

OHIO JUVENILE JUSTICE NEEDS ASSESSMENT

executive summary

method ■ findings ■ actions

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Overview

At the direction of Governor Bob Taft and Lieutenant Governor Maureen O'Connor, the Ohio Office of Criminal Justice Services (OCJS) designed and conducted a comprehensive needs assessment of the Ohio juvenile justice system.

A research model was designed to determine the level of existing needs and services, establish desired levels of services, then assess and prioritize the gaps between the two.

Through the assessment process and analysis, distinct themes emerged to be addressed through future planning, initiatives, and ultimately funding. Chief among these themes is the enormous challenge to the juvenile justice system of responding to the needs of mentally ill juveniles, particularly those with dual-diagnosis issues. Substance abuse problems continue to increase among juvenile offenders—and at increasingly earlier ages—and are exacerbated by inadequate systems of aftercare in many communities when juveniles are released from secure facilities. Other findings uncovered a subset of increasingly violent younger offenders, the need for gender-specific services for system-involved girls, and the need for more positive parental and community involvement in the lives of many juveniles, especially those at the greatest risk for system involvement.

The following Executive Summary is intended as a snapshot of the Assessment; its accurate briefness offers a view of Ohio's current juvenile justice needs, while establishing a clear basis for the recommended actions that follow.

While the focus of the Juvenile Justice Needs Assessment was not directly tied to federal grants administered by OCJS, the findings are an invaluable guide for juvenile justice planning in Ohio.

Method

Research methodologies used to accomplish this assessment included surveys of juvenile justice professionals; a citizen attitude survey and focus groups conducted with system professionals; court-involved and non-court involved juveniles, and other sources of crime and juvenile justice system tracking data.

PRACTITIONER SURVEY

OCJS administered a survey to professionals representing the spectrum of the juvenile justice system, from judges, prosecutors and defense counsel to law enforcement, public detention center, treatment providers, and aftercare staff. The survey included a combination of small, medium and large counties to form a representative statewide sample, and had a response rate of 60.6 percent.

Major Findings

- Drug and alcohol treatment and mental health treatment services evoked the most attention from respondents.
- Recruiting and retaining quality staff rated as the greatest need in the juvenile justice system.
- While practitioners feel it is the purpose of the juvenile justice system to protect society and ensure public safety, public perception¹ is that the system is designed to redirect troubled

youth and build stronger families.

- County representatives rated local government, including law enforcement and Children’s Services, as the most important resource in helping them meet their needs, in contrast to state government employees who rated families as their most important resource.
- Representatives from large counties rated community and nonprofit organizations as more useful than representatives from other groups.
- Small- and medium-sized county practitioners rated schools as a much more important resource in helping meet their needs than representatives from large counties or state government.

PRACTITIONER FOCUS GROUPS

Twelve focus groups of 144 professional service providers were conducted throughout Ohio. Overall, focus group participants emphasized two specific areas: the need for more and better treatment programs, and more prevention and early intervention programs.

Major Findings

- Treatment needs for juvenile offenders with mental health issues.
- Treatment needs for juvenile offenders with substance abuse problems.
- Programs specifically designed for female juvenile offenders.
- Effective risk and need assessments of youth entering the system to improve matching offenders with services.
- Proactive approach by the social service system toward identifying and addressing the needs of at-risk youth at younger ages, including development of school-based programs, after-school activities and family-based programs.
- Parent training and support, as well as the need to hold parents more accountable for the behavior of their children.
- Greater collaboration with the community.
- Court service needs include streamlining procedures to better meet the large volume of juvenile cases; better risk and need assessments of juveniles and their competency for court hearings, and enforcement of court/probation orders.
- Aftercare treatment needs including the lack of aftercare services following release; follow-up services after community treatment and the need to work with families so juveniles do not return to the same home conditions that existed when they got into trouble.
- The increasing number of offenders under the age of twelve who are more violent or aggressive. A common need is for appropriate placement services, followed by prevention projects specifically for youth at risk of becoming violent or aggressive.

