

The Treatment and Care of Juveniles in a Secure Facility

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The Treatment and Care of Juveniles in a Secure Facility

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Abstract

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Statement of the Problem

Recently, there has been a change in Wisconsin law addressing the confinement of juveniles within a secure setting. This change gives provision for a juvenile to remain in a secure facility for up to six months versus the previous amount of 30 days. The lengthier placement however, is only allowed if a youth is provided assessment and treatment. The thought of reaching youth when AODA and/or mental health problems are just beginning to surface is certainly encouraging, yet somewhat daunting. Encouraging, in that we can be in a position to assess mental health problems and/or AODA issues at a fairly early stage in a juvenile's life; and, with treatment, possibly avert the youth from future criminal behavior. Daunting however, when considering the implementation of such a process.

Methods of Approach

The purpose of this research is therefore, how a county might proceed with such a process. A review of the literature will provide county administrators and those working with youth in the juvenile justice system, options for evidence-based programming that could be implemented within a secure facility. Research will focus not only on successful programs within Wisconsin, but a review of treatment programs in use throughout the nation will be examined.

Anticipated Outcomes

With the present need to trim budgets; counties are attempting to find ways to conserve taxpayer funds. This research will help to provide knowledge of quality, evidence-based programming for youth; and, if implemented within a juvenile facility, may diminish or prevent future costs within its justice system.

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I. INTRODUCTION: BRIEF HISTORY OF THE JUVENILE JUSTICE SYSTEM

The juvenile justice system has steadily evolved since the establishment of the first juvenile court, in 1899. At the juvenile system's core however, one finds the foundational concept of "rehabilitation through individualized justice" (Snyder & Sickmund, 2006, p.94), and the need for benevolent intervention. Benefits come from understanding the historical background of the juvenile justice system; the review of which, can assist in the development of new and/or improved procedures.

Early U.S. history indicates that up through the 18th century, children who broke the law were treated similar to adults. Children below the age of seven (considered the age of reason) were presumed innocent of criminal intent, yet children as young as seven could stand trial. If a child was found guilty, he/she could be sentenced to prison or even given the death penalty (Snyder & Sickmund, 2006). Children were perceived as miniature adults and it was not until the reform movements of the 19th century (Progressive Era) that youth began to be looked upon as persons having less than fully developed moral and cognitive competence. In 1825, the Society for the Prevention of Juvenile Delinquency began advocating for the separation of juvenile and adult offenders, and founded the New York House of Refuge. Many of the reformers of this time period were known as child savers. In time, juvenile facilities were instituted in most major U.S. cities and included a significant educational and rehabilitative component (Snyder & Sickmund, 2006). These facilities were privately run, but due to criticisms of abuse, many states eventually took over operations.

Cook County, Illinois, was the first to establish a juvenile court in 1899, and others followed. All but two states had their own juvenile courts and/or probation services by 1925. The court was established under the British doctrine of *parens patriae* (the state as parent), which

meant that the state's duty was not only to protect the public interest in juvenile cases, but also to intervene and serve as a guardian of the child's welfare (Snyder & Sickmund, 2006). Instead of just meting out punishment, the juvenile courts sought to rehabilitate youth through treatment. Helping children in trouble was a clearly stated mission in the laws establishing juvenile courts, and led to several differences between the juvenile and adult criminal justice systems. The juvenile court controlled its own intake, was able to consider extra-legal as well as legal factors, and had the discretion to handle cases informally – bypassing judicial action (Snyder & Sickmund, 2006). If a case was taken before a judge, the hearings were less formal than criminal court and a range of dispositional options were available to them.

The 1950's and 1960's held many questions as to the ability of the juvenile court to successfully rehabilitate youth. There were concerns that juveniles were instead being warehoused in institutions similar to adult prisons. If this were true, civil libertarians felt juveniles should also be afforded the same due process protections given to adults. These questions and concerns led to a series of Supreme Court decisions in the late 1960's and early 1970's, which required that juvenile courts become more formal – similar to criminal courts.

During the 1980's, the public perceived that juvenile crime was increasing and the system was being too lenient with offenders. Because of these perceptions, or misperceptions, states began passing more punitive laws. These laws resulted in the exclusion of offenders charged with certain offenses from the juvenile court. The 1990's also saw a change in state legislation concerning areas of transfer provisions, sentencing authority, confidentiality, and victim's rights. In most states, the juvenile court maintains original jurisdiction over youth under age 18 at the time of their offense. Four states have since changed their age criteria. In 1996, Wisconsin became one of three states to lower the upper age from 18 to 17.

