

Alternatives for Youth's Advocacy Program: Effectively reducing minority youth's detention and incarceration placements in Cleveland, Ohio

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Program Evaluation Summary

- Detaining and incarcerating juvenile delinquents is ineffective and costly juvenile justice policy. These placements, indicative of the “tough on crime” approach, become problematic for many of these youth do not have the advantage of legal counsel because they waive this right.
 - In addition, a majority of these youth have a mental health or special education disability that does not get addressed in correctional facilities.
- **Alternatives for Youth’s Advocacy Program (AFY)** in Cleveland, Ohio (Cuyahoga County), is addressing these issues using a holistic approach that includes the provision of civil legal representation to assist youth in accessing disability services and defense attorney support in dispositional planning to reduce juvenile offender placements.
- This presentation reports the results of an experimental design pilot study evaluation of AFY that randomly referred and evaluated 82 felony-offending youth over 21 months.
 - The AFY program reduced detention center placement days by 47 percent and decreased state facility incarceration days by 74 percent (total cost savings \$625,898).
 - With 3,000 youth detained in the Cuyahoga County, Ohio, Detention Center and 1,800 incarcerated in Ohio state facilities annually, policy implications and recommendations are set forth.
 - Alternatives for Youth’s Advocacy Program: Effectively reducing minority youth’s detention and incarceration placements in Cleveland, Ohio (co-authored with Linda Julian). *Juvenile and Family Court Journal* (2008), 59(3), 1-17.

Juvenile Delinquency - Nationwide

- Over **2.0 million** juvenile court cases are processed each year in all states.

- Delinquency accounts for **61 percent**;
- Victims of abuse and/or neglect account for **19 percent**; and
- Status offenses account for **16 percent**.

- Martin, 2005; Roberts, 2004; Snyder, 2004; U.S. Dept. of Justice, 2004.



- Over **1.6 million** of these youth are adjudicated delinquent and subsequently monitored by the juvenile justice system each year.^[i]

- Of these adjudicated delinquent youth, **679,449** were court ordered for probation supervision in 2004 (U.S. Dept. of Justice, 2005), a **44 percent** increase since 1990 (McNeese & Jackson, in Roberts (ed), 2004).

- Community release probation and rehabilitation supervision has for many years been the most common court disposition for adjudicated delinquent youth.

- Martin, 2005; Snyder & Sickmund, 1999.

[i] There is no nationally reported methodology for tracking this population. Estimates are from the National Center for Juvenile Justice which aggregates self-reported data from approximately 80 percent of the states' juvenile justice court jurisdictions (Krisberg, 2005; Stahl, 2006).

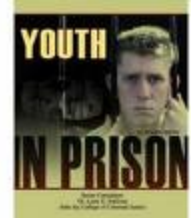


Delinquency, Disabilities, and Detention

- Of the **1,615,400** youth adjudicated delinquent nationwide in 2002 (Stahl, 2006):
 - **350,000** were held in **591** nationwide detention centers during that year.
 - Holman & Ziedenberg, 2006; Sickmund, Sladky, & Kang, 2004.
 - **3,102** were held in the Cuyahoga County Detention Center.
 - **102,388** were held in **2,964** nationwide correctional facilities during that year.
 - Sickmund, 2006.
 - **491** Cuyahoga County offenders were held in correctional facilities.
- Hence, on an average day in the United States, **54,500** of these juvenile offenders are incarcerated in this country's detention or correctional institutions.
 - This total includes **23,400** youth held in a detention facility awaiting trial or case disposition, and **31,100** youth incarcerated in a juvenile correctional facility pursuant to a court-ordered sentence.
 - Census, 2003; Sickmund, Sladky, & Kang, 2004.

Delinquency, Disabilities, and Incarceration

- Access to **mental health** and **special education** services is imperative to help these youth avoid these delinquency and incarceration placements (and re-placements) because the majority of this population has at least one significant disability not being addressed.
 - Between **40 and 90 percent** of detained and incarcerated youth have **mental health disorders**.
 - **49 percent** of youth in the Cuyahoga County Detention Center.
 - Between **37 and 73 percent** have **substance abuse disorders**.
 - **32 percent** of youth in the Cuyahoga County Detention Center.
 - Between **33 and 41 percent** have **special education disabilities**.
 - **43 percent** of youth in the Cuyahoga County Detention Center.
 - Between **40 and 60 percent** have been a victim of **maltreatment**.
 - **42 percent** of youth in the Cuyahoga County Detention Center.
 - The disconnect between delinquent youths with mental health and special education disabilities and juvenile court outcomes (2008, *in press*). *Corrections Compendium* 5



National Disability Prevalence Rates for Youth in Juvenile Courts

- **Mental health disorder** prevalence rates among juvenile offenders range from 40 to 90%.

- An estimated 15-20% have been diagnosed with a severe mental health illness.

- Arrendondo, 2001; Lexcen & Redding, 2000.



- Annually, between 271,779 and 611,504 probation supervised youth nationwide may have a **mental health disorder**.

- Boesky, 2002; Duchowski, et al., 1998; Lexcen & Redding, 2000; McCabe et al., 2002; Pliszka et al., 2000; Shelton, 2001; Teplin, et al., 2002, 2006; Ulzan & Hamilton, 1998, Wasserman, et al., 2002

Prevalence of **Mental Health Disorders** within Juvenile Justice System Populations



Mental Health Disorder	Prevalence Rate (range)
Conduct Disorder	52-100%
Oppositional Defiant Disorder	12-28%
<i>(Combined CD & ODD)</i>	45-50%
Anxiety Disorders/Phobias	24-29%
Attention-Deficit Hyperactivity	18-76%
Depression (includes Dysthymia)	15-20%
Substance Abuse Disorders	37-73%
Mood Disorders	25-30%



National Disability Prevalence Rates for Youth in Juvenile Courts



- **Substance abuse and addiction disorder** prevalence rates among juvenile offenders range from **37 to 73%**.
- Annually, between **251,396** and **495,998** probation supervised youth nationwide may have a **substance abuse disorder**.
- Aarons, et al., 2001; Archwarnety & Katsiyannia, 1998; Brunelle, et al., 2000; Dawkins, 1997; National Institute of Justice, 2003; Teplin, et al., 2002, 2006.



National Disability Prevalence Rates for Youth in Juvenile Courts

- Learning disability (one category of **special education disabilities**) prevalence rates among juvenile offenders range from **33 to 41%**.
 - **Learning Disabled**
 - **Severely Behaviorally Handicapped**
 - **Severely Emotionally Disturbed**
 - **Mentally-Retarded/Developmentally Disabled**

- Annually, between **224,218** and **278,574** probation supervised youth nationwide may be **learning disabled**.
 - Burrell & Warboys, 2000; Malmgren, et al., 1999; National Center on Education, Disability, and Juvenile Justice, 2000; National Council on Disability, 2002; Winters, 1997.

National Disability Prevalence Rates for Youth in Juvenile Courts



- Histories of **maltreatment** (substantiated abuse and/or neglect experienced) prevalence rates among juvenile offenders range from 40 to 60%.
 - Annually, between 271,779 and 407,669 probation supervised youth nationwide may have been victims of abuse or neglect.
 - A distinct social policy conundrum is that at most 5% of abused or neglected youth are subsequently adjudicated delinquent, but these youth account for between 40 and 60% of the juvenile court population.
 - Abram, et al., 1998; Child Welfare League of America, 2007; Cauffman, Feldman, Waterman, & Steiner, 1998; Dembo, et al., 1998; Farrington, 1998; Kelley, Thornberry, & Smith, 1997; Minor, et al., 1997; Myner, et al., 1998; National Council, 1999; Wasserman & Seracini, 2000; Weibush, Freitag, & Baird, 2001; Weibush, McNulty, & Le, 2000.