JUVENILE FOCUS GROUPS

Ten focus groups comprised of juvenile participants were conducted in various regions of Ohio. Focus groups included representatives from both rural and urban counties; males and females, and court-involved and non-court involved juveniles.

Major Findings

- Less than one-quarter of the youth were able to identify a positive influence in their lives.

Practitioner discussions noted that the level of needed services far exceeds the human resources available, cumbersome requirements associated with primary funding programs, and the impact of prioritizing needs to the detriment of others.

A lack of detention beds in some communities results in out-of-county placements, hindering the efforts and involvement of families and local service providers.

- A family member was the most common positive influence, although the actual involvement of the family members appeared minimal.
- Both direct and indirect drug and alcohol involvement were the primary problem of nearly all the youth in the focus groups.
- Negative home environments and peer groups placed great pressure on the youth to use drugs and alcohol, including parents and/or peers using substances.
- Physical abuse, absence of a father and a general lack of discipline, rules, or consequences were all identified as negative influences.
- Females noted that physical abuse and hostile and antagonistic relationships with their mothers were negative influences.
- For males, lack of discipline or consequences were the most negative influences in their home lives. Several participants stated that they or their friends live in homes environments so bad they want to go back to the detention facility.
- The four positive characteristics most often mentioned about institutions were: enforcement of consequences for unacceptable behavior; the opportunity to “stay out of trouble for awhile;” having time “to think about how to make better decisions,” and the opportunity to go to school and receive credits.
- Negative characteristics of detention facilities raised by juveniles included the fairness, consistency and communication of facility rules.
- Family visits were often cited as a very positive influence in rehabilitation, although many juveniles mentioned problems with the few number of visitors allowed, short duration of visits, travel distance for family members and lack of overnight facilities for families.
- Only a few participants mentioned avoiding peers who use substances as an important preventive step, although they frequently linked drug use with peer groups.
- Youth expressed concern about their release from detention facilities, fearing that once they return to the same environment, they will resort to drug use once again.

CITIZEN ATTITUDE SURVEY

The citizen attitude survey implemented during the summer of 2000 produced approximately 800 surveys of Ohio adults, with citizen responses to the top ranking juvenile justice needs listed below.

Citizens demonstrated support for maintaining separate systems and facilities for juveniles and adults and a willingness to cross those lines when treating violent juveniles. A plurality of respondents refused a blanket exclusion of 12 and 13 year-olds from the adult system.

Major Findings

- Citizens felt that after-school programs for youth, volunteers to serve as mentors, people willing to look out for each other’s children and their behavior, alcohol and drug prevention programs and programs that reach out to young people with mental or emotional problems were needed to “deal with” juveniles.
- Coordinated involvement of families and juvenile court and social service agencies is necessary to address the needs of troubled young people.
- African-American respondents expressed a very great need for every one of the options presented for addressing troubled juveniles. The greater support among African-Americans was especially large for the school resource officer concept, gang prevention programs and helping delinquents without labeling them as troublemakers.
- Families and relatives was the clear preference for the resources that would best serve juvenile justice needs, yet African-Americans’ preference was for faith-based organizations—expressing much less concern than Caucasians about church-based mentoring programs.

Juveniles identified three preventive factors that might have helped them avoid detention: more available structured recreation; specialized school curriculum, and disciplined home environments where support of school attendance was offered.

Recommendations

Early in 2001, an analysis of the survey and focus group data began that would lead to recommendations to address needs in Ohio's juvenile justice system. These nine categories and corresponding recommendations were not produced in a vacuum, but rather truly reflect the collective voice of the juvenile justice community.

A threshold caveat: that future juvenile justice services, programs and interventions be offered in conformance with research-based best practices. Without question, practitioners, funding agencies and state and local decision makers will best serve juveniles by becoming familiar with model programs and best practices for which research has found evidence of effectiveness. Meeting the needs of young Ohioans requires incorporating research findings of effective intervention into program development and service delivery in every community.

