Profiles of Successful Outcomes by Juvenile Offenders with Mental Health and Substance Use Issues: Age, Gender, and Race

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Abstract

There are currently a large percentage of juveniles that are placed in juvenile detention centers who suffer from some type of mental health or substance use disorder. The objective of this thesis is to identify if demographics such as gender, age, and race play a role in any successful outcomes for juvenile offenders with mental health and substance use issues. This research is a content analysis study and the sample is made up of 48 cases that are involved in the specialized dockets of drug court and mental health court in a juvenile justice center located in Northeast Ohio. Based on existing literature I expect to find that: 1) older juvenile offenders involved in mental health and drug court will have more successful outcomes than younger juveniles involved in mental health and drug court, 2) white juvenile offenders involved in mental health and drug court will have more successful outcomes than minority juvenile offenders involved in mental health and drug court, 3) female juvenile offenders involved in mental health and drug court will have more successful outcomes than male juvenile offenders involved in mental health and drug court and 4) age will be the most significant predictor for juveniles involved in mental health and drug court. Results show support that age and gender differences exist in court outcomes for juvenile offenders. Future attention may be beneficial in creating support services for those juveniles shown to have negative outcomes with mental health and drug court.
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Chapter I

Introduction

Mental health and substance use issues for juveniles are increasing rapidly throughout the country which is putting a strain on the juvenile justice system. According to Korchmaros, Thompson-Dyck, and Haring (2017), about half of the juveniles involved in the U.S. juvenile justice system have some type of substance-related problem and a majority of juveniles in the U.S. juvenile justice system have at least one type of mental health disorder. Research has shown that the rate of mental illness in juvenile offenders is at least double when compared to the juvenile general population (Cocozza and Skowyra, 2000; Behnken, Arredondo, and Packman, 2009). Additionally, a congressional study that was completed determined that approximately 2,000 youth are admitted into detention facilities every day simply because mental health services are unavailable within their community (Gardner, 2011). Ramirez and associates stated that research done by Shufelt and Cocozza had determined that “70.4% of court-involved youth in both detention centers and community-based programs meet criteria for at least one psychiatric diagnosis” (2015, pg. 31).

Substance use in juvenile offenders has also been at a steady increase in recent years. Research shows that between 1990 and 1999 there was a 132% increase in drug arrests per 100,000 juveniles and a 121% increase in drug cases being formally handled by the juvenile court between 1989 and 1998 compared to the 44% increase in juvenile delinquency cases for that same time period (Snyder and Sickmund, 2000; Belenko and Dembo, 2003). In 2011, researchers found that 258,000 out of the approximately 1.5 million juvenile arrests were directly related to drug or alcohol use (Manchak, Sullivan,
Schweitzer, and Sullivan, 2016). For youth involved within the juvenile justice system, it has been determined that at least 50% suffer from some type of substance-related problem (Dierkhising, Ko, Woods-Jager, Briggs, Lee, and Pynoos, 2013; Korchmaros et al. 2017; Mulvey, Schubert, and Chassin, 2010; OJJDP, 2001; Teplin, Elking, McClelland, Abram, Mericle, and Washburn, 2005).

Due to the lack of services within the communities, such as counseling and drug programming, researchers and juvenile justice professionals have observed that the juvenile justice system has become the main destination for juveniles with mental health and substance use issues which has put a strain on the juvenile justice system (Pullman, Kerbs, Koroloff, Veach-White, Gaylor, and Sieler, 2006). Detaining juvenile offenders who suffer from a mental health or substance use issue may put additional stress on the juvenile as well, because their mental health or substance use issue may make it difficult for them to adapt to their environment as well as the expectation of detention. Furthermore, their criminal offending may have been a result of their mental health or substance use issue going undiagnosed or untreated. In an attempt to address the increasing need for mental health and substance use services, the juvenile justice system created system specialized court dockets: mental health court and drug court, within the juvenile system in order to address and provide services for juveniles with a mental health or substance use issue both in and out of the criminal justice system. By funneling cases involving juveniles, who have been determined to have a mental health or substance use issue, into the appropriate specialized docket the ability to both hold youth accountable for their crime as well as addressing their needs may be possible.
In an attempt to ensure specific terms are understood correctly throughout this thesis, the following definitions have been provided:

**Comorbidity** - The presence of two or more mental health disorders (Yampolskaya and Chuang, 2012).

**Juvenile Drug Court** - A specialized docket within the larger juvenile court system, which is most effective with juveniles who have both a high criminogenic risk and a need for substance abuse treatment (Dennis, 2009; Nissen and Pearce, 2011).

**Mental Illness** - A condition that impacts a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis (National Alliance on Mental Illness, 2016).

**Recidivism** - A person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime (National Institute of Justice, 2014).

**Substance Use** - The continued use of alcohol, illegal drugs, or the misuse of prescription or over-the-counter drugs with negative consequences (The University of Maryland Medical Center, 2016).

The research question being examined in this thesis is: how successful are the outcomes of certain juvenile offenders when they are involved in mental health and drug court? This thesis will examine four different hypotheses:

1) Older juvenile offenders involved in mental health and drug court are more likely to have successful outcomes than younger juvenile offenders who are involved in mental health and drug court.
2) White juvenile offenders who are involved in mental health and drug court are more likely to have successful outcomes than black juvenile offenders who are involved in mental health and drug court.

3) Female juvenile offenders who are involved in mental health and drug court are more likely to have successful outcomes than male juvenile offenders who are involved in mental health and drug court.

4) Age will be the most significant demographic predictor for juveniles involved in mental health and drug court.

It is important to note that a majority of youth that come in contact with the criminal justice system generally come from economically deprived backgrounds resulting in them having very little, if any, access to mental health and substance use services prior to becoming involved with the juvenile justice system (Fazel, Doll, and Langstrom, 2008). Dependence on the juvenile justice system to identify and address these problems has resulted in criminalizing mental health and substance use issues which, at times, can be more harmful than helpful.

This research is important due to the dramatic increase in juveniles with both diagnosed and undiagnosed mental health and substance use issues becoming involved in the juvenile justice system. Examining the successful completion rates for juvenile with a mental health or substance use issue as well as the benefits of implementing specialized dockets of mental health court and drug court may provide several opportunities to the juvenile justice system. Implementing mental health and drug court dockets as well as knowing the rate of successful outcomes of those dockets of mental health, professionals may be able to create or amend existing policies and programs within the juvenile court
to ensure all youth are being assessed properly and their needs are being met as quickly and efficiently as possible. Results of this thesis may aide the juvenile justice system in seeing the importance of creating and implementing assessments and screenings that are thorough enough to ensure that all needs may be identified, as well as being easy enough for non-clinical staff to administer when needed. Ensuring that non-clinical staff are educated will also enable clinical professionals to further assess and identify the needs of the juvenile as quickly as possible.

While making a proper diagnosis and addressing mental health and substance abuse issues as quickly as possible is a vital first step, research done within this thesis may also help make professionals understand and become aware of the profiles of the successful outcomes of juvenile offenders who suffer from mental health and substance use issues. In an attempt to reduce the reliance on the juvenile justice system to address juvenile mental health and substance use needs, this research may allow professionals to realize the importance of implementing mental health and substance use assessments in community settings, such as schools, in an effort to identify and make professional referrals for juveniles who may be at-risk or potentially at-risk for mental health or substance use issues before they engage in criminal activity.