Juvenile Court Population Disability Rates compared to the General Youth Population

	National Epidemiology rates for Juvenile Court Offenders	National Epidemiology rates for the General Youth Population
Special Education Disabilities	33 - 41%	4 - 10%
Mental Health Disorders	40 - 90%	9 - 16%
Alcohol and/or Drug Disorders	37 - 73%	5.4 - 6.1%
Maltreatment (child welfare) Histories	40 - 60%	1.4%

Disability Rates Comparisons



	Cuyahoga County, Ohio, Probation (juvenile offender) population	Cuyahoga County, Ohio, Juvenile Offenders in detention or incarceration	Ohio Juvenile Offenders in detention or incarceration	National Epidemiology rates for Juvenile Offenders	National Epidemiology rates for the General Youth Population
Special Education Disabilities	31.0%	43.0%	49.0%	33 - 41%	4 - 10%
Mental Health Disorders	30.9%	48.7%	71.0%	40 - 90%	9 - 19%
Alcohol and/or Drug Disorders	21.6%	31.7%	70.0%	37 - 73%	5.4 - 6.1%
Maltreatment (child welfare) Histories	33.9%	41.7%	n/a	40 - 60%	1.4%



Delinquency, Disabilities, and Detention

- Without preventative efforts and intervention services many of these youth within the **juvenile justice population** will neither have their **disabilities** identified nor treated within other youth systems:
 - **mental health system; substance abuse system; and special education systems (public schools).**
 - Without treatment and disability systems coordination, juvenile detention and correctional facility placement is often times the outcome.
 - ABA, 2007; Mears & Aron, 2003; Roberts, 2004; Stroul, Pires, & Armstrong, 2000.

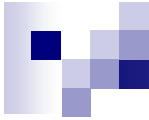
Current Policy Issues - 1. Detainment

- The current punitive policies, including detention center placement and incarceration, for juvenile felony offenders preclude a rehabilitative framework and are not working for a majority of these youth:

- ABA, 2007; Juvenile Defender Center, at <http://www.njdc.info/publications.php>



- A juvenile court judge is particularly challenged in the need to protect the community, run their court most effectively, reduce recidivism, and rehabilitate youth.



Delinquency, Disabilities, and Detention

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Current Policy Issues - 1. Detainment



- Of youth who are arrested, this outcome is experienced normally only one time, because **54 percent** of males and **70 percent** of females who come into contact with the juvenile justice system will never have a second contact.
 - Skowyra & Coccozza, 2001.
 - However, for youth who are detained, **70 percent** can expect to be rearrested or returned to detention within one year of their release.
 - Bezruki, Varana, & Hill, 1999.
- The experience of detention makes it more likely that youth will continue to engage in delinquent behavior and that the detention experience may increase the odds that youth will recidivate.
 - Holman & Zeidenberg, 2006; Torres & Ooyen, 2002.
 - Detained youth are more likely than non-detained youth to further penetrate the juvenile justice system, with prior commitment being the most significant predictor of recidivism: a youth with a prior commitment has a **13.5 times** increased risk of a second secure facility placement.
 - Benda & Tollet, 1999.

Current Policy Issues - 1. Detainment



- Incarcerating juvenile offenders for pre-trial detention or to secure correctional institutions is ineffective and harmful public policy (Rosch & Lederman, 2006) and compromises public safety .
 - Holman & Ziedenberg, 2006.

- Deviant behavior is increasingly found to be contagious among adolescents, particularly early adolescents.
 - Dodge, Dishion, & Landsford, 2006a; 2006b.

- Congregating delinquent youth together for treatment in a group setting leads to higher recidivism rates and poorer outcomes compared to youth who are not grouped together for treatment. Researchers call this process “peer deviancy training” or “peer contagion”.
 - Dishion, McCord, & Poulin, 1999.

- Findings have identified significantly higher levels of substance abuse, school difficulties, delinquency, violence, and adjustment difficulties in adulthood for those youth treated in a deviant peer group setting.
 - Dishion, McCord, & Poulin, 1999.

- Detaining youth also has a profound negative impact on juveniles’ education, mental and physical well-being, future employment, and workforce stability.
 - Cohen, 1998; Forrest, Tambor, Riley, Ensminger, & Starfield, 2000; Holman & Ziedenberg, 2006; Males, Macallair, & Corcoran, 2006.

- Time spent in detention interrupts positive peer, family, and school relations, while promoting a negative peer culture. Many detained youth with special needs fail to return to school.
 - Holman, & Ziedenberg, 2006.



Current Policy Trends - 1. Detainment in Ohio

- The state of Ohio recently recognized, though prompted by a Federal class action lawsuit settlement, the right to counsel for juveniles in state facilities who are making claims concerning their detention length and conditions.
 - Ghose, 2007
- After this settlement, a Justice Department investigation found these facilities were still not offering sufficient rehabilitative care, resulting in longer incarceration stays.
 - U.S. Department of Justice, 2007.

Current Policy Issues – 2. Representation



- Many youth who are eventually detained or incarcerated have waived their right to defense counsel - upwards of 50-90%.
 - ABA, 2007; Jones, 2004.

- But when counsel is not waived, juvenile offenders' access to representation is impeded by a number of factors including:
 - inconsistent and at times non-existent appointment of counsel;
 - increasing delinquency caseloads in juvenile courts and subsequently overburdened attorneys;
 - low compensation levels that effect attorney recruitment and retention; and,
 - low levels of attorney training.
 - Jones, 2004.

- This is highly problematic, for defense counsel assists not only in legal representation but in advocating for necessary mental health (including substance abuse) and special education disability services.
 - Puritz, Burrell, Schwartz, Soler, & Warboys, 2002.



Current Policy Trends – 2. Representation

- Not having legal representation poses risks to these youth because counsel can improve the quality and types of treatment programs juvenile offenders access for services.
 - American Bar Association, 2007b; Feld, 1990; U.S. Government Accounting Office, 1995.

- In fact, the Sentencing Project and Office of Juvenile Justice and Delinquency Prevention have identified effective juvenile representation to include:
 - valid and reliable youth evaluation assessments,
 - knowledge of youth development,
 - access to community services that address youths' special needs,
 - access to information and experts,
 - access and integration with community resources and experts,
 - emphasis on youth risk and protective factors,
 - integration and use of family strengths; and,
 - appropriate juvenile (not adult) defense strategies.
 - Office of Juvenile Justice and Delinquency Prevention, 2004; Young and Gainsborough, 2000.



Current Policy Issues - 3. Schools

- Many school systems are not providing legally required **special education** services.
 - IDEA, 1972; Mears & Aron, 2003.

- The needs and service gaps for **special education disabilities** may be greater in the juvenile justice system - though not empirically validated to date.
 - In Ohio's state correctional facilities for example, over 50% of the offenders have **special education disabilities** and are on average 4 years behind in academic grade level.
 - Cohen, et al., 2004.

Current Policy Issues - 3. Schools



■ Special Education Disability Laws

- Burrell & Warboys (2000) “Special Education and the Juvenile Justice System”, OJJDP:
 - <http://www.regionsix.com/Resource%20Library/Education/Education-Special%20Ed%20in%20Juvenile%20Justice.pdf>
- Mears & Aron (2003) “Addressing the Needs of Youth with Disabilities in the Juvenile Justice System”, The Urban Institute:
 - http://www.urban.org/UploadedPDF/410885_youth_with_disabilities.pdf

■ Federal disability laws are not currently implemented as intended throughout school systems.