Certainly, the 1980's and 1990's held significant change in terms of treating more juvenile offenders as criminals. Recently however, states have tried to bring balance to their juvenile justice systems. Maintaining a balance between system and offender accountability, offender competency development, and community protections has led to restorative justice language in many states' juvenile purpose clauses. States vary in their emphasis, yet most states have components of Balanced and Restorative Justice (BARJ). Some incorporate language from the Juvenile Court Act, the Legislative Guide, and/or emphasize accountability/protection and child welfare. Wisconsin has an almost exclusive emphasis on BARJ features (Snyder & Sickmund, 2006).

As we can see from history, there have been times when society has leaned toward a more punitive paradigm, yet those charged with the care of juveniles as well as community activists/reformers, fought for that foundational concept of "rehabilitation through individualized justice" (Snyder & Sickmund, 2006, p.94). Instead of meting out only punishment; education, rehabilitation, and treatment were sought. Balance between holding a youth accountable, protecting the general public, and seeking the welfare of both, is the goal. There are certainly challenges to this goal. The following research will touch on just such a challenge for state counties; namely, how best to provide the public with the protection it deserves, while reaching out to some of its most challenging youth – those placed in secure detention facilities.

Statement of problem

Over the past six to seven years of serving on county advisory committees related to juvenile and adult justice, the need for mental health and AODA treatment has come to the forefront in many discussions. In examining the adult jail population at county levels, a majority of inmates suffer from mental health and AODA issues. A recent Uniform Risk Assessment

Report performed by Marathon County (2011), provided data from 638 persons within the adult justice system between January 1, 2011, and September 24, 2011. Results of this assessment note that in the area of alcohol and other drug use, 49.4% triggered the need for additional assessment and 23.2% showed a high need for additional assessment. Screening involving further mental health assessment triggered in 33.3% and a high need in 20% of the adult justice population. With these statistics (72.6% triggering further assessment for AODA and 54.1% in mental health issues), it appears appropriate for one to determine how counties might intervene prior to someone ending up in the justice system.

Although thoughts lie in how, as a county, one might provide assessment and treatment for persons entering, or reentering, the adult system; a recent change in law (Act 211) also prompts the need to investigate what could be done within the juvenile justice arena. The change in law gives provision for a juvenile to remain in a secure facility for up to six months, versus the previous amount of 30 days. The lengthier period would allow for assessment and treatment. The idea of reaching youth when AODA and/or mental health problems are just beginning to surface and providing the assessment and treatment they need, may assist in preventing future involvement in criminal activity. Again, when one sees statistics such as those provided within the Uniform Risk Assessment Report of Marathon County (2011), it is concerning. The question could be asked – if there is now the ability by law to assess and treat juveniles in a residential/secure setting, why would there not be an attempt made to gain help for these young people and hopefully prevent their future involvement in the justice system?

Purpose of the study

Thus, the purpose of this research will be to examine the possibilities involved in addressing the problem of undiagnosed mental health and/or AODA issues experienced by youth

entering county juvenile facilities. If the assumption is correct – that mental health/AODA issues are contributing to delinquency and tend to foreshadow involvement in the adult justice system – it would behoove counties to research and determine how best to assess and treat the juvenile, in order to prevent future criminal behavior. Another factor that will need to be addressed is the education of youth placed in county facilities.

Research will include the examination of programs within Wisconsin that are seeking to address mental health, AODA, and educational issues. Notably, Racine County's ACE model and Fond du Lac's PACE (Promoting Alternatives to Corrections through Education) model. Twohey (2005), states that in Racine County, ACE participants are confined within their local juvenile detention facility, but receive assistance from educators and counselors. In Fond du Lac County, Martin (2010) notes collaborations with several county agencies in assisting with intensive educational and treatment experiences for youth entering the PACE program, along with their families. The primary program outside the state of Wisconsin that will be researched is the Missouri Model.

Significance of the Study

Due to the earlier noted change in law, there are counties seeking to provide assessment, education, and treatment within their juvenile facilities. The hope is to provide a residential option for the youth of a county, instead of sending them to another location within the state for assessment and treatment. To provide this however, much research and preparation will need to be done in order to make this an option for a county. Thus, this research will give them, at least in part, the information needed to determine the feasibility of such a goal. Although this research is focused on options for a particular north central county, it is hoped that the outcomes of this study will benefit other counties looking to provide similar services within their secure facilities.