With mental health and substance use issues becoming more common in juvenile offenders, services need to be readily available in an attempt to identify and treat these problems as quickly as possible. Implementing mental health and drug courts into the juvenile justice system allows for both the court as well as services within the community, to work together in order to address the unique needs of each juvenile offender. It is important to understand that not every juvenile has the same needs, despite
potentially having the same diagnosis, and not every juvenile has access to services they may need without the help of the juvenile court. Furthermore, in order for services to be effective the willingness of family engagement as well as typical adolescent psychological changes must also be taken into account.

In the following chapter, information on the background of mental health and substance use issues will be covered in addition to the creation and implementation of juvenile mental health and drug courts. Programs that are already implemented and have proven to be successful in juvenile mental health and drug courts throughout the nation, state of Ohio, as well as locally in Northeast Ohio will also be discussed. In addition, the following chapter will provide information on different types of assessments utilized by the courts in order to properly diagnose and potentially place a juvenile offender in their appropriate docket of mental health or drug court.
Chapter II
Literature Review

It is important to understand the background of mental health and substance use issues amongst juveniles, especially those involved in the juvenile justice system, in order to see why this issue is a growing concern. While reviewing numerous studies and articles related to this topic, it became apparent that the numbers of juveniles with a mental health or substance abuse issue compared to the amount of services available to these juveniles are a disproportionate and common trend throughout the country. The following are some of the most common disorders juveniles within the juvenile justice system are diagnosed with: Affective disorders (major depressive and manic episodes), psychotic disorders, anxiety disorders (panic, separation anxiety, obsessive-compulsive), attention-deficit/hyperactivity disorder (ADHD), disruptive behavior disorders (conduct, defiant), and substance use disorders (Stoddard-Dare, Mallet, and Boitel 2010). However, The National Alliance on Mental Illness noted that although some individuals may have the same diagnosis, not all will necessarily share the same experiences and problems that accompany that particular disorder.

The Substance Abuse and Mental Health Services Administration states that mental health “addresses how children and adolescents think, feel, and act as they face the challenges of life” (2011, pg. 7). Prior research in this area revealed that a majority of delinquent youth have a history of some kind of behavioral health problem, which includes mental health and substance use disorders. Multiple studies have shown that 65% to 75% of juvenile offenders have at least one behavioral health disorder and that 20% to 30% of these offenders have reported suffering from a serious behavioral disorder.
The lack of treatment and assessment of youth, both before and after their involvement with the juvenile justice system, is made apparent from those statistics (Lopez-Williams, Stoep, Kuo, and Stewart, 2006; Kretschmar et al, 2015). Additional studies suggest that the risk for recidivism elevates when mental health conditions are involved (Cottle, Lee, and Heilbrun, 2001; Kretschmar et al, 2015). The National Center for Mental Health and Juvenile Justice stated that, “70% of youth in the juvenile justice system have a mental health disorder with approximately 25% experiencing disorders so severe that their ability to function is significantly impaired” (Cocozza and Shufelt, 2006, pg. 1). The Arrestee Drug Abuse Monitoring Program (ADAM) reported that 35% of all juveniles who were both arrested and detained reported alcohol involvement and 70% reported some kind of drug involvement (Belenko et al, 2003). Substance use is a direct risk factor of criminal behavior and despite mental health issues not directly being linked to criminal behavior, it can reduce the offenders’ response to programming that is designed to prevent and reduce future criminal behavior (Kretschmar et al, 2015).

In review of the literature, one study showed that maltreated juveniles who were placed in out-of-home care were more likely to show antisocial and aggressive behaviors, use alcohol and drugs, and ultimately end up in the juvenile justice system compared to those who were placed in stable home environments (Yampolskaya and Chuang, 2012). These juveniles not only have to deal with the stress of being taken out of their home, along with the potentially traumatizing and negative things they experienced while in their home, but they also have to deal with adapting to a new environment such as a foster home. In a study done by Yampolskaya, Dollard, and Christy (2010), it was
determined that juveniles who were placed in out-of-home care were 40% more likely to get arrested than juveniles who remained in their homes. An additional study stated that, youth involved in foster care that were simultaneously involved with the juvenile justice system had a higher risk of recidivism than non-dependent juvenile offenders (Ryan, 2006). Approximately 60% of kids that are placed in out-of-home care have moderate to severe mental health problems and less than one-third of those kids receive mental health services (Children’s Defense Fund, 2008).

Mental health issues for adolescents often increase the risk of a juvenile also having a substance abuse problem (Substance Abuse and Mental Health Services Administration, 2011). Unfortunately, committing crimes and being admitted into a detention facility is something that is heavily relied on with respect to having a juvenile diagnosed with a mental health or substance use issue and provided with appropriate treatment. In a study done by Janku and Yan, it was stated that, “system involvement may also provide one of the few access points for intervention and treatment services in many communities” (2009, pg. 402). In a prior study it was found that not only do juvenile offenders with substance use problems also have a high risk of a co-occurring mental health disorder, also known as comorbidity, but that if a juvenile is a repeat offender, they are more likely to be referred for mental health treatment (Kataoka, Zima, Dupre, Moreno, Yang, and McCracken, 2001).

Places within the community, such as schools, have the opportunity to provide assessments and make referrals when necessary. Multiple studies have shown that there is a bias regarding referrals for mental health and substance use services based on gender, age and race. It has been determined that females are more likely to be referred for
treatment in general and are more likely to receive treatment, younger offenders and those who have repeatedly committed serious crimes are more likely than older offenders who commit less serious crimes to receive treatment, and finally, Caucasians are more likely than African Americans to receive mental health services and Caucasian females are more likely than Caucasian males and African American males and females to receive mental health services (Lopez-Williams et al, 2006). Assessments and systematic screenings in schools and primary health care settings can reduce biases regarding who is referred and receives treatment and can ensure that mental health services are provided to anyone who is in need of them (Cauffman, 2004; Stewart and Trupin, 2003; Lopez-Williams et al, 2006). Unfortunately, money within communities are often difficult to allocate toward prevention, detection, and intervention services versus treatment facilities that provide services after the fact (Children’s Defense Fund, 2008).

Identifying and treating juveniles with a mental illness or substance use issue while they are detained is important because it allows professionals to come up with a case plan for that individual and it also allows some basis for their action. Unfortunately, once they leave the detention facility these individuals may not continue to receive the services that they were receiving. Considering a large portion of juvenile offenders come from economically deprived backgrounds, the juvenile justice system has an opportunity to have a significant impact on society overall as well as an individual’s health by intervening early in a juvenile offenders criminal career and helping these individuals continue to receive assistance once they are released back into the community (Fazel et al, 2008). Unfortunately, some of these juveniles may come from families who may not be supportive when it comes to ensuring their child is attending the programs or
counseling that they need once released or they may simply be unable to get their child to these counseling sessions because they themselves may have a lack of resources. Because of these issues, client advocacy needs to be implemented in situations that warrant it.