- Poor implementation and avoidance by school systems in identifying youth with disabilities is one reason.
- Individuals with Disabilities Education Act (IDEA) is the main federal law that spells out the four types of special education disabilities.
- Section 504; CRIPA (Civil Rights of Institutionalized Persons), and ADA (Americans with Disabilities Act)
 - Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities. Section 504 ensures that the child with a disability has equal **access** to an education. The child may receive accommodations and modifications. Offers fewer remedies/rights than IDEA.



3. Special Education Disability Laws

- 1974 (IDEA) Individuals with Disabilities Education Act.
 - The major components of the original legislation had as its intent to ensure that children with disabilities have access to a free appropriate public education with special education services designed to meet their unique and individual needs that prepare them for employment and independent living (IDEA Part B§300.1).
 - Range of qualifying disabilities includes **mental retardation, deaf-blindness, deafness, hearing impairment, speech or language impairment; visual impairment, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, and multiple disabilities.**
 - Two most common disabilities found in juvenile justice populations are specific learning disability and emotional disturbance (Burrell & Warboys, 2000).



3. Special Education Disability Laws

<http://idea.ed.gov/>

- **1997 IDEA Reauthorization** further defined the regulations that schools must follow, with particular emphasis on the concept that children with disabilities are full participants in all aspects of the school program. Further the regulations emphasize the special education is a service not a "place." The following elements are the key concepts that must be in place to assure that the school is meeting its legal requirements. Children with disabilities must:
- Participate and make progress in the general education curriculum (§300.137).
- Have an equal opportunity to participate in non-academic and extra curricular activities (§300.306).
- Participate in education to the maximum extent appropriate with their non disabled peers (LRE) (§300.550).
- Be placed in special classes, have separate schooling or be removed from regular education environment occurs only if the nature and severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (§300.550).
- Be included in district-wide assessments with appropriate accommodations and modifications or participate in alternate assessment programs (§300.138).
- Have an IEP team that consists of the parent, at least one (1) regular education teacher, one (1) special education teacher, a representative of the public agency (generally the principal or designee) and the child if appropriate (§300.344).



3. Special Education Disability Laws

- **The Individuals with Disabilities Education Act (IDEA)** is the primary federal program that authorizes state and local aid for special education and related services for children with disabilities and was reauthorized in 2004.
- The new law preserves the basic structure and civil rights guarantees of IDEA but also makes significant changes in the law. Most provisions of Public Law (PL) 108-446 went into effect on July 1, 2005. The requirements regarding “highly qualified” special education teachers became effective immediately upon signature.



3. IDEA 2004 Reauthorization

■ IEP PROCESS

- **Short-term objectives.** The long established obligation for IEP teams to spell out short-term objectives for meeting each child's measurable annual IEP goals no longer exists for most children. Such short-term objectives are only required for the very small percentage of children (generally less than 1% of students with disabilities) who are taking alternate assessments aligned to alternate achievement standards. The No Child Left Behind Act (NCLB) limits participation on these assessments to students with the most significant cognitive disabilities. NCLB also provides that both grade-level and alternate achievement standards should be aligned with state content standards. Parents should ensure that their child's academic IEP goals are also aligned with these standards. Short-term objectives are essential stepping stones toward these goals for all students with disabilities, not just a very small percentage.
- **IEP progress reports.** The progress the child is making toward meeting the annual goals must be reported, but there is no longer a reference to "the extent to which the progress is sufficient to attain the goal by the end of the year." This information seems especially important to parents and teachers if there is a shared commitment to help all children learn to high standards set for all. Parents may see progress all year only to realize in June that the progress was not sufficient to meet the goal.
- **Transition information in IEP.** The amendments clarify that the transition process for a student with a disability now begins at age 16 and is not merely a plan for transition. Parents should request that the student's IEP, when appropriate, include a statement of inter-agency responsibilities and any needed linkages since this language is no longer in the statute.
- **Transfers between school districts.** Services comparable to those described in the IEP in effect before a child's transfer must be provided by the new school district. These services must continue until the previous IEP is adopted, or a new IEP is developed, adopted and implemented, in the case of a transfer in the same state or until a new IEP is developed, in the case of a transfer outside the state. This new provision will help parents of transferring students know what they can expect from their new schools.



3. IDEA 2004 Reauthorization

■ DUE PROCESS

- **Procedural safeguards notice.** The procedural safeguards notice will be distributed only once a year except that a copy will be distributed upon initial referral, when a parent makes a request for an evaluation, when a due process complaint has been filed or if a parent requests a copy. The notice will no longer be automatically distributed with the IEP team notice or upon reevaluation. This is only a problem if parents are unaware of their rights, including the right to request this notice if they need one.
- **Statute of limitations.** Parents now have two years in which to exercise their due process rights after they knew or should have known that an IDEA violation has occurred. The interpretation of the language "should have known" will be critical.
- **Due process complaint notice.** Parents who feel their child's educational rights are being compromised must file a complaint with the school district (with a copy to the state) identifying the name and contact information of the child, describing the nature of the problem with supporting facts and a proposed resolution. A new provision provides that the school district shall file a response within 10 days unless the district within 15 days notifies the state hearing officer that it is challenging the sufficiency of the parent's due process complaint notice. The State hearing officer has 5 more days to make a finding. In addition to the obvious delay, of particular concern is that the complexity of filing for due process may have a chilling effect on parents.
- **Resolution session.** Parents must go through a mandatory "resolution session" before due process. The school district will convene a meeting with the parents and relevant members of the IEP team within 15 days of when the school district receives the parent's due process complaint. The school district has 30 days from the time the complaint is filed to resolve the complaint to the satisfaction of the parents, after which a due process hearing can occur. This provision may encourage school systems to wait until a due process complaint is filed before trying to resolve issues. Attorney's fees are not reimbursed for work related to the resolution session.
- **Attorney's fees.** Parent's attorneys may be responsible for paying the school system attorney's fees if a cause of action in a due process hearing or court action is determined to be frivolous, unreasonable, or without foundation. Parents may be responsible for the school system's attorney fees if a cause of action was presented for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation. Obviously, parents should not file frivolous or improper causes of action, but it is important that school districts not use these changes in the law to intimidate parents. This could have a chilling effect on parents obtaining legal representation and filing valid complaints to improve their children's education.



3. IDEA 2004 Reauthorization

- **Discipline**
- **Stay put.** The right of a student with a disability to "stay put" in his/her current educational placement pending an appeal is eliminated for alleged violations of the school code that may result in a removal from the student's current educational placement for more than 10 days. Previously the law only denied "stay-put" rights to students with disabilities involved in drugs, weapons or other dangerous behavior or activity. The right to "stay put" while a parent challenges the manifestation determination or proposed placement is a critical element to ensuring a student's continued free appropriate public education in the least restrictive environment.
- **Services to be received in interim alternative educational setting.** A child is entitled to receive programming and services necessary to enable him or her to receive a free appropriate public education consistent with section 612(a)(1) during the period in which he/she is in an interim alternative education setting. Under IDEA 2004, the student must be provided services to enable him or her to continue to participate in the general education curriculum and to progress toward meeting the goals in the IEP.
- **Manifestation Determination Review.** Before IDEA 2004, the burden was on the school district to show that the behavior resulting in a disciplinary action was not a manifestation of the child's disability before being allowed to apply the same disciplinary procedures as they use for non-disabled children. The burden of proof for the manifestation determination review has now been shifted to the parents who have to prove that the behavior was caused by or had a direct and substantial relationship to the disability.
- **45 day limit.** The 45 calendar day limit on the removal for these offenses has been changed to 45 school days, which is significantly longer [now 9 instead of 6 weeks of school at a critical time when students with disabilities are being held accountable for meeting high state standards.]