I. MENTAL HEALTH & MENTAL RETARDATION

The number of mentally ill juveniles entering the juvenile justice system is growing, and includes a population of juveniles with dual diagnoses². Nearly 95 percent of the judges agreed or strongly agreed that there is a need for more and better options for juveniles with mental health problems; 90 percent of defense attorneys agreed or strongly agreed that there was a need for services for juvenile clients with disabilities or communications handicaps, and a full 91 percent of treatment providers believe that juveniles with mental health issues are not being effectively treated. All of the Ohio Department of Youth Services aftercare staff surveyed agreed or strongly agreed that more resources need to be devoted to violent, aggressive youth who are mentally ill or mentally retarded.³

Recommended Actions

1. Review and consider the recommendations of the Ohio Sentencing Commission concerning juvenile competency.
2. Develop a strategic initiative to meet the needs of those with mental illness and mental retardation involved in the juvenile justice system through appropriate referrals and programs.
3. Educate juvenile justice system professionals in ways to better identify and address the mental illness needs of juveniles.
4. Promote a system orientation of treatment for juveniles with mental illness in the least restrictive environment possible while ensuring community safety.

II. Alcohol & Substance Abuse

Practitioners are seeing an increasing population of young offenders with substance abuse problems, with many of the youth coming from homes in which parents and other family members also abuse substances. There are insufficient residential treatment alternatives available for youth, particularly for very young offenders, with local programs preferable to placement in out-of-county facilities.

Practitioners, funding agencies and state and local decision makers will best serve juveniles by becoming familiar with model programs and best practices for which research has found evidence of

Recommended Actions

1. Offer substance abuse prevention and treatment programs of demonstrated effectiveness for very young juveniles.
2. Develop a response for juveniles from home environments where substance abuse is occurring.
3. Increase the availability of effective drug treatment services to juvenile correctional facilities, community residential and nonresidential settings and families.
4. Promote a system orientation of treatment for juveniles with substance abuse problems in the least restrictive environment while ensuring community safety.

III. AFTERCARE

On release from detention, youth often return to the same environment that initially contributed to their delinquency, increasing the likelihood of recidivism. Juvenile offenders require supervision to ensure compliance; monitor peer and recreational activities, and ultimately increase the long-term effectiveness of treatment strategies.

Recommended Actions

1. Provide alternative placements for juveniles with abusive or delinquency-generating home environments.
2. Ensure supportive community reentry services that facilitate the positive adjustment of youthful offenders released from state and local facilities.
3. Increase the quantity and quality of aftercare services for youth who are discharged from detention and treatment facilities.

IV. YOUNG VIOLENT OFFENDERS

System professionals described a subset of younger offenders with severe behavioral problems, especially noting a lack of sufficient treatment options for young juvenile sex offenders. Although juvenile crime is lower overall, the system faces the challenge of striking a balance among public safety; personal accountability, and treatment needs for young violent offenders.

Recommended Actions

1. Promote a system orientation of treatment for violent juveniles in the least restrictive environment possible while ensuring community safety.
2. Increase the availability of specialized treatment programs for juvenile sex offenders; offenders with conduct disorders, and other offenders who may be unresponsive to traditional forms of treatment.
3. Increase collaboration of children’s services and juvenile justice agencies in order to work with this population of offenders.

V. SYSTEM-INVOLVED GIRLS

There appears to be a growing number of increasingly younger and more violent female offenders, and the juvenile justice system is unprepared to work with this sub-population. Ninety percent of

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the judges surveyed agreed or agreed strongly that there is a need for increased gender-specific treatments for girls.

Recommended Actions

1. Develop and expand the availability of gender-specific treatment programs for female juvenile offenders.
2. Provide training for law enforcement, juvenile court staff and treatment providers on gender-specific issues and how to appropriately work with female juvenile offenders.