In recent years, the increase in juveniles with mental health and substance use problems has become a challenge for the juvenile justice system in providing proper services and programming for those juveniles. The increase has also made it difficult for juvenile court professionals to find a balance in youth accountability compared with youth rehabilitation (Stoddard-Dare et al, 2011). It is also known that early identification of mental health and substance use issues in juveniles is an important first step in reducing the negative impacts later in life (New Freedom Commission on Mental Health, 2003; Report of the Surgeon General, 1999; Stoddard-Dare et al, 2011). In response to this, specialized docket courts of Mental Health and Treatment Courts have been created in order to funnel those who are in need of mental health and substance use services so they can receive programming tailored to their needs. In a collaboration technique, mental health and drug courts use professionals from different agencies as well as integrated treatment methods, to address the specific needs for each juvenile involved in their court.

Systems who serve youth should be focused on diverting youth with mental health and substance use issues to community based services and away from the juvenile justice system whenever they are able to and it is deemed appropriate and safe (Gardner, 2011). Juvenile mental health and drug courts allow for diversion away from the juvenile justice system to become possible. Gardner stated that specialized docket courts, especially juvenile mental health courts, have been found to play a large role in pairing juveniles with mental health issues to appropriate services while also returning them to their community (2011).
Not all juvenile mental health courts operate the same, however they share the same premise that treatment and intensive case management, rather than solely punishing these juveniles, is the most effective way to reduce future involvement with the juvenile justice system for those with mental health issues (Gardner, 2011).

**Mental Health Courts**

Juvenile mental health courts are a relatively new addition to the juvenile justice system. York County, Pennsylvania, created the first juvenile mental health court in 1998 which was closely followed by Mahoning County, Ohio, in 2000 and Santa Clara, California, in 2001 (Heretick, 2013). Currently, there are only 60 juvenile mental health courts nationwide with a majority of those courts being located in Ohio and California (Callahan and Gerus, 2013). Callahan and Gerus (2013) made note that most juvenile mental health courts follow 7 common characteristics in regards to how they are designed: 1) Regularly scheduled special docket, 2) Less formal style of interaction among court official and participant, 3) Age-appropriate screening and assessment for trauma, substance use, and mental disorder, 4) Team management of juvenile mental health participant, treatment and supervision, 5) System-wide accountability enforced by the juvenile court, 6) Use of graduated incentives and sanctions, and finally, 7) Defined criteria for program success.

Investigations done by the U.S. Department of Justice questioned the ability of many juvenile facilities being able to properly address and respond to the mental health needs of the juveniles in their care (Cocozza and Shufelt, 2006; Burriss, Breland-Noble, Webster, and Soto, 2011). As mentioned above, there are currently only 60 juvenile mental health courts in the country which shows that despite the growing trend of mental
health issues for those involved in the juvenile justice system, there are not enough services to address these needs. Fortunately, juvenile mental health courts are also a growing trend nationwide and have shown that their therapeutic techniques and diversion strategies have had a positive effect on addressing the needs of juveniles with mental health issues as well as reducing the likelihood of future involvement in the juvenile justice system. According to Gardner (2011), diversion strategies have shown to be beneficial to juveniles with mental health issues because those youth are typically unable to deal with the traditional juvenile justice model. This is because traditional punishments used within the juvenile justice system are either counterproductive to their treatment goals or needs or it could be because their mental health issues make it difficult to conform to the requirements of juvenile justice system or they are unable to make appropriate decisions for themselves (Gardner, 2011).

Typically, for juveniles who do qualify for mental health court, the first step that is made is screening those individuals to determine what their strengths and weaknesses are. Gardner mentions that Juvenile Mental Health Courts tend to incorporate outside mental health care providers along with services from the court in order to make sure the youth is receiving the services that meet their needs and to also ensure that they are not receiving duplicate or conflicting services (2011).

**Drug Courts**

Despite juvenile drug courts being established prior to juvenile mental health courts, they are still a relatively new addition to the juvenile justice system. The first juvenile drug court was established between 1995 and 1996 and while there are approximately 409 juvenile drug courts nationwide, which is approximately 349 more
than juvenile mental health courts, that is still low number considering the increase in crimes involving substance use. When juvenile drug courts were created, they were designed to model adult drug court design. According to a study by Kozdron (2009) juveniles were not responding to the rehabilitative techniques that were used in adult courts, mainly because juveniles have not hit “bottom” as adults with addictions, and they are less likely to view their substance use as a problem. Juvenile drug courts soon realized that addressing problems within the family as well as peer and parental substance abuse led to juvenile success at rehabilitation (Kozdron, 2009).

In 2003, the National Drug Court Institute and the Office of Juvenile Justice and Delinquency Prevention created the “16 Strategies in Practice” to act as a guideline for juvenile drug courts (Van Wormer and Lutze, 2011). These guidelines are similar to the “10 Key Components” of the adult drug court but are more inclusive of things such as family and school-based support, juvenile drug courts that follow these guidelines have a higher rate of success than those who follow the adult drug courts key components (Van Wormer et al, 2011).

Cooper (2001) stated that juvenile drug courts are to provide “intensive and continuous judicial supervision over delinquency and status offense cases that involve substance abusing juveniles” and they are to provide a “coordinated and supervised delivery of an array of support services necessary to address the problems that contribute to juvenile involvement in the justice system” (pg. 1). In a study done by Salvatore, Henderson, Hiller, White, and Samuelson, it was revealed that when caregivers attend status hearings, the less likely it was that the juveniles were late or absent from treatment
and school, tested positive for drug tests, or received sanctions for their behavior in the program (Salvatore, Henderson, Hiller, White, and Samuelson, 2010; Marlowe 2010).

Marlowe (2010) noted that a study done in the state of Utah determined that participants in four juvenile drug treatment courts were recidivating at a lower rate than the sample of juvenile drug-involved probationers. Results show that after a period of 30 months post-entry, 34% of juveniles involved in drug treatment court were re-arrested for a new offense compared to the 48% of drug-involved probationers (Marlowe, 2010). In addition, Marlowe also stated that the first new arrest for juveniles involved in drug treatment court was approximately a full year later than drug-involved probationers (2010). A recent multi-site study done in Ohio, it was discovered that at 28 months post-entry, juveniles involved in drug treatment court were significantly less likely than juvenile probationers to be arrested for a new offense (56% v. 75%) (Shaffer, Listwan, Latessa, and Lowenkamp, 2008; Marlowe, 2010).

**National Programs Used by Mental Health and Drug Courts**

While there are few interventions that are geared specifically for juveniles with mental health issues, one in particular seemed to be the most effective when it came to successfully reducing recidivism rates as well as addressing mental health and substance use issues. Wraparound programs have shown to have a major positive impact on juvenile offenders. These programs are designed specifically for children and families who have complex needs and are involved with multiple service providers (Pullman et al, 2006). Some examples of services these types of programs offer include, but are not limited to, special education, substance use treatment, clinical therapy, and caregiver support. Programs that involve the individual, their family, and community services that
also identify why this individual is participating in delinquent activity, have proved
effective in reducing recidivism and criminal activity (Pullman et al, 2006). However,
these types of programs are not effective when you have a juvenile who does not have
support from their parents or family. In those situations, implementing a program similar
to the “Boys and Girls Club of America” could be beneficial because it allows for that
juvenile to have a support system if a family dynamic is absent.