Delimitation of the Study

There are several evidenced based programs specific to education and treatment, as well as screening tools that can be used in the assessment of a youth entering a county facility; however, the primary goal is to identify an overall program and structure that a juvenile facility can model itself after. The literature was limited in this area, but brought forward one model (Missouri Model) that appears to show evidence of being effective. Two other programs within the State of Wisconsin patterned after this model also appear to show promise; however, they are very new programs and only one has some statistical data showing effectiveness.

Methodology

The methodology will be one of collecting data from secondary research and statistics. Statistical data will be gathered from various agencies concerning the prevalence of AODA, mental health, and educational delays among juveniles in detention. A review of the literature however, will seek to provide an evidence-based model for best educating, assessing, and treating the youth entering our secure facilities.

II. REVIEW OF THE LITERATURE

Upon review of the literature, the following statistical data and programming were examined.

Statistical data on the prevalence of AODA/mental health and educational delays among juveniles in detention

In the Northwestern Juvenile Project, which was funded in part by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), a longitudinal study of delinquent youth was performed between 1995 and 1998. Interviews were conducted with youth detained in Illinois' Cook County Juvenile Temporary Detention Center. Researchers used several assessment scales to determine the percentage of youth with alcohol, drug, and mental (ADM) disorders. Preliminary results showed that two-thirds of youth had one or more ADM disorders (Teplin, 2001).

Additionally, follow-up interviews were conducted between the years of 2001 and 2003, in an effort to assess outcomes in the longer-term. The Robert Wood Johnson Foundation (RWJF) provided partial funding for this second stage of the study, along with analysis of earlier data. Some of the findings of this project include:

- Half of the males and 46.8 percent of females had a substance use disorder.
- Nearly two-thirds of males and nearly three-quarters of females met diagnostic criteria for one or more psychiatric disorders.
- Nearly 14 percent of females and 11 percent of males had both a major psychiatric disorder and a substance use disorder.
- Drug risk behaviors were common among both males and females, particularly among non-Hispanic white and Hispanic youth. (RWJF, 2005, pp. 1-2).

Additional reports from this study (self-report and urinalysis results) note that 85.4 percent of youth had used some form of drug in the past six months and 94 percent had used at some point in their lifetime (McClelland, Teplin, & Abram, 2004). Concerning the co-morbidity of major mental health disorders and substance use disorders, researchers note that 63 percent of females and 54.3 percent of males developed these respective disorders within a year of each other (Abram, Teplin, McClelland, & Dulcan, 2003). In 2006, Grisso (as cited in Butler, 2011) reported in his research that 60 percent of those in a detention facility had a mental disorder, as compared to 20 percent of youth in the general population.

One of the mental health issues noted in youth is Attention Deficit Hyperactivity Disorder (ADHD). There is certainly a natural impulsivity during the teenage years to early twenties age group, and young people of both sexes are at risk of committing crime. However, if one of these teens has a mental health issue such as ADHD, the risks increase even more and here is where there is also a gender gap. According to Pastor and Reuben (2008), boys are twice as likely to have ADHD than girls. Edvinsson, Bingefors, Lindstrom, and Lawander's (2010) research concluded that ADHD's prevalence in children was three to four times higher in boys as compared to girls. When studying those in our correctional facilities, Hurley and Eme (2004) estimate that the percentage of inmates with ADHD is between 30-70 percent. Edvinsson et al. (2010) also note a study showing approximately 50 percent of male inmates having current ADHD or related problems – there were no studies specific to women inmates and this disorder.

The impulsivity of a youth with ADHD certainly may affect their contact with the justice system; it can also affect the learning process and academic success. There are however, additional disabilities that affect learning and academic success, and can be a factor in the involvement of a youth in the justice system. Concerning IQ, Grisso (as cited in Butler, 2011)

states that the test results of those in a secure facility averaged 85, as compared to the general population, which tested at an average of 100. Similarly, Lynam, Moffitt, and Stouthamer-Loeber (as cited in Katsiyannis, Ryan, Zhang, & Spams, 2008) found in the research that delinquent youth had an eight to twelve point IQ deficit as compared to their counterparts. Past research concerning academic achievement done by Meltzer, Levine, Karniski, Palfrey, and Clark (as cited in Katsiyannis, et al., 2008), also notes differences in the two populations (delinquent/non-delinquent) by age group and educational subject:

K-2nd grade reading – 45% had difficulty compared to 14%

Middle school reading – 66% compared to 12%

K-2nd grade spelling – 38% compared to 8%

Middle school spelling – 59% compared to 8%

K-2nd grade math – 25% to 4%

Middle school math – 50% to 16%

K-2nd grade handwriting – 36% to 14%

Middle school handwriting – 46% to 14%. (p. 180)

As one can see by the statistics, the performance gap increases as youth age. By middle school, delinquent youth were falling behind even further than their non-delinquent peers.