Current Policy Trends - 4. Minority Youth

- Racial and ethnic minorities are overrepresented at most stages of the juvenile justice system and among the population of youths with **disabilities**.
 - Yet there is little evidence of juvenile justice systems providing appropriate **disability-related programming** for this population.



Current Policy Trends - 4. Minority Youth

- Detention and correctional facilities have an overrepresentation of minority youth and youths with disabilities.
 - Mears & Aron, 2003; National Institute of Justice, 2003; Teplin, et al., 2006.
 - Minority youth make up only **one-third** of the population but account for **two-thirds** of youth in long-term care facilities, and are more likely to be incarcerated than non-minority youth for the same types of offenses.
 - Poe-Yamagata & Jones, 2000.
- Programs that are designed to keep youth out of secure facilities often fail to serve the needs of minority youth.
 - For example, Ohio's RECLAIM (Reasoned & Equitable Community & Local Alternatives to the Incarceration of Minors) funding initiatives that provide financial support to local jurisdictions to develop alternative programs to reduce the number of youth incarcerated in state facilities served primarily white youth - **80 percent**.
 - Lowenkamp & Latessa, 2005.



Current Policy Trends – 5. System Barriers

- Effective programming for youths with disabilities requires overcoming systemic barriers and improving inter-system collaboration (**child welfare, mental health, substance abuse, and schools**) – necessary at diversion, during probation supervision, and at re-entry.
 - However, there is little evidence that systems communication, cooperation, or collaboration occur to any substantial extent.
 - “Because of conflicting orientations or resources, the result is an inefficiently interconnected set of systems that fail to provide disability related services for youth who need them.”
 - Mears & Aaron, p. vii.



Efforts to Address these Policy Trends

- In light of these difficult and problematic juvenile justice policy issues, efforts to alleviate these placements, incarcerations, and disparities have been undertaken. The Center for the Study and Prevention of Violence, the Office of Juvenile Justice and Delinquency Prevention, Washington State Institute for Public Policy, and a plethora of other research institutes have shown that increasing numbers of programs and initiatives focused on identifying and treating disabilities reduce juvenile recidivism, detention, and crime in a cost-effective manner.
 - Kamradt, 2001; Mendel & Peterson, 2007; Osher, Rouse, Quinn, & Woodruff, 2002; Office of Juvenile Justice and Delinquency Prevention, 2004.

- In particular, the TeamChild model, recognized as one of six promising programs for juvenile delinquency prevention (OJJDP, 2004) advocates for education and healthcare needs through psychological assessment and treatment coordination, and has been found in one study to save \$4,000 per youth in juvenile court recidivism costs.
 - Jones, 2004; Washington State Institute, 1998.

- Over the past decade, the Mental Health Juvenile Justice Diversion Project has shown a marked decrease in out-of-community placement and recidivism for 11 New York counties through mental health and substance abuse screenings at probation intake, treatment provided in the county probation departments as needed, and links to appropriate community providers.
 - Sullivan, Veysey, Hamilton, & Grillo, 2007.

- Most recently, the Illinois Mental Health Juvenile Justice Initiative identified youth re-entering the community from detention centers who had serious mental disorders, coordinated community-based treatment services by a system liaison, paid for by cost-sharing, and resulted in decreased arrest rates, increased school attendance, and improved youth functioning.
 - Illinois Juvenile Justice, 2007, National Center for Mental Health, 2008.



Efforts to Address these Policy Trends

- Within and beyond these specific programmatic efforts, behavioral, social learning, and cognitive-behavioral treatment modality interventions have been found effective with felony-offending youth with fidelity to implementation of treatment amount, quality, personnel training, and close monitoring imperative for positive outcomes
 - Lipsey & Wilson, 1998, Lipsey, 1992; Gendreau, 1996.

- Some additional common elements in proven service delivery programs for juvenile offender populations include:
 - treatment that occurs with the family or in a family-like setting;
 - treatment that occurs at home, or close to home;
 - services that are delivered in a culturally respectful and competent manner;
 - treatment that is built (intensely) around the youth, family, and community strengths; and
 - the offering of a wide range of appropriate services and resources for the youth and family.
 - Gies, 2003; Holman & Zeidenberg, 2006; National Center on Education, 2002; National Council of Juvenile and Family Court Judges, 2003; Young & Gainsborough, 2000.



Alternatives for Youth's Advocacy Program - (AFY)

- The Alternatives for Youth's Advocacy (AFY) Program in Cleveland, Ohio, is modeled after TeamChild, a civil legal advocacy project for juvenile justice system-involved youth. In the TeamChild (and AFY) model, legal representation is provided for youth involved in the juvenile justice system to assist them in accessing services (special education; health care; and safe living situations).
 - AFY has applied this model to include links to community-based programs through the development of collaborative partnerships with service providers and support for defense attorneys in dispositional planning and advocacy both in and out of the courtroom.
- AFY works with the youth and his or her family to develop a youth-directed plan for success that is designed to reduce time spent in pre-trial detention and dispositional sentences to incarceration.
 - AFY uses principles of therapeutic jurisprudence to make this a learning experience for the youth while empowering them to make decisions that will provide positive outcomes. This process is designed to facilitate the active participation of the youth in his/her treatment and educational services.
 - Once a plan is designed, AFY assists the youth and family with implementation, connecting them to needed services in the community, and advocating for special educational needs and other entitlement services.



Alternatives for Youth's Advocacy Program - (AFY)

- Youth in need of mental health evaluations are referred to the Juvenile Forensic Clinic, a partnership between AFY and University Hospital's Case Medical School's Department of Child and Adolescent Psychiatry, which provides diagnostic evaluations to youth prior to adjudication.
 - These evaluations provide proper diagnoses and make treatment recommendations for these youth. This model ensures timely diagnosis and treatment while protecting the youth's right against self incrimination. The diagnostic report is released to AFY which consults with the youth and their family about treatment recommendations and next assists in accessing necessary community-based services.
 - The report, recommendations, and treatment services are shared with the youths' defense attorneys to assist them in case advocacy. The defense attorneys use this information primarily for dispositional purposes, but it may also be helpful in addressing pretrial detention or competency issues. AFY also provides assistance and legal representation for accessing special educational services and assisting with issues related to living situations that may involve custody to relatives or the Department of Children and Family Services.
- In addition, AFY provides support for defense attorneys in advocating for their clients at detention hearings, amenability hearings, and dispositional hearings. AFY's staff, which consists of an attorney and social work team, provides support to the family at court hearings and assists the defense attorney in explaining the needs of the youth and the progress being made in addressing those needs to the jurist.
 - This is a very helpful component as many attorneys and jurists are unfamiliar with specific mental health diagnoses and treatment and are unfamiliar with the process necessary to access special educational services.



AFY – Case Example

- A 17-year-old African-American male was charged with two counts of Felonious Assault with a one- and three-year firearm specification (F-2) and one count of Carrying a Concealed Weapon (F-4). The young man was facing a discretionary bindover or state (ODYS) incarceration.
- After finding probable cause that the crime was committed, the youth was entitled to an amenability hearing which required the prosecution prove the youth was not amenable to treatment in the juvenile justice system. At the hearing, AFY's social worker had the opportunity to testify providing information regarding the youth's mental health and substance abuse diagnosis and the failure of the juvenile justice system to provide him with appropriate interventions previously.
- A psychological evaluation was conducted by University Hospitals (referred by AFY), and the results indicated diagnoses of Attention-Deficit/Hyperactivity Disorder, Cannabis Dependence, and Conduct Disorder.
- The judge found that this youth was amenable to treatment in the juvenile justice system and continued the juvenile court jurisdiction.
 - After the trial, during which he was convicted of the weapon charge, the youth was released from the detention center, placed on probation, and referred to community-based, intensive outpatient drug treatment, in which he is currently participating.