A program called “Wraparound Milwaukee” was designed for juveniles who are
currently involved with probation or child welfare services (Pullman et al., 2006). Juveniles who participated in this program showed improved functioning across a
number of areas, a reduction in recidivism and improvement in clinical outcomes.
Additionally, psychiatric hospitalization, the use of residential treatment, as well as the
cost of care dropped dramatically (Pullman et al., 2006).

Screenings for mental health issues have also improved in recent years and have
been designed so that professionals outside of the clinical setting are able to administer
these assessments correctly and make unbiased referrals to the clinical department or
another mental health professional if a mental health issue is suspected. Juvenile
detention centers, probation departments, as well as juvenile programming have adopted
the Massachusetts Youth Screening Instrument (MAYSI) which has become the most
popular mental health screening tool nationwide. The National Youth Screening and
Assessment Partners note that MAYSI aides in identifying whether juveniles have
Implementing MAYSI is the first step in identifying who needs immediate attention and
possible further assessment for mental health needs (National Youth Screening and Assessment Partners, 2014-2016).

**Programs Used by Mental Health and Drug Courts in Ohio**

A program known as the Behavioral Health Juvenile Justice Initiative (BHJJ) was created in Ohio to help juveniles who were under 18 years of age at the time of their offense, were charged as delinquent, and demonstrated significant problems in their behavioral, affective, and cognitive domains (Kretschmar et al., 2015). During the program from 2006 through 2013 there were a total of 2,545 juveniles who were enrolled in the program and participants included 58.4% males, 41.6% females, with an average age of 15.6 years, 52.3% White, 39.3% Black, 6.3% multiracial, and 2.1% other racial groups. Additionally, 40% of these participants had a co-occurring mental health and substance use diagnosis (Kretschmar et al. 2015). Results of this study showed that over 65% of the youth involved in this program successfully completed treatment, which increased after 2 years to 72%. Additionally, youth reported a significant decrease in their alcohol and drug use once they completed the program. Other results showed that there was a 50% reduction in risk for out-of-home placement and only 7% of those who completed the program were still determined to be at risk for that type of placement (Kretschmar et al. 2015).

Summit County, Ohio, created a program geared towards juveniles with substance use and mental health issues called “Crossroads”. This program was designed for juveniles with co-occurring disorders but those who suffer from either a mental health or substance use issue are also be accepted. Crossroads is an intensive probation of at least one year and it is designed so that each child has their own individual case plan and
community agencies provide treatment, family and individual counseling, as well as educational, vocational, and employment services (Summit County Juvenile Court). Drug screenings are conducted regularly and participants are required to attend regular court hearings that will review their progress in the program. Sanctions, such as placement in detention, and rewards, such as reductions in court appearances, will be issued where they are warranted and review hearings will decrease with progress made by the juvenile within the program.

There are four phases to the Crossroads program and there is no time limit as to how long a juvenile can be in each phase. Movement into the next phase will be determined by the progress made by the juvenile and their individual goals being met. (Summit County Juvenile Court). Team members involved within Crossroads include a magistrate, four probation officers, a probation community worker, as well as a clerk or bailiff. Assistant prosecutors are involved and represent the best interest of the State as well as a Guardian Ad Litem who act in the best interest of the juvenile. Disqualifying factors include: drug trafficking, 1st or 2nd degree felonies, gang activity, minor misdemeanors, sex offenses, and status offenses. Once a juvenile has successfully completed the Crossroad’s program; any charges they have against them will be dismissed and sealed (Summit County Juvenile Court).

An assessment called the Ohio Youth Assessment System (OYAS) was developed by the University of Cincinnati along with several pilot counties. This assessment is made up of 5 different tools which include: Diversion, Detention, Disposition, Residential, and Reentry (Mahoning County Communicator). Diversion is used to determine whether or not a youth can be safely diverted from any further contact with the juvenile justice
system. It is made up of 6 items and can be completed in about 10 minutes either by interviewing the youth or simply reviewing their file if one exists. Detention is used mainly for youth who are being considered for placement in the detention facility. It provides an opportunity for low risk youth to be diverted from detention prior to their court hearing but does not dismiss their charge entirely. This tool is made up of 6 items and is completed by interviewing the youth which takes about 10 minutes as well. Disposition is used for youth who have been adjudicated by the court and is a comprehensive tool that will allow staff to assess the risk of re-offending, identify important criminogenic needs as well as barriers to treatment and allows for staff to provide case planning. This tool covers 7 domains which include criminal history, family, educational/employment, pro-social skill sets, substance abuse/mental health/personality, and anti-social attitudes. The Residential tool provides information to residential facilities in an attempt to accurately assess a youth’s level of risk and their criminogenic needs. This tool is similar to the disposition tool and is also made up of 7 items. Finally, the Reentry tool provides people with the ability to reassess youth after they have been in a residential facility for a long period of time (Mahoning County Communicator).

Recently, Ohio has started to increase its efforts in regards to changing some aspects of the Juvenile Justice System and giving troubled youths a second chance at living a better life. In August of 2016, the state announced that they were granting “$1.6 million in grants to nearly two dozen counties through the Department of Youth Services’ Detention Alternatives and Enhancements Initiative” (Kuhlman, 2016, pg. 1). These grants will provide funding to detention centers throughout the state that enables them to staff counseling and clinical professionals after normal business hours to administer
assessments when a juvenile is admitted into a detention facility. These grants will also provide opportunities for creating reporting centers and respite services which will allow nonviolent offenders to have the opportunity to be placed on the right path instead of being directly sent to a detention facility. In addition to these detention alternatives which will keep, “about 800 young people from detention over the next year” these grants will also be used to improve treatment and programming within juvenile facilities and will benefit “about 4,200 kids in detention” (Kuhlman, 2016, pg. 2).

Local Programs Used by Mental Health and Drug Courts

Locally, a detention center in Northeast Ohio has a variety of programs that are created to help juveniles, who have both criminal histories and who do not, cope with problems they may be dealing with at home or internally, along helping them identify the reasoning behind their feelings. In this area, a majority of the families that come in contact with the court do not have the resources needed to provide proper help to their children when necessary. Because of this, the court offers programming that addresses a plethora of needs not only to juveniles who have committed criminal acts but also to those who are being referred by outside entities. Taking into consideration that a large percentage of children and families who have come in contact with the court have suffered through some type of trauma or loss, identifying the underlying problem is important to successful treatment (Mahoning County Communicator).

Family Dependency is a program that is offered by the Juvenile Court that aims to help both the juvenile and their family with problems such as, sobriety, mental health, housing, and parenting. This program also assists families who are involved with Children Services and helps them maintain compliance with their case plan. Ultimately,
the goal of this program is to live a clean and sober life as well as being a clean and sober parent (Mahoning County Communicator). This program goes through three different phases before one graduates, and may require a mental health or drug assessment to be completed in order to be admitted into the program.