VI. RESOURCES

As with most sectors of business or government, juvenile justice system practitioners expressed the desire for more fiscal and human resources. Especially in an era of increased accountability and tighter budgets, the underlying consideration must be how additional fiscal or human resources will improve service delivery. This can be seen in the practitioner responses to a ten-item list of resource needs they were asked to rank in order of importance for their profession. The top response was staffing quality, with training needs for staff ranking third. Staff quantity finished fourth in the list. The order remained the same when the practitioners were asked to re-rank the ten items in terms of the entire juvenile justice system in Ohio.

Recommended Actions

1. Hire and retain quality staff.
2. Pool fiscal resources to transcend system boundaries and collaboratively serve multi-system youth.

VII. Parenting

Households in which both parents work are more likely to provide inadequate supervision of their children. Parenting is a learned set of skills many parents—especially young parents—lack and often pass on to the next generation. Juveniles in the focus groups clearly expressed the lack of consequences and supervisions in their home environments.

Recommended Actions

1. Implement supportive parenting programs for the families of at-risk youth.
2. Offer parenting classes in community settings and at times convenient for families and working parents.
3. Increase the involvement of parents in planning and carrying out treatment plans.

VIII. Community Involvement

The juvenile justice system is unable to bear the full responsibility of transitioning youth back into their communities. Local communities can assist in addressing delinquency by providing opportunities for youth to be more involved in positive activities and supports. Businesses, for example, have played an important role by sponsoring recreational activities such as sports teams, and youth serving organizations provide programming that increase pro-social behaviors and skill development. The juvenile justice system needs to embrace the larger community as equal partners and tap into the positive support they can provide. Currently, there are few alternative

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activities that speak to the diversity of youth interests, with a lack of adult supervision and interaction necessary to provide ongoing support and guidance to offenders.

Recommended Actions

1. Involve the community in juvenile justice using restorative justice strategies.
2. Include a positive youth development approach in all phases of planning and implementation of after-school activities.
3. Offer services increasing the interaction between juvenile offenders and caring, responsible adults, such as mentoring, service learning projects and internships.
4. Involve the faith community in prevention and intervention services.

IX. INFORMATION

Juvenile justice practitioners expressed strong interest in more information, specifically mentioning the need for an automated tracking system that could provide social, programmatic and treatment profiles on youth before the court. The desire for more information also includes evaluation data on the effectiveness of various treatment alternatives.

Recommended Actions

1. Evaluate youth-serving programs to identify solutions that work.
2. Expand management information systems in the juvenile justice system and continue to encourage information sharing among systems and agencies.

The Last Word

Finally, a number of recommendations are so central to juvenile justice needs that they transcend programmatic issues. If implemented, the following broad-based, long-term recommendations will do far more to positively and delivery of juvenile justice services in Ohio than additional personnel or funding might ever hope to

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System Recommended Actions

1. Hire and retain qualified and well-trained staff, key to program success as identified in best practice evaluation research.
2. Improve screening at all points and levels of the juvenile justice system to better identify offender risks, needs and assets, to successfully match offenders to treatment and programs.
3. Conduct an evaluation of court process and develop strategies to reduce the time between offense and adjudication, including where assessment and placement fit into the time continuum.
4. Offer basic and advanced training opportunities for probation officers.
5. Expand the use of community-based graduated sanctions.
6. Develop better methods of identifying at-risk youth at earlier ages.
7. Implement broad-based delinquency prevention programs in communities.

¹ According to the Citizen Attitude Survey conducted as part of this assessment.

² Dual diagnosis refers to an individual who has been identified as having both a substance abuse and mental illness diagnosis.

³ Most of these concerns mirror those discussed in *The Report of the Surgeon General's*

Conference on Children's Mental Health: A National Action Agenda and in the Final Report and

Recommendations: Ohio Task Force on Mental Health Services to Juvenile Offenders.