AFY – Case Example

- A 16-year-old African-American male had numerous felony charges pending, including Aggravated Burglary (F-1), Felonious Assault (F-2), Abduction (F-3), and Aggravated Menacing (M-1).
- Based on information gathered from the youth and family, it was suspected there may have been an undiagnosed mental health disorder. An evaluation referral was therefore made to University Hospitals, and the young man was diagnosed with Dysthymic Disorder and recommended medication and counseling treatment.
- The young man was adjudicated on several charges, and a referral was made for in-home family therapy and psychiatric treatment through University Hospitals.
 - At the disposition hearing, this plan was presented to the judge. The young man was terminated from probation (he was already on probation for prior charges) and was able to remain in the community with the recommendation that he follow through with the mental health services.



AFY Program Evaluation

- To determine whether the AFY services are effective, or if these case examples are unique, an initial evaluation of the program for high-risk felony offenders in Cuyahoga County is being undertaken.
- This project has primarily served male, minority youth, over the age of 16 at the time of offense, and charged with first- or second-degree felonies. Alternatives to incarceration are vital in Cuyahoga County, Ohio (greater Cleveland – with a youth population of 264,637, U.S. Census, 2006), where
 - 8,667 youth (of which 66 percent were minority) were adjudicated delinquent in 2005,
 - with 3,102 youth being held in the detention center (daily population of 125; 12-day average length of stay),
 - and 491 youth (of which 74 percent were minority) being incarcerated in locked county or state correctional facilities at some point during the year.
 - Cuyahoga County Juvenile Court, 2005.



AFY Program Evaluation - Hypothesis

- This initial experimental design evaluation of the Alternatives for Youth's Advocacy (AFY) program took place over a 21-month time period (September 15, 2005, to June 30, 2007) and posed the following research question:
 - Does the AFY program (mental health, special education, and vocational advocacy/services) cause a decrease in pre-dispositional detention and state correctional facilities sentences?

- Variables were operationalized as
 - "pre-dispositional detention" included number of days in detention and readmission to detention (while current charge is pending); and
 - "state correctional facilities" was placement in a state incarceration facility (Ohio Department of Youth Services).
 - "mental health" being any treatment service provided to address mental health or substance abuse disorders;
 - "special education" included advocacy and legal representation to the school district, identification of special education needs, individualized education plan (IEP) representations, and re-enrollment in school/alternative school placements; and
 - "vocational" included employment training programs and pro-social/vocational activities.



AFY Program Evaluation - Sampling

- The study population included all detention center-residing youth (at arraignment) with at least one felony charge (F1 to F5) from September 15, 2005, to February 5, 2007 (N = 820).
 - Youth with domestic violence charges, mandatory bindover commitments to criminal court, and referrals to the SCY (Strengthening Community Youth) program were excluded.
 - Mandatory bindover youth were excluded because they were prosecuted within the adult criminal court system.
 - SCY program referred youth (only 30 per year) were excluded because they were already receiving drug assessments and treatment services.
 - Domestic violence charges were excluded because they represent a skewed, large percentage of cases arraigned at the detention center because current Ohio law requires one individual to be arrested for every domestic violence police call. Many of these initial domestic violence charges are eventually dismissed, necessitating this study exclusion.
- A systematic random referral from this detention center population was drawn from the Cuyahoga County Public Defender's intake office whereby every 10th youth arraigned (beginning September 15, 2005, and ending February 5, 2007) was referred to AFY services (experimental group), the next 10th youth (number 20) was not referred to AFY services (control group), the next 10th youth (number 30) was then referred to AFY services (experimental group), and so on.
 - Over the 21-month program evaluation time period, 41 youth were referred to the AFY program (experimental group) and 41 youth were referred to the comparable group who did not receive AFY services (control group).



AFY Program Evaluation - Sampling

- All youth were represented on their delinquency case by the Public Defender's Office at the time of their arraignment.
- After arraignment, youth either received continued representation from the Public Defender's office or were assigned an attorney from the assigned counsel list. This decision was made by the assigned jurist.
 - The experimental group received services through AFY, and the control group proceeded through the court process in the manner in which the majority of cases proceed through the juvenile court.
 - Those in the control group who were under 18 years of age and still involved with or re-involved with the juvenile justice system after 12 months were offered AFY services.
 - The control and experimental group outcome measures were matters of public record held within the public domain. Consent for AFY services was provided by youth and parent or guardians at time of service initiation.



AFY Program Evaluation - Youth

- Youth randomly referred to both the experimental (AFY) and control (non-AFY) groups were very similar.
- The 41 youth who received AFY services were
 - male (93.0%), minority (87.8% African American; 2.2% Hispanic American; 10.0% Caucasian), and older at the time of offense (20.4% under 14 years of age; 25.3% age 15; 27.7% age 16; & 26.5% age 17).
 - These youth's offense level was primarily first- and second-degree felonies (29.0% F1; 30.0% F2; 4.0% F3; 29.0% F4; & 7.0% F5).
- The 41 youth who did not receive AFY services were
 - male (95.0%), minority (85.4% African American; 14.6% Caucasian), and older at the time of offense (17.1% under 14 years of age; 26.8% age 15; 26.8% age 16; & 29.3% age 17).
 - This comparison group of youth's offense level was also primarily first- and second-degree felonies (31.7% F1; 29.3% F2; 7.3% F3; 21.9% F4; & 9.8% F5).

AFY Accessed Services

	Experimental Group
Total # youth who received services (n; %)	23 (58.5)
Mental Health Disabilities	
Psychological/psychiatric Evaluation	10 (24.4)
In-home counseling	6 (14.6)
Community mental health services	4 (9.8)
In-patient drug treatment	2 (4.9)
Sex offender evaluation	1 (2.4)
Anger management counseling	1 (2.4)
Special Education Disabilities	
Legal representation to the school	10 (24.4)
Represented at IEP meetings	5 (12.2)
Re-enrollment in school or alternative	5 (12.2)
Multi-factored Evaluations and SED identified	3 (7.3)
Expulsion hearing representation/reversed	1 (2.4)
Vocational	
Employment training programs	6 (14.6)
Pro-social/vocational activities	2 (4.9)



AFY Program Evaluation - Services

- Over 58 percent of AFY-involved youth received at least one mental health, special education, or vocational service.
 - Almost 25 percent of these youth received a psychological or psychiatric evaluation, and over 35 percent received mental health or drug/alcohol treatment services.
 - AFY was responsible for providing advocacy and legal representation to these school districts for almost 25 percent of the youth, resulting in the identification of special education needs (7.3 percent), individualized education planning advocacy (12.2 percent), and the re-enrollment or placement of the youth in alternative school settings (12.2 percent).
 - AFY provided almost 20 percent of the youth with employment training programs or other vocational-related activities.



AFY Program Evaluation - Tests

- Data was collected for each youth from their date of study inclusion through March 1st, 2007, and for pre-dispositional detention and incarceration through June 30th, 2007.
- Detention center and state facility placement, total number of days in detention and state facilities, and detention center re-admissions were tracked.
 - An independent t-test (ratio level of measurement; parametric assumptions) was used to determine if the difference between the experimental and control groups number of days detained was statistically significant.
 - A chi square test (dichotomous level of measurement, non-parametric assumptions) was used to determine if the differences found between the experimental and control groups detention and state facility placements and detention re-admission rates were statistically significant.
 - If the differences were statistically significant ($<.05$), then a cost-benefit analysis was computed to determine the cost-savings attributed to the AFY Program's impact.

AFY Program Evaluation - Findings

	Experimental (AFY) Group (n = 41)	Control Group (n = 41)	Statistical Significance	AFY Cost-benefit Analysis (9/15/05 to 6/30/07)
<p>Pre-dispositional Detention <i>(current as of March 1, 2007)</i></p> <p>Average detention center stay (days)</p> <p>Detention re-admission (n; %)</p> <p>Detention center (n; %; # total days)</p>	<p>29.6</p> <p>0</p> <p>19 (46.3) 1,015</p>	<p>54.2</p> <p>11 (27.3)</p> <p>25 (61.0) 1,905</p>	<p><.016 Ind. Samples t-test (df = 79) = 2.46</p> <p><.001 Chi Square test: X2 (df = 1) = 12.74 2 cells < 5</p> <p><.184 Chi Square test: X2 (df = 1) = 1.766</p>	<p>\$222,500</p> <p>(1,905 days less 1,015 days = 890 days at \$250.00/diem = \$222,500)</p>
<p>State correctional facilities (ODYS) (n; %; # total days)</p> <p><i>(total days extrapolated from date of state facility placement to June 30, 2007)</i></p>	<p>3 (7.3) 629</p>	<p>12 (29.2) 2,471</p>	<p><.01 Chi Square test: X2 (df = 1) = 6.61 2 cells < 5</p>	<p>\$403,398</p> <p>(2,471 days less 629 days = 1,842 days at \$219.00/diem = \$403,398)</p>



AFY Program Evaluation - Findings

- The AFY program resulted in significantly reduced sentences to state correctional facilities (Ohio Department of Youth Services) and average detention center placement days.
 - However, while reducing the percentage of youth placed into detention, this reduction was not found to be significant.
- These fewer placement days that AFY-involved youth were not detained or incarcerated represented a total \$625,898 cost savings during this 21-month time period when compared to the non-involved youth.
 - More specifically, the total number of days in detention for AFY-involved youth decreased by **46.8 percent** representing a corresponding cost savings equal to \$222,500. Of these detention center-placed youth, the length of stay for those involved with AFY was on average 24 days shorter.
- No AFY-involved youth was re-admitted to the detention center during this evaluation time frame, while eleven (27.3 percent) of the youth not receiving AFY services were re-admitted.
 - Just as important, there was a **74.5 percent** decrease in number of state correctional facility placement days with only 3 of the AFY-involved youth (7 percent) incarcerated (for a total of 629 days) compared to over 29 percent (12) of the non-involved youth (for a total of 2,471 days; corresponding cost savings equal to \$403,398).



AFY – Discussion

- Half of the youth involved with the AFY program were in need of mental health and/or special education disability services, provided for through the program's advocacy and representation efforts.
 - These disability and vocational services that evaluations, family work, and legal advocacy efforts identified helped many of the youth avoid further juvenile justice system penetration.
- While no panacea, the AFY program provided these youth with efforts and advocacy comparable to what all offenders are to receive from the Public Defender's Office (or assigned counsel) and subsequently the juvenile court, but AFY did so in a more timely and thorough fashion, giving each youth and family the opportunity to identify current needs.
- This program evaluation population was almost exclusively minority youth (over 90 percent) already residing within the Cuyahoga County Detention Center at time of AFY admission.
 - Many of these youth and many potential delinquent youth might be able to avoid or minimize detention and incarceration outcomes through earlier disability identification and treatment, coordination, and legal advocacy efforts similar to the AFY program.



AFY – Discussion

- While these AFY evaluation findings in Cuyahoga County, Ohio, demonstrate the program's initial effectiveness at reducing state incarcerations, detention center re-admission placements, and detention center placement lengths for this population, a clear exception to these positive findings was the lack of difference in overall detention center placements for these youth.
 - A possible explanation, though not empirically identified, as to why these initial detention center placement rates were not significantly reduced was because AFY became involved with many youth at their time of detention center placement, precluding earlier advocacy.
 - Even so, these encouraging results are considered preliminary for this pilot study should be continued to determine if there is a long-term AFY impact.



AFY – Discussion

- The AFY program outcomes support on-going, broad-based policy efforts to address detention and incarceration concerns and recidivism rates, particularly for minority youth (Poe-Yamagata & Jones, 2000), and to find cost-effective preventative efforts for this highly at-risk population.
 - Holman & Zeidenberg, 2006.
 - Continued coordination and expansion of preventative programs and evaluations to identify effective programs is championed by the National Council on Crime and Delinquency supported by the Office of Juvenile Justice and Delinquency Prevention.
 - Krisberg, Barry, & Sharrock, 2007.
- In Ohio, former Attorney General Mark Dann applauded some of the state’s delinquency prevention efforts to date, but stated that the detention program must be “fixed, changed from its current prison-like atmosphere” and that Ohio should do away with its large state institutions (ODYS) in favor of smaller centers.
 - Akron Beacon Journal, 2007.
 - This contention was supported by a recent independent fact-finder appointed because of a federal lawsuit filed against the Ohio Department of Youth Services that found “most facilities . . . were overcrowded, understaffed, and underserved in such vital areas of safety, education, mental health treatment, and rehabilitative programming”.
 - Cohen, 2008.



AFY – Discussion

- This is a challenging order.
 - Over 80 jurisdictions in 20 states and the District of Columbia have shown success in moving from larger facilities and incarcerations to community-based supervision (Annie E. Casey Foundation, 2008).
 - However, most states and jurisdictions (of which there are over 1,300) continue to use larger detention and incarceration facilities.
 - Reasons stated for this utilization included the lack of other developed options in the best interest of the youth and community, even though it is generally recognized these facilities at best do not improve youth and family outcomes and often times harm the youth (OJJDP, 2004).



AFY – Discussion

- Early disability identification has been found in many at-risk youth populations, including juvenile justice, to be an important step to decreasing later poor and criminal outcomes because coordination efforts among disability systems can share resources and effort.
 - Klitzner, Fisher, Stewart, & Gilbert, 1991; Mears & Aron, 2003; Roberts, 2004; Stroul, et al., 2000.
 - However, efforts to identify disabilities in early-offending youth within the juvenile justice system may have a net-widening impact – expanding the number and types of youth brought under juvenile court supervision.
 - Ezell, 1989; Mears, 2000; Oldenettel & Wordes, 2000.
- The payoff for early disability identification could be significantly improved systems (funding) coordination and less juvenile justice system penetration, while the challenge could be an inability to get systems to coordinate resulting in funding battles, service gaps, and youth going without treatment.
 - Today, though, more positive outcomes look to be identified with the earlier disability screening and identification approach for this population.
 - Brenden & Tollet, 1999; Holman & Zeidenberg, 2006; Mears & Aron, 2003.



AFY – Study Limitations

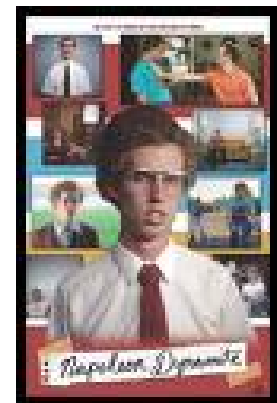
- This research project was a pilot evaluation of a novel juvenile justice approach to reducing delinquency, detention, and state incarceration of minority youth in the greater Cleveland, Ohio, area.
- The comparative sample sizes are relatively small and subsequent findings should be considered preliminary, and in need of continuation and replication.
- Some chi square statistical tests had cells that were less than five, so caution, not full confidence, is warranted.



Directions for Future Research

- These results contribute to the research literature that has found identification of disabilities and provision of treatment services for this population to be effective in reducing recidivism and incarceration.
 - Mears & Aron, 2003; Roberts, 2004.
 - However, the number of studies completed to date for the juvenile felony-offending population is limited, although much effort and resources are focused on the problems.
 - Office of Juvenile Justice and Delinquency Prevention, 2004.
- Research should continue to identify the prevalence rates of these disabilities within juvenile justice populations across jurisdictions, to determine the epidemiological extent of the problem, and then begin a discussion of court and community resource (re)allocation.
 - Until jurisdictions and states know the extent of youth disabilities within their juvenile courts, accurate planning cannot follow.
 - Epidemiology to date has utilized locked facilities as research populations, this work should continue but expand to include non-secure population studies.
 - Once identified, continued research designs that utilize at least comparison groups must be used with both the detained and non-detained youth populations determining treatment, sanction, and program efforts that may be effective in avoiding further or continued youth juvenile court involvement and system penetration.


**Thank you for attending and staying awake.
After this montage, we should get some
Starbucks or Peet's coffee - 50% more
caffeine per cup.**





References

- Akron Beacon Journal (5/27/07), available at <http://www.ohio.com/mid/beaconjournal/17282109.htm>.
- Archwarnety, Teara & Katsiyannis, Antonis (1998). Factors related to recidivism among delinquent females at a state correctional facility, *Journal of Child and Family Studies*, 7(1), 59-67.
- American Bar Association Juvenile Justice Center (2007b), available at <http://www.abanet.org/dch/committee.cfm?com=CR200000>.
- American Bar Association (2007a). *ABA president elect youth at risk initiative*, available at <http://www.abanet.org/initiatives/youthatrisk>.
- American Psychiatric Association (2000). *The diagnostic and statistical manual of mental disorders-IV – text revision*. American Psychiatric Association Press, Washington DC.
- Annie E. Casey Foundation (2008). *Juvenile detention alternatives initiative (JDAI)*, available at <http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/SitesAndContacts.aspx>
- Bezruki, D., Varana, D., & Hill, C. (1999). *An evaluation of secure juvenile detention*, Legislative Audit Bureau, Madison, WI., available at <http://www.legis.state.wi.us/LAB/reports/99-13full.pdf>.
- Benda, B.B. & Tollet, C.L. (1999). A study of recidivism of serious and persistent offenders among adolescents, *Journal of Criminal Justice*, 27(2), 111-126.
- Brenden, B.B. & Tollet, C.L. (1999). A study of recidivism of serious and persistent offenders among adolescents, *Journal of Criminal Justice*, 27(2), 111-126.
- Brunelle, Natacha, Cousineau, Marie, & Brochu, Serge (2000). Drug-crime relations among drug-consuming juvenile delinquents: A tripartite model and more, *Contemporary Drug Problems*, 27(4), 835-867.
- Boesky, Lisa (2002). *Juvenile offenders with mental health disorders: Who are they and what do we do with them?*, 4, American Correctional Association.
- Burrell, Sue & Warboys, Lauren (2000). *Special education and the juvenile justice system*, Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Washington DC.

- 
- Center for Mental Health Services (2004). *Mental health, United States*, U.S. Department of Health and Human Services, Public Health Service, Washington DC.
 - *Census of juveniles in residential placement databook* (2003). Office of Juvenile Justice and Delinquency Prevention, Washington DC, available at http://ojjdp.ncjrs.org/ojstatbb/cjrp/asp/State_Adj.asp.
 - Cohen, Mark, A. (1998). The monetary value of saving a high risk youth, *The Journal of Qualitative Criminology*, 14(1), 5-33.
 - Cohen, Fred (2008). *Final fact-finding report, S.H. v. Strickrath*, available at <http://www.dys.ohio.gov/dysweb/PressReleases/CohenReport/CONSULTANT%20REPORT%202012-31-2007.pdf>
 - Cuyahoga County Ohio Juvenile Court (2004; 2005). *Annual report(s)*, available at <http://juvenile.cuyahogacounty.us/annualreport.htm>.
 - Dishion, T.J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior, *American Psychologist*, 54(9), 755-764.
 - Dodge, K.A., Dishion, T.J., & Landsford, J.E. (eds) (2006a). *Deviant peer influences in programs for youth*. New York: Guilford Press.
 - Dodge, K.A., Dishion, T.J., & Landsford, J.E. (2006b). Deviant peer influences in intervention and public policy for youth, *Social Policy Report*, 20(1).
 - Ezell, Mark (1989). Juvenile arbitration: Net widening and other unintended consequences, *Journal of Research in Crime and Delinquency*, 26(4), 212-223.
 - Feld, Barry (1990). The punitive juvenile court and the quality of procedural justice: Distinctions between rhetoric and reality, *Crime and Delinquency*, 36, 443-458.



- Forrest, C.B., Tambor, E., Riley, A.W., Ensminger, M.E. & Starfield, B. (2000). The health profile of incarcerated male youths, *Pediatrics*, 105(1), 286-291.
- Garland, Ann, Hough, Richard, McCabe, Christin, Yeh, May, Woods, Patricia, & Aarons,
- Gregory (2001). Prevalence of adolescent substance use disorders across five sectors of care, *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(4), 419-426.
- Gendreau, P. (1996). The principles of effective intervention with offenders, in A. Harland (ed), *Choosing correctional options that work*, Sage Publications, Thousand Oaks, CA.
- Gies, Steve (2003). *After care Services*. OJJDP, Juvenile Justice Bulletin, available at <http://www.ncjrs.gov/pdffiles1/ojdp/201800.pdf>.
- Ghose, Carrie Spencer (2007). *Class-action suit alleges offenders in Ohio denied legal representation; State to set up formal program*, Associated Press, available at <http://www.ohio.com/mid/ohio/news/16620658.htm>.
- Holman, Barry & Ziedenberg, Jason (2006). *The dangers of detention: The impact of incarcerating youth in detention and other secure congregate facilities*, Annie E. Casey Foundation, Baltimore MD.
- Illinois Juvenile Justice Mental Health Initiative (2007), available at <http://www.pr-inside.com/mental-health-treatment-for-youth-reduces-r116936.htm>.
- Individuals with Disabilities in Education Act (2004 reauthorization), available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108.
- Institute for Judicial Administration – American Bar Association (IJA-ABA) (1980). *Juvenile justice standards*, Washington DC.
- Jones, Judith B. (June 2004). *Access to counsel*, Juvenile Justice Bulletin, U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Washington DC.
- Kamradt, B. (2001). Wraparound Milwaukee: Aiding youth with mental health needs, *Juvenile justice VII(1)*, Office of Juvenile Justice and Delinquency Prevention, Washington DC.
- Klitzner, M., Fisher, D., Stewart, K., & Gilbert, S. (1991). *Report to the Robert Wood Johnson Foundation on strategies for early intervention with children and youth to avoid abuse of addictive substances*. Bethesda, MD.: Pacific Institute for Research and Evaluation, available at http://www.rwjf.org/files/publications/books/2005/chapter_07.pdf.