Another program offered by the Juvenile Court is called Treatment Alternatives for Safer Communities (TASC) which is a division of Meridian Healthcare who works with the Juvenile Court to help juvenile offenders with chemical dependency issues. Because not every juvenile with a drug offense truly struggles with substances, TASC will provide an additional assessment once a juvenile is placed in Treatment Court to determine what, if any, additional services are needed. TASC uses alcohol and/or drug treatment, graduated sanctions, and a comprehensive approach to case management in order to both reduce recidivism as well as hold offenders accountable (Meridian Healthcare). TASC as well as Meridian Healthcare provide services both in the Juvenile Court as well as within the community to ensure services are attainable for everyone who is in need of them.

**Local Juvenile Mental Health and Drug Courts**

Once a juvenile is admitted into mental health court the clinical department will complete a thorough diagnostic assessment that allows for staff to develop an individualized treatment plan that is designed to fit each juvenile’s unique needs (Mahoning County Communicator). In Northeast Ohio, mental health services can be either voluntary or court ordered and are available to anyone in the county that may be seeking help for their minor children. Termination of services on a voluntary basis will be decided with the youth’s parent or guardian based on the nature of the problems that have
been addressed and the success in reaching goals that have been set (Mahoning County Communicator). Court ordered services will be terminated successfully when or if the court determines that the youth has completed what they need to complete.

Generally, individuals involved in mental health court go to court on a weekly basis in order to maintain strong communication with the court to ensure completion. Counseling sessions and other types of programming may also be required at the discretion of their case manager. Generally, individual and family counseling is mandated throughout the program due to the strain mental health problems tend to put on the family dynamic. The juvenile mental health court offers therapeutic techniques which are aimed to improve parent-child communication, teaches parents effective disciplinary techniques, as well as utilizes a variety of community services and programs to ensure continuity of care (Mahoning County Communicator). In addition to those services, juveniles involved in mental health court may also be required to submit to random drug testing due to the high correlation between drug use and mental health issues especially in the juvenile population. Once a juvenile shows that they are complying with the requirements of their case plan, the court may reduce the frequency of review hearings as an incentive for their positive behavior.

The juvenile court in Northeast Ohio also offers a treatment court which is geared towards cases involving substance use. These cases do not necessarily have to stem from a felony offense that resulted in a juvenile being admitted into detention, they can also be smaller, misdemeanor offenses that were referred to intake by local police departments. Those involved within the drug court must pass random and routine drug tests, call a specific phone line to check in, attend required counseling sessions, and finally, juveniles
and their parents or guardians must be present for all court proceedings that they are required to attend. Like mental health court, once a juvenile shows progress within the treatment program, their required court review hearings will decrease.

Being placed within the juvenile mental health or treatment court can be determined in a couple of different ways. One way a juvenile can be placed within mental health or treatment court is that they may have committed a serious enough offense to be admitted into the detention facility. At admission into the detention facility in Northeast Ohio, juveniles will be given two different assessments, the MAYSI and the Adverse Childhood Experience (ACE) questionnaire. Once those assessments are completed, a copy is given to both the counseling department as well as intake who will then decide if a juvenile is in need of additional services. If that is determined, a thorough diagnostic assessment will be completed by the clinical department which allows them to identify the juvenile’s needs. If a juvenile has only committed a minor misdemeanor and is referred to the courts by a local police department, a meeting will be set up with that juvenile and their parents or guardians. At that time, they will discuss the charges brought against them and the MAYSI and ACE questionnaire will be administered. Once the needs of the juvenile are determined, that juvenile will either be placed into mental health court or treatment court. If it has been determined that a child may have a slight mental health or substance use issue but it not determined to be at a higher risk for those issues, they will usually stay within the regular criminal court docket and may be required to attend counseling and other types of programming in order to address those issues.
Chapter III
Methodology

This thesis examines the research question on how demographic factors such as age, gender, and race influence the successful outcome of mental health and drug court for juvenile offenders? This chapter includes the way in which the data were gathered from the design to the sample used, the sampling procedure, the measures, the analytic plan to address the four hypotheses that guide this thesis, and finally, a statistical context of the juvenile population of the area where the sample was obtained is presented.

Design

In an effort to determine whether or not a specific age, race, or gender has a higher successful outcome for juvenile offenders with a mental health or substance use issue, the research design selected for this thesis is content analysis. Because the interest relates to the effectiveness of juvenile mental health and drug courts, as well as this author currently being employed at this facility, this thesis analyzed juvenile records from those collected during the reporting periods of July 1, 2015, through December 31, 2015, and January 1, 2016, through June 30, 2016, from a juvenile court in Northeast Ohio that implements the specialized dockets of mental health and drug court. The data were chosen due to these juveniles being involved in specialized dockets that are related to this topic and are involved in programming that requires the court to keep track of drug and alcohol test results, recidivism rates, as well as re-arrest rates with new charges, which would otherwise not always be recorded if they were not involved in a specialized docket.
In an attempt to showcase the demographics of the juvenile population of the sample area, data was gathered by Annie E. Casey Foundation’s Kids Count Data Center. Table 1, shows the demographics of the juvenile population for the sample area compared to the entire state of Ohio. According to the Kids Count Data Center, the rate of children in poverty for the area where the sample was obtained is 26.8% versus the percentage for the entire state of Ohio which is 21.2% and the percentage for students considered economically disadvantaged for the area where the sample was obtained is 53.6%, compared to the 21.2% of youth considered economically disadvantaged for the entire state of Ohio (Annie E. Casey Foundation, 2008). Additionally, the rate of children adjudicated for felonies per 1,000 youth in the population for the area where the sample was obtained is 1.9 compared to the rate of 1.7 for the entire state of Ohio. Overall, the demographics of the juvenile population within the county where the sample was obtained as well as the state of Ohio are very similar, with the exception of there being a higher percentage of Black (23.6% vs. 21.2%) and Hispanic (8.4% vs. 5.8%) juveniles (Annie E. Casey Foundation, Kids Count Data Center, 2008). From this demographic profile it is evident that the majority of the juvenile population in the area where the sample was obtained is nonwhite and is considered economically disadvantaged. These demographics and statistics potentially explain the lack of services received by juveniles who suffer from a mental health or substance use issue as well as their involvement in the juvenile justice system.
Table 1
Statistics and Demographics for juveniles in Study County and the State of Ohio for 2015

<table>
<thead>
<tr>
<th></th>
<th>Study County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse and Neglect</td>
<td>229</td>
<td>17,693</td>
</tr>
<tr>
<td>Rate</td>
<td>4.8</td>
<td>6.7</td>
</tr>
<tr>
<td>Children in Foster Care</td>
<td>289</td>
<td>22,970</td>
</tr>
<tr>
<td>Rate</td>
<td>6.1</td>
<td>8.7</td>
</tr>
<tr>
<td>Children Adjudicated for Felonies</td>
<td>92</td>
<td>4,576</td>
</tr>
<tr>
<td>Rate</td>
<td>1.9</td>
<td>1.7</td>
</tr>
<tr>
<td>Students Economically Disadvantaged</td>
<td>53.6%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Children in Poverty Demographics</td>
<td>26.8%</td>
<td>21.2%</td>
</tr>
<tr>
<td>White</td>
<td>74.5%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Black</td>
<td>23.6%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8.4%</td>
<td>5.8%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.4%</td>
<td>.04%</td>
</tr>
</tbody>
</table>

*The rate is the number for every 1,000 youths in the population

Sample

Data for this thesis came from the official records of a mental health court and a drug court from a juvenile system located in Northeast Ohio. The sample used in this study consist of 48 total case files which is made up of 16 juveniles who are involved in drug court and 32 juveniles who are involved in mental health court during the recording periods of July 1, 2015 through December 31, 2015 and January 1, 2016 through June 30, 2016. The sample was selected in a nonrandom manner. All of the cases in the specified timeframe were included in the analysis. Records prior to the time period used in this thesis were no longer available. Additionally, records used from the time period used in this thesis were the most recent records available.
Variables

The dependent variable of this study is *outcome* provides information on whether a juveniles’ current standing within a mental health or drug court is successful, negative, neutral, or open, the latter meaning a juvenile is still involved in the mental health or drug court. Outcome was coded dichotomously and was broken down into Good (Success and Open) which was coded as “0” and Bad (Negative or Neutral) which was coded as “1”.

Independent variables used in this study were gender, race, minority, and age. *Gender* shows whether the juvenile involved in the sample was male or female. Gender was also coded dichotomously and was broken down into female being coded as “0” and male being coded as “1”. *Race* refers to the race of juvenile participants in mental Health court or drug court. Race was broken down into four groups and was coded as followed: Black “1”, Hispanic “2”, Bi-Racial “3” and White “4”. *Minority* refers to whether or not a juvenile involved in mental health or drug court is a minority. Minority was coded dichotomously and was broke down into “White” which was coded as “0” and “Nonwhite” which was coded as “1”. *Age* is broken down into three groups to show whether a juvenile is 12 years of age or younger which is coded as “1”, 13 years of age through 15 years of age which is coded as “2”, and 16 years of age through 18 years of age which is coded as “3”.

**Other Descriptor Variables**

*Court* shows which court a juvenile was involved with, which was coded dichotomously into Drug Court (DC) being coded as “0” and Mental Health Court (MH) being coded as “1”. *New Charges* refers to any new charge obtained by a juvenile that is currently in the specialized docket of mental health court or drug court. This excludes
things such as violation of court orders or probation violations. New charges were coded dichotomously where juveniles who did not receive a new charge were coded as “0” and juveniles who did receive a new charge were coded as “1”.

Analysis

Using the statistical program PSPP (GNU Project), there were three stages of the analysis. First, each of the items in the analysis were summarized using descriptive statistics. Second, comparisons were made using independent t-tests to see if the observed differences in outcomes were statistically significant (P < .10). Lastly, regression analyses were done to predict the dependent variable, outcome, using the items deemed significant from the group comparisons.

Overview

Examining data from the specialized dockets of mental health court and drug court collected by a Northeast Ohio juvenile court will provide insight on whether or not a specific profile has a higher success rate than others in juvenile offenders with a mental health or substance use issue. A total of 48 cases were examined from the mental health court and drug court caseload during the reporting periods of July 1, 2015, through December 31, 2015, and January 1, 2016, through June 30, 2016. The following chapter will present the findings from the above data as well as explain what was found in regards to the posed hypotheses.
Chapter IV

Results

In this chapter, the findings of the thesis are presented relative to each of the hypotheses put forth. These hypotheses address the research question, how successful are the outcomes of certain juvenile offenders when they are involved in mental health and drug court?

Results for the three stated hypotheses were determined in a series of steps in the analysis with the sample selected. See Table 2 for a descriptive profile of the sample. Table 2 lists the dependent variable, outcome, the independent variables, age, race, gender, and minority, as well as the descriptor variables, new charges and court. Table 2 also provides a breakdown of each category within those variables. The numbers of cases that fall into each category are listed accordingly. Finally, the percentage of each category within each variable is also listed.

Hypothesis 1

The first hypothesis, states that older juvenile offenders involved in mental health and drug court are more likely to have successful outcomes than younger juvenile offenders involved in mental health and drug court. In order for the hypothesis to be supported, the data had to show more than five percentage points or higher of successful outcome for the 16 and older age group compared to the younger than 16 age group. In this case, the hypothesis was determined to be supported (see Table 3). Out of the 18 cases in the younger than 16 age group, 14 (77.8%) had successful outcomes and 4 (22.2%) unsuccessful outcomes compared to the 30 cases in the 16 and older age group who had 25 (83.3%) successful outcomes and 5 (16.7%) unsuccessful outcomes.
Successful outcomes for the 16 years and older age group exceed 5 percentage points higher than the successful outcomes for the younger than 16 years age group.

Independent t-test analysis results for the independent variable, age (p = .642), showed no statistical significance to the dependent variable, outcome. Younger juveniles (<16) had a mean value of .31 compared to older juveniles (16-18) who had a mean value of .33 (See Table 4). While there is a visible difference between the two means, because there was no statistical significance between the groups, the differences between the two means are not significant.

**Hypothesis 2**

The second hypothesis states white juvenile offenders who are involved in mental health and drug court are more likely to have successful outcomes than minority juvenile offenders who are involved in mental health or drug court. In order for hypothesis 2 to be supported, the data must show five percentage points or higher of white juvenile offenders to have successful outcomes than minority juvenile offenders. As displayed in Table 3, among the 27 white juvenile offenders, 22 (81.5%) had successful outcomes and 5 (18.5%) had unsuccessful outcomes compared to the 21 nonwhite juvenile offenders with 17 (81%) successful outcomes and 4 (19%) unsuccessful outcomes. Based on the evidence presented in Table 3, hypothesis 2 is not supported as there is a .5% difference in the success rates for white juvenile offenders and nonwhite juvenile offenders.

Independent t-test results showed no statistical significance for the dependent variable, outcome and the independent variable, minority (p = .963). White juvenile offenders had a mean value of .37 compared to nonwhite juvenile offenders who had a mean of .24 (See Table 4). While there is a visible difference between the two means,
because there was no statistical significance between the groups, the differences between the two means are not significant.

**Hypothesis 3**

The third hypothesis state that female juvenile offenders who are involved in mental health and drug court are more likely to have successful outcomes than male juvenile offenders who are involved in mental health and drug court. In order for that hypothesis to be supported, the data must show five percentage points or higher of females to have successful outcome compared to males. As evident in Table 3, out of the 13 cases involving females, 9 (69.2%) had successful outcomes and 4 (30.8%) had unsuccessful outcomes compared to the 35 cases involving males who had 30 (85.7%) with successful outcomes and 5 (14.3%) with unsuccessful outcomes. Based on the evidence presented in Table 3, hypothesis 3 is not supported due to males having a success rate higher than 5 percentage points over the success rates for females.

Independent t-test analysis indicated that the outcome for those involved in mental health and drug court was not statistically significant to the independent variable, gender (p = .201). Male juvenile offenders had a mean value of .37 compared to female juvenile offenders who had a mean value of .15 (See Table 4). While there is a visible difference between the two means, because there was no statistical significance between the groups, the differences between the two means are not significant.

**Hypothesis 4**

The fourth and final hypothesis states that age is the most powerful predictor for those involved in the specialized dockets of mental health and drug court for juvenile court. Regression analysis (Table 5) was used to test the two strongest independent
variables, age and gender. Results indicate that gender has a negative, weak relationship and is not statistically significant (B = -.182, Sig = .222) and age has a negative, very weak relationship that is not statistically significant (B = -.049, Sig = .740). Additionally, this model explains 3.8% of the variance (R² = .038). Based on the evidence in Table 5, hypothesis 4 is not supported because despite there being no statistical significance for either group, gender has a stronger relationship based off of the beta results.