In the year 2000, a national study was performed by Quinn, Rutherford, Leone, Osher, and Poirier (2005). The focus of their research was to gain statistics showing the percentage of youth in the justice system with identified disabilities as well as the percentage of those receiving services. Quinn, et al. (2005) surveyed departments of juvenile corrections across the United States, including the District of Columbia. The researchers had a 76% response rate and felt their data gave an accurate reflection of the nation. As of the selected date of December 1, 2000, there

were 33,831 juveniles within secure correctional facilities. Of this number, 33.4% were identified as having disabilities and receiving special education services. The largest disability classification was for those youth with emotional disturbances (47.7%), followed by those with specific learning disabilities (38.6%). The other conditions reported were mental retardation (9.7%), other health impairments (2.9%), and multiple disabilities (0.8%) (Quinn et al., 2005). In a 2001 comparison, the U.S. Department of Education notes that during the same school year, 8.8% of students received services under the Individuals with Disabilities Education Act (IDEA) (as cited in Quinn et al., 2005). This research shows that the number of youth identified and receiving special education services within a correctional facility is almost four times greater than the number of students within the public school system.

Quinn et al. (2005) found it interesting that although the median rate of prevalence was 33 percent, there was a wide variance between the states. These rates ranged between 9.1 and 77.5 percent. In order to investigate the reasoning behind the variance, the researchers looked at the five states that reported having greater than 50% of juveniles within correctional facilities receiving special education services. It was found that three of these states dealt with recent class action suits pertaining to special education services. One state was smaller and did not have a high incidence of incarcerated youth, and the fifth state had accredited special education programs within their facilities, which met the same standards as the public school system. Thus, one could conclude that the reported numbers depend on the level of outside pressure to identify and provide services to those with special education needs; the actual number of youth needing services may be underestimated.

Evidence of similar underestimation can be seen in the realm of mental health, by reviewing the 2000 study done by Schumacher and Kurz (as cited in Quinn et al., 2005). The authors

studied Orange County, California's initiation of the "8% Solution." This was a plan to prevent serious recidivism among youth. Forty-nine youth were given assessments and of the original 49, 35 had mental health problems that were significant. Only one of the 35 teens was actually receiving treatment for their psychiatric disorder.

Under-identification of learning disabilities as well as psychiatric/mental health disorders in the public school system can stem from a variety of reasons including a lack of resources. Both institutional capacity and financial inability can be factors; or, as Osher et al. (as cited in Quinn et al., 2005) notes, some schools opt to expel students with antisocial type behaviors rather than investigate and access the student who might otherwise be eligible for special education.

Identified evidence-based programs/models addressing AODA/mental health issues, especially those provided in detention centers.

As one considers the statistical evidence concerning AODA, mental health, and educational delay; thought moves to the factors that may have contributed to these issues, as well as how they may be causative agents in the delinquent behaviors of a juvenile. Factors such as those in the biological, psychological, and social realm can be elements outside of a youth's immediate sphere of control; and thus, rehabilitation and appropriate intervention must be considered when determining sentencing approaches (Ashkar and Kenny, 2008).

Holman and Ziedenberg (2006) with the Justice Policy Institute, note that incarceration in and of itself can also have an adverse effect in many of these same areas. Detention not only has the tendency to draw youth deeper into the criminal justice system, affecting recidivism rates, it can have an impact on a young person's mental health. With so many already suffering from unmet behavioral and mental health needs, the conditions of current detention centers combine with such, and produce a higher frequency of depression and suicidal thoughts in youth. In