- Krisberg, Barry, Barry, Giselle, & Sharrock, Emily (2007). *Reforming juvenile justice through comprehensive community planning*, National Council on Crime and Delinquency, Oakland, CA.
- Lexcon, F. & Redding, R.E. (2002). Mental health needs of juvenile offenders, *Juvenile Correctional Mental Health Report*, 3(1), 1, 2, 8-16.
- Lipsey, Mark (1992). The effect of treatment on juvenile delinquents: Results from meta-analysis, in F. Losel, D. Bender, & T. Bleisener (eds) *Psychology and law: International Perspectives*, Walter deGruyter: Berlin.
- Lipsey, Mark & Wilson, D. (1998). Effective intervention for serious juvenile offenders: A synthesis of research, in R. Loeber & D. Farrington (eds), *Serious and violent juvenile offenders: Risk factors and successful interventions*, Sage Publications, Thousand Oaks, CA.
- Lowenkamp, Christopher T. & Latessa, Edward J. (2005). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities, available at <http://www.dys.state.oh.us/dysweb/Reclaim/RECLAIMExecutiveSummaryAugust17.pdf>.
- Males, Mike, Macallair, Daniel, & Corcoran, Megan D. (2006). *Testing incapacitation theory: youth crime and incarceration in California*, Center on Juvenile & Criminal Justice, San Francisco, CA., available at http://www.cjcj.org/pdf/testing_incapacitation.pdf.
- Malmgren, Karen, Abbott, Richard, & Hawkins, David (1999). Learning disability and delinquency: Rethinking the "link", *Journal of Learning Disabilities*, 32, 194-200.
- Mears, Daniel (2000). Assessing the effectiveness of juvenile justice reforms: A closer look at the criteria and the impacts on diverse stakeholders, *Law & Policy*, 22(2), 175-202,
- Mears, Daniel & Aron, Laudan (2003). *Addressing the needs of youth with disabilities in the juvenile justice system: The current state of knowledge*, Washington, DC, The Urban Institute, available at <http://www.urban.org/publications/410885.html>.
- Mendel, Richard & Peterson, Julie (2007). *Pathways to juvenile detention reform: Beyond Detention (Series #14)*, available at <http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={CB481CEA-72CF-424F-BBF6-356C41DDC489}>
- National Center on Education, Disability, and Juvenile Justice (2002). Best and promising practices for short-term jails and detention centers. *EDJJ Notes*, 1: 2-3.
- National Center for Mental Health and Juvenile Justice (2008). *The Illinois mental health juvenile justice initiative*, available at <http://www.ncmhji.com/Blueprint/programs/Illinois.shtml>
- National Council on Disability, (2002). *National disability policy: A progress report*, December Washington, DC, available at http://www.ncd.gov/newsroom/publications/2003/progressreport_final.htm.
- National Council of Juvenile and Family Court Judges, Juvenile Sanctions Center (2003). *Graduated sanctions for juvenile offender: A program model and planning guide*, Reno, Nevada.

- 
- National Institute of Justice, (2003). *Arrestee drug abuse monitoring: Annual report*, available at <http://www.ncjrs.org/pdffiles1/nij/103013.pdf>.
 - Office of Juvenile Justice and Delinquency Prevention (2004). *Model program guide*, U.S. Department of Justice, Washington, DC. Ohio Department of Youth Services (2006). *Annual report*, available at <http://www.dys.ohio.gov/dysweb/Publications/Final%20FY2006%20Annual%20Report.pdf>
 - Ohio Department of Youth Services (2007). *The responsibility of the juvenile justice system: Preparing Incarcerated youth for academic success*, Governor's Conference on Increasing the High School Graduation Rate for African American Males, May 30th, 2007.
 - Oldenettel, Debra & Wordes (2000). *The community assessment center concept*, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Washington, DC.
 - Osher, D., Rouse, J., Quinn, M., & Woodruff, D., (2002). Addressing invisible barriers: Improving Outcomes for youth with disabilities in the juvenile justice system. Center for Effective Collaboration, College Park, MD.
 - Plisaka, Steven, Sherman, James, Barow, Virginia, & Irick, Sheila (2002). Affective disorders in juvenile offenders: A preliminary study, *American Journal of Psychiatry*, 157, 130-132.
 - Poe-Yamagata, E & Jones, M. (2000). *And Justice For Some*, Building Blocks for Youth, Washington DC, available at <http://www.buildingblocksforyouth.org/justiceforsome/>.
 - Puritz, P., Burrell, S., Schwartz, R., Soler, M., & Warboys, L. (2002). *A call for justice: An assessment of access to counsel and quality of representation in delinquency proceedings*, American Bar Association, Juvenile Law Center, and Youth Law Center, available at <http://www.njdc.info/pdf/cfjfull.pdf>.
 - Roberts, A.R. (2004). *Juvenile justice sourcebook: Past, present, and future*. Oxford Press.
 - Rosado, Lourdes & Shas, Riya (2004). *Protecting youth from self-incrimination when undergoing screening, assessment and treatment within the juvenile justice system*, Juvenile Law Center, available at <http://www.jlc.org/index.php/publications/17>.
 - Rosch, J. & Lederman, C. (2006). Creating a legal and organizational context for reducing peer influence. In K.A. Dodge, T.J. Dishion, & J.E. Landsford (eds), *Deviant peer influences in programs for youth* (pp. 141-161). New York: Guildford Press.
 - Shepherd, Robert E. (2003). Still seeking the promise of Gault: Juveniles and the right to counsel, *Criminal Justice Magazine*, 18(2), available at <http://www.abanet.org/crimjust/juvjus/cjag/18-2shep.html>.



- Sickmund, M. (June 2006). *Juvenile residential facility census, 2002: Selected findings*. Juvenile Offenders and Victims National Report Series, U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Washington, DC.
- Sickmund, M., Sladky, T.J., & Kang, W. (2004). *Census of juveniles in residential placement databook*, available at <http://www.ojjdp.ncjrs.org/ojstatbb/cjrp/>.
- Skowrya, Kathleen R. & Coccozza, Joseph J. (2001). *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health in contact with the juvenile justice system*, National Center for Mental Health and Juvenile Justice available at <http://www.ncmhij.com/Blueprint/default.shtml>.
- Stahl, Anne L. (2006). *Delinquency cases in juvenile court, 2002*, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Washington DC, available at <http://www.ncjrs.gov/pdffiles1/ojjdp/fs200602.pdf>.
- Stroul, B., Pires, S., & Armstrong, M. (2000). *Health care reform tracking project*, Louis de la Parte Florida Mental Health Institute, University of South Florida.
- Sullivan, Christopher, Veysey, Bonita, Hamilton, Zachary, & Grillo, Michele (2007). Reducing out-of-community placement and recidivism: Diversion of delinquency youth with mental health and substance use problems from the justice system, *International Journal of Offender Therapy and Comparative Criminology*, 51(5), 555-577.
- Teplin, Linda, Abram, Karen, McClelland, Gary, Mericle, Amy, Dulcan, Mina & Washburn, David (April 2006). *Psychiatric disorders of youth in detention*, Juvenile Justice Bulletin, Office of Justice Programs, OJJDP, Washington DC.
- Torres, Catherine & Ooyen, Marcel V. (2002). *Briefing paper*, Committee on Youth Services, New York, available at <http://webdocs.nycouncil.info/attachments/56862.htm?CFID=2743&CFTOKEN=47936712>.
- U.S. Census Bureau, *American Community Survey – Cuyahoga County* (2006), available at http://nodis.csuohio.edu/nodis/acs/2006_ACS/06social/soc_CuyahogaCounty.pdf
- U.S. Department of Education, Office of Special Education Programs (OSEP, 2004). *Data Analysis System, Table AA5*, available at <http://www.ed.gov/about/reports/annual/osep/2003/25th-vol-1-sec-1.pdf>.
- U.S. Department of Justice, Civil Rights Division, *Marion Facility Investigation Report*, May 9, 2007, available at: http://www.usdoj.gov/crt/split/documents/marion_findlet_5-9-07.pdf.; Sciota Facility Investigation Report available at: http://www.usdoj.gov/crt/split/documents/scioto_findlet_5-9-07.pdf
- U.S. Government Accounting (now Accountability) Office (1995). *Juvenile justice representation rates varied as did counsel's impact on court outcomes*, Washington DC.
- Washington State Institute for Public Policy (1998). *Watching the bottom line: Cost effective interventions for reducing crime in Washington*, available at <http://www.teamchild.org/pdf/WSIPP.pdf>
- Young, M.C. & Gainsborough, J. (2000). *Prosecuting juveniles in adult court: An assessment of trends and consequences*, The Sentencing Project, Washington, DC.