Descriptor Variable Results

Independent t-test analysis indicated that the outcome for those involved in mental health and drug court was statistically significant to the descriptor variable of new charges (Sig = .030). Independent t-test results for the dependent variable, outcome and the descriptor variable, court (Sig = 1.000) showed no statistical significance. The mean outcome, for those who went through mental health and drug court were similar (19% vs. 19%).

Overview

The sample used in this thesis is made up of juveniles who were either placed in, continuing, or closed out of the specialized dockets of mental health and drug court in a juvenile court located in Northeast Ohio for the reporting period of July 1, 2015, through December 31, 2015, and January 1, 2016, through June 30, 2016. Ages for those involved in these courts from this reporting period range from age 12 through age 18. In regards to race, those involved in these specialized dockets are White, Black, Hispanic, or Bi-Racial. In regards to the outcome of the cases, juveniles are either considered successful (being terminated on good standards or ongoing in the program) or unsuccessful (being negatively or neutrally terminated). Descriptive statistics (Table 3), determined that a
majority of the juveniles who are involved in the specialized dockets of mental health and drug court were males in the 16 years and older age group with successful outcomes. In this study, while white juveniles were more likely to be successful than nonwhite juveniles, there was not a significant difference between the two groups.

Independent t-tests and Ordinary Least Square Regression were performed to investigate the fourth hypotheses in terms of statistical significance. The initial results above used a substantive significant cutoff of five percentage points or higher given the low sample size gathered. In order for there to be statistical significance, the significance level resulting from any analysis should not exceed .05. Regression analysis was used to predict the dependent variable with the top two independent variables in the equation as determined by independent t-test.

Overall, the results of this research showed no statistically significant relationships between the dependent variable outcome and the independent variables, age, gender, and minority. Independent t-test analysis indicated that age, minority, nor gender had a significant effect on the successful outcome of juvenile offenders involved in mental health or drug court. The following chapter will address limitations of the current study as well as advice on what could be done differently for future research in this area.
## Tables

Table 2
Descriptive Statistics for Juvenile Mental Health and Drug Court Involvement

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N=48</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New Charges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>37.5%</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>62.5%</td>
</tr>
<tr>
<td><strong>Court</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>32</td>
<td>67%</td>
</tr>
<tr>
<td>Drug</td>
<td>16</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
<td>73%</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>18</td>
<td>38%</td>
</tr>
<tr>
<td>White</td>
<td>27</td>
<td>56%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Bi-Racial</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Minority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>27</td>
<td>56%</td>
</tr>
<tr>
<td>Nonwhite</td>
<td>21</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>32</td>
<td>67%</td>
</tr>
<tr>
<td>Bad</td>
<td>16</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 and younger</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>13-15</td>
<td>16</td>
<td>33%</td>
</tr>
<tr>
<td>16-18</td>
<td>30</td>
<td>63%</td>
</tr>
</tbody>
</table>
Table 3
Descriptive Statistics: DV – Outcome; IV – Age, Gender, Race, Minority

<table>
<thead>
<tr>
<th>N = 48</th>
<th>Good (Successful)</th>
<th>Bad (Unsuccessful)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 &lt; younger</td>
<td>77.8%</td>
<td>22.2%</td>
<td>100%</td>
</tr>
<tr>
<td>16+</td>
<td>83.3%</td>
<td>16.7%</td>
<td>100%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>69.2%</td>
<td>30.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Male</td>
<td>85.7%</td>
<td>14.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Minority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>81.5%</td>
<td>18.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Nonwhite</td>
<td>81%</td>
<td>19%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 4
Comparison, Dependent variable: Outcome (1=Bad, 0=Good), N=48

<table>
<thead>
<tr>
<th>M</th>
<th>Std. Dev.</th>
<th>Std. Error</th>
<th>N</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>.37</td>
<td>.49</td>
<td>.09</td>
<td>27</td>
</tr>
<tr>
<td>Nonwhite</td>
<td>.24</td>
<td>.44</td>
<td>.10</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>.31</td>
<td>.47</td>
<td>.07</td>
<td>48</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>.15</td>
<td>.38</td>
<td>.10</td>
<td>13</td>
</tr>
<tr>
<td>Male</td>
<td>.37</td>
<td>.49</td>
<td>.08</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>.31</td>
<td>.47</td>
<td>.07</td>
<td>48</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;16</td>
<td>.31</td>
<td>.48</td>
<td>.12</td>
<td>16</td>
</tr>
<tr>
<td>16-18</td>
<td>.33</td>
<td>.48</td>
<td>.09</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>.31</td>
<td>.07</td>
<td>.47</td>
<td>48</td>
</tr>
</tbody>
</table>
Table 5
OLS Regression Outcome (1=Bad, 0=Good)

<table>
<thead>
<tr>
<th></th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
<th>Adjusted R² = .01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>.329</td>
<td>.127</td>
<td></td>
<td>2.592</td>
<td>.013</td>
</tr>
<tr>
<td>Gender (1=Male, 0=Female)</td>
<td>-.160</td>
<td>.129</td>
<td>-.182</td>
<td>-1.239</td>
<td>.222</td>
</tr>
<tr>
<td>Age2 (1=&lt;16, 2=16-18)</td>
<td>-.040</td>
<td>.119</td>
<td>-.049</td>
<td>-.333</td>
<td>.740</td>
</tr>
</tbody>
</table>
Chapter V

Conclusion

Benefits and Policy Implications

This thesis examined whether gender, age, or race play a role in successful outcomes for juveniles with mental health or substance use issues who are also involved in the specialized dockets of mental health and drug court. This thesis determined that males in the older age group (16-18) were more likely to be released from mental health and drug court with a successful outcome compared to females. In terms of minority, however, the mean outcome for both white juvenile offenders and nonwhite juvenile offenders were similar (19% vs. 19%). However, it was determined that gender was the strongest predictor in regards to outcome for those involved in mental health and drug court. Males ultimately had more successful outcomes compared to females, which could be a result of the difference in the number of males compared to females who are involved in mental health and drug court. It was also determined that receiving new charges played a role in whether or not a juvenile involved in mental health or drug court had a successful outcome.

Future work has the potential to expand on this thesis in at least three ways. First, this research has been able to determine which profiles in juvenile offenders with mental health or substance use issues have a higher rate of successful outcomes. In addition, this research has also determined that out of all of the predictors, gender is the strongest predictor in terms of the outcome for those involved in mental health and drug court with males being more successful than females. Knowing this, researchers will have the potential to dig deeper into the reasoning behind these results to have a better
understanding on why those particular traits have a higher success rate than others. This will allow criminal justice professionals to revamp existing programming or implement different programs or counseling techniques to raise the rate of successful outcomes for those who are currently not as successful.

Next, results from this thesis may also make juvenile courts and communities aware of the benefits of having assessments for mental health and substance use within the schools. Implementing these assessments will allow school faculty to identify potential problems for juveniles and allow them to make the proper referrals when necessary. In doing that, juveniles will be able to be referred to the proper services and receive the help that they need without having to commit a crime and be admitted into a detention facility in order to have this assessment completed and their needs identified.