Ashkar and Kenny's (2008) research, which included interviews of 16 adolescent males within a secure facility, several youth spoke of their sense of loss. They struggled with the geographical separation from their families and how this gave rise to several negative emotions. One teen shared, "Not being able to be with my family...that's hard...My family's so far away...They gotta travel 9 to 10 hours to get here...I've had four visits in 10 months" and another shared, "I was stressing out, missing my family for four days. There were no cigarettes. I'm on antidepressants. I didn't get my medication...I felt suicidal" (p. 592). Mental health issues tend to worsen in detention; Kashani, Manning, McKnew, Cytryn, Simonds, and Wooderson (as cited in Holman and Ziedenberg, 2006) showed in their research "...that for one-third of incarcerated youth diagnosed with depression, the onset of the depression occurred after they began their incarceration" (p. 8). Additionally, Holman and Ziedenberg (2006) cite a Department of Education study showing that 43 percent of the youth that received some form of remedial education in detention did not return to school and another 16 percent dropped out prior to receiving their high school education.

Certainly there is a need to protect society, but in order to reduce the impact of detention, screening and assessment should be a necessary component when considering which youth to incarcerate. Holman and Ziedenberg (2006) suggest that policymakers look to reform as a way to reduce the number of youth that are needlessly placed in detention centers and seek out proven interventions to reduce recidivism.

In reviewing the literature concerning evidence-based programs and reform, one state's efforts came to the forefront. The Missouri Model is one that has gained much interest in the area of juvenile corrections. It is a model that is based on a set of core values, beliefs, and treatment

philosophies. Mendel (2010) notes Missouri's Division of Youth Services (DYS) as having three basic beliefs:

1. That all people – including delinquent youth – desire to do well and succeed;
2. That with the right kinds of help, all youth can (and most will) make lasting behavioral changes and succeed; and
3. That the mission of youth corrections must be to provide the right kinds of help, consistent with public safety, so that young people make needed changes and move on to successful adult lives. (p. 10)

In an effort to help youth make changes that will become lasting and encourage the avoidance of negative behaviors in the future, the State of Missouri has gone against much of the conventional wisdom and the typical tactics used in correctional facilities today.

In an earlier article written by Mendel (2004), several positive features of reform taking place in Missouri are highlighted. The first is the change from the typical training school, which in Missouri held up to 650 teens at a time, to smaller sites of not more than three-dozen youth. Missouri was divided into five different regions so that youth assigned to them were within close proximity to their homes and families. Missouri's correctional facilities had in the past been condemned in federal reports for their "quasi-penal-military" atmosphere, but present facilities rely on the use of "group process and personal development" (Mendel, 2004, p. 2-3). Instead of correction officers, there are college educated youth specialists overseeing the youth. The specialists are chosen primarily on the basis of their desire to nurture development in youth, rather than guarding and using punitive corrections.

Missouri began experimenting with their new model in the seventies and was eventually able to close down their two primary correctional facilities – Boonville in 1983, and the female

facility, Chillicothe, in 1981. Over the next decade, gains were made toward transitioning to this new treatment-oriented approach. Paul DeMuro, a veteran juvenile justice consultant (as cited in Mendel, 2004) states, “The most important thing in dealing with youthful offenders is...the one-on-one relationships formed between young people and staff...and not just the line staff. It’s critical that the director of the facility know every kid by name” (p. 3).

Instead of large concrete buildings, Missouri used abandoned school buildings, prior church grounds – such as a convent, and some residential homes for their new facilities. These centers give an atmosphere of family versus institution. When the change to smaller facilities first began, Gall Mumford (as cited in Mendel, 2004), who now serves as the division’s deputy director of treatment services, stated that it was a struggle. The boys were acting up every day and some every hour, but as time went on and as staffing became better trained in their case management and counseling abilities, conditions improved. They improved so much so, that Missouri now achieves much more success than others in reducing recidivism. In a comparison analysis, of the youth released from custody in 1999 from Missouri, 8 percent were sentenced to adult prisons within three years; whereas, Maryland had 30 percent and Louisiana had 45 percent. In a twelve-month comparison of those returned to juvenile custody or adult prison/probation, Florida had 29 percent and Missouri, just nine percent (Mendel, 2004). Some of these positive outcomes may also be due to the effort put into transitioning a youth from juvenile custody to their homes and community. Missouri assigns a single service coordinator to each youth from the time the teen enters custody until final discharge, which is typically three to six months after leaving the facility.

Along with the three major values Missouri is committed to within the Division of Youth Services (DYS), there are also six core characteristics within its treatment system. The first of

which is to place youth into smaller facilities that are closest to their home and families. Most states confine their youth in facilities containing more than 150 beds. Missