1219-1235.

Baltodano, H., Harris, P., & Rutherford, R. (2005). Academic achievement in juvenile corrections: Examining the impact of age, ethnicity, and disability. *Education & Treatment of Children, 28*, 361–379.

Bringewatt, E., & Gershoff, E. (2010). Falling through the cracks: Gaps and barriers in the mental health system for America's disadvantaged children. *Children and Youth Services Review*, *32*(10), 1291-1299.

Cavendish, W. (2014). Academic attainment during commitment and post release education-related outcomes of juvenile justice-involved youth with and without disabilities. *Journal of Emotional and Behavioral Disorders, 22*(1), 41-52.

Cohen, E., & Pfeifer, J. (2011). Mental health services for incarcerated youth: Report from a statewide survey. *Juvenile and Family Court Journal*, *62*(2), 22-34.

Chassin, L. (2008). Juvenile justice and substance use. *Future of Children*, *18*(2), 165-183.

Curry, J., Silva, S., Rohde, P., Ginsburg, G., Kennard, B., et al. (2012). Onset of alcohol or substance use disorders following treatment for adolescent depression. *Journal of Consulting and Clinical Psychology*, *80*(2), 299-312.

Darnell, A., & Schuler, M. (2015). Quasi-experimental study of functional family therapy effectiveness for juvenile justice aftercare in a racially and ethnically diverse community sample. *Children and Youth Services Review, 50*, 75-82.

Desai, R., Goulet, J., & Robbins, J. (2006). Mental health care in juvenile detention facilities: A review. *Journal of the American Academy of Psychiatry and the Law, 34*(2). 204-214.

Dumbo, R., Dembo, Wareham, J., & Schmeidler, J. (2007). Drug use and delinquent behavior: A growth model of parallel processes among high-risk youths. *Criminal Justice and Behavior, 34*(5), 680.

Grisso, T., Vincent, G., & Seagrave, D. (2005). *Mental Health Screening and Assessment in Juvenile Justice.* New York: The Guilford Press.

Harris, A., & Allen, W. (2003). Lest we forget thee, The under- and over-representation of black and Latino youth in California higher education and juvenile justice institutions. *Race and Society, 6*(2), 99-123.

Jefferson, W. (2012. Recognizing and combating the school to prison pipeline in Texas. *National Center for State Courts, Future Trends in State Courts 2012.*

Juvenile Justice Geography, Policy, Practice & Statistics. (October 23, 2016). Online. Available: http://www.jjgps.org. Developed by the National Center for Juvenile Justice (NCJJ), with funding from the John D. and Catherine T. MacArthur Foundation.

Kapp, S., Petr, C., Robbins, M., & Choi, J. (2013). Collaboration between community mental health and juvenile justice systems: Barriers and facilitators. *Child and Adolescent Social Work Journal*, *30*(6), 505-517.

Kates, E. (2014). Prior service utilization in detained youth with mental health needs. [Administration and Policy in Mental Health and Mental Health Services Research](#) *41*(1), 86-92.

Leone, P., & Wruble, P. (2015). Education services in juvenile corrections: 40 years of litigation and reform. *Education & Treatment of Children, 38*(4), 587-604.

McGarvey, S. (2012). Juvenile justice and mental health: Innovation in the laboratory of human behavior. *Jurimetrics*, *53*(1), 97-120.

National Council on Crime and Delinquency. (2007). Online. Retrieved from http://www.nccdglobal.org/sites/default/files/publication_pdf/justice-for-some.pdf

Nissen, L. (2006). Effective adolescent substance abuse treatment in juvenile justice settings: Practice and policy recommendations. *Child & Adolescent Social Work Journal, 23*(3), 298-315.

Office of Juvenile Justice and Delinquency Prevention (2002). Online. Retrieved https://www.ojjdp.gov/ from

Platt, J., Casey, R., & Faessel, R. (2006). The need for a paradigmatic change in juvenile correctional education. Preventing School Failure, 51(1), 31-38.

Potter, C., & Jenson, J. (2003). Cluster profiles of multiple problem youth.

    Criminal Justice and Behavior, 30(2), 230-250.

Pumariega, A., Atkins, D., Rogers, K., Montgomery, L., Nybro, C., et al. (1999).

    Mental health and incarcerated youth. ii: Service utilization. *Journal of*

    Child and Family Studies, *8*(2), 205-215.

Samuel, I. (2015). Utilization of mental health services among African American

    male adolescents released from juvenile detention: Examining reasons for

    within-group disparities in help-seeking behaviors. *Child and Adolescent*

    Social Work Journal, *32*(1), 33-43.

Schwalbe, C., Maschi, T. (2012). Probation officers' perspectives on interagency

    collaboration for juvenile offenders with mental health problems.

    Psychiatric Services 63(8), 830-833.

Sexton, T., Turner, C., & Kaslow, N. (2010). The effectiveness of functional

    family therapy for youth with behavioral problems in a community practice

    setting. *Journal of Family Psychology*, *24*(3), 339-348.

Sharma, M., & Sharma, (2015). Substance abuse in adolescents: Implications for

    research and practice. *Journal of Alcohol & Drug Education*, *59*(1), 3.

Stagman, S. (2010). Children's mental health: What every policymaker should

    know. National Center for Children in poverty. Retrieved from:

    http://www.nccp.org/publications/pub_929.html

Stein, L. R., Clair, M., Rossi, J. S., Martin, R. A., Cancilliere, M. K., & Clarke, J.

    G. (2015). Gender, ethnicity and race in incarcerated and detained youth:

Services and policy implications for girls. *Psychiatric Rehabilitation*

Journal, 38(1), 65-73. doi:10.1037/prj0000089

Steinhart, D., Butts, A.J. (2002). *Youth Corrections in California.* Urban Institute.

Retrieved from

www.urban.org/uploadedPDF/410529_cayouthcorrections.pdf

US Department of Justice, Office of Juvenile Justice and Delinquency

Prevention. (October 23, 2016). Home page. Online: Available at:

www.ojjdp.gov

Villatoro, A., & Aneshensel, C. (2014). Family influences on the use of mental

health services among African Americans. *Journal of Health and Social*

Behavior, *55*(2), 161-180.

White, L., Lau, K., & Aalsma, M. (2016). Detained adolescents: Mental health

needs, treatment use, and recidivism. *Journal of the American Academy*

of Psychiatry and the Law, 44(2), 200-212.

ASSIGNED RESPONSIBILITY PAGE

THIS WAS A TWO PERSON PROJECT WHERE JUAN CARLOS

LLAMAS AND ROBIN CHANDLER COLLABORATED THROUGHOUT EACH

PHASE OF THE PROJECT. BOTH AUTHORS WERE RESPONSIBLE FOR

DATA COLLECTION, DATA ENTRY AND ANALYSIS. WRITING REPORT AND

PRESENTATION OF FINDINGS.