Finally, while this study may contribute to improvements within the juvenile justice system as far as mental health and substance use services, there is always the concern of budgeting and resources available to an agency. Revamping and creating successful services to help juvenile offenders with mental health or substance use issues will cost money and many courts may hesitate to make such changes because of the financial burden. Having effective juvenile mental health and drug courts will lower these costs by lowering recidivism, but more importantly impact positively the lives of juveniles as they progress through adulthood. Mental health and drug courts are designed to provide services to juveniles both within the court as well as within the community. This provides the juveniles opportunities to complete programming and counseling while being allowed to maintain their freedom and not be required to be detained in a detention facility.
center and then expected to return to the community and apply everything they have learned.

Limitations

The present study has multiple limitations that are worth noting. First, the sample size that was examined in this thesis was small. Data was collected from only one juvenile court’s mental health and drug court dockets. Because the sample size was so small, it is difficult to determine if the results from this study would be consistent with a study using a larger sample size. Future research should include multiple juvenile courts, potentially from juvenile courts all over the country rather than just one state, so that there is a larger sample size which may provide a more accurate conclusion.

Next, this research contained data that was collected over a 2 year reporting period which included cases that were both opened and closed during that period. Future research in this area should do a 3 year longitudinal follow-up for all of the participants. This is important because for those who were just admitted into the mental health or drug courts during this reporting period may have not had as long of a time to determine whether or not they have been successful compared to the juveniles who have been involved in these specialized dockets. Additionally, the follow-up study would provide a better understanding of those who had completed the program successfully as well as continued to be successful once out of the program. This would allow for those involved in running the mental health and drug courts to revamp some aspects of their programs if it is necessary.

A limitation in regards to the design of this thesis is that this research contained no control group. Because of this, data focused solely on juvenile offenders involved in
the specialized dockets of mental health or drug court. Having no control group made it so that identifying things such as risk factors were not possible and may have potentially had an influence on the end results. Using a control group, such as those involved in the regular delinquency docket, would have allowed this study to look at things such as risk factors and recidivism rates for those involved in mental health or drug court. In addition, this research was a content analysis meaning the data used existed prior to this study. Using a longitudinal panel study with things such as observation and interviews would add value to the data and the study as a whole. Finally, the outcome measure of this study was limited. Future research should look at the willingness of the juvenile in regards to their placement in mental health or drug court, if their feelings of being placed in one of these specialized dockets affected their attempt at being successful, the involvement of the juvenile’s family or support network throughout their involvement in mental health or drug court, and any suggestions or concerns they have in regards to the process and expectations of these specialized dockets.

This research was limited as far as the measures that were able to be used which in turn limited what the thesis was able to study and determine as a whole. If this research could be completed again, being able to identify certain risk factors as well as program success would be included in the study. Data collected would not only come from the specialized dockets of mental health or drug court but would also include the general delinquency docket. In doing this, results of the study may be able to determine if there is a specific profile or risk factor that provides a higher risk for criminal offending in juveniles with mental health or substance use issues compared to those not involved in those specialized dockets. Additionally, by comparing juvenile offenders in mental health
or drug court with juveniles involved in the general delinquency docket, results may be able to determine the rate of recidivism for those involved in the specialized dockets compared to those involved in the general delinquency docket.

In recent years, it has become apparent that the number of juvenile with mental health or substance use issues becoming involved in the juvenile justice system has risen. Services within communities are scarce which results in the juvenile justice system becoming the main referral source for services in these areas. In doing this, however, communities have criminalized mental health and substance use issues. Future research should examine the benefits of incorporating assessments both within the juvenile justice system, as well as within the community in places such as schools. These assessments must be thorough so that it can properly identify the unique, individual needs of each juvenile but also be easy enough to administer for those who are not clinical professionals. Additionally, future research should interview those involved in specialized dockets of mental health and drug court in order to have a better understanding on what, if anything, needs changed as far as policy or programming is concerned. Receiving feedback from those involved in the specialized dockets will also allow for researchers to get a better understanding of how successful juveniles are once they are released from the specialized dockets.

**Overview**

What is important to remember is that juveniles who struggle with mental health or substance use issues are also struggling with the normal changes of adolescence as well. Not only are they struggling with their mental health or substance use issues, they are also struggling with typical adolescent things such as peer pressure. Requiring them
to be admitted into a detention facility in order to comply with the programs and
counseling needed to address their needs will not always be beneficial. Mental health and
drug courts allow juveniles to maintain their freedom while completing the necessary
programming and counseling which provides them with the opportunity to face the
struggles and temptations that are within their communities and allow them to work
through those issues based off of what they are learning. This also provides an
opportunity for both the juvenile as well as the clinical professional they are working
with to identify any weaknesses that they need to spend more time addressing.

Keeping juvenile offenders with mental health or substance use issues locked in
detention may allow them to pass through their counseling and programming with little to
no problems; however they are in a controlled environment where drugs and alcohol are
not available and counseling services are. Teaching juveniles with mental health or
substance use issues how to address their problems and temptations within the
community will ultimately reduce recidivism, which in turn will reduce costs as far as
housing them in detention or even the adult prison system. Ultimately, addressing the
unique, individual needs of these juveniles and showing them how to properly deal with
their issues will also lead to having safer communities as a whole.
References


MAHONING COUNTY COURT OF COMMON PLEAS
JUVENILE COURT DIVISION
Theresa Dellick
Judge

Wes Skeels
Court Administrator 12-28-16

Richard White
Chief Magistrate

Jason Lanzo
Detention Director

Lisa Mastoris
Chief Deputy Clerk

Tim Novak
Chief Probation Officer

Ronald Chambers
ACA Director

Rachel Shiley
Intake Director

James DeLucia
Counseling Director

Marcie Vendetti
Mediation Director

Andre Elliott
Boys Programming Director

Laura Lonardo
Female Programming Director

Dear Youngstown State University,

The statistics provided in the research conducted by student Emily Mogg is permitted for use by the Mahoning County Juvenile Court. The statistics contained within the research paper contain no identifying information, nor does it breach any form of confidentiality. Furthermore, the specific data and numbers are considered to be to date and should not be generalized as fiscal year end statistics for the population researched. For further clarification needs, please contact the Mahoning County Juvenile Court.

Sincerely,

James DeLucia, LPCC-S
Director of Clinical Services
Mahoning County Juvenile Court
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(330) 740-2244 ext. 6402
March 2, 2017

Dr. John Hazy, Principal Investigator
Ms. Emily Mogg, Co-investigator
Department of Criminal Justice
UNIVERSITY

RE: HSRC PROTOCOL NUMBER: 122-2017
TITLE: Risk Factors for Criminal Offending by Juveniles with Mental Health and Substance Use Issues: Age, Gender, and Race

Dear Dr. Hazy and Ms. Mogg:

The Institutional Review Board has reviewed the abovementioned protocol and determined that it is exempt from full committee review based on a DHHS Category 4 exemption.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,

Mr. Michael A. Hripko
Associate Vice President for Research
Authorized Institutional Official

MAH:cc

c: Attorney Patricia Wagner, Chair
Department of Criminal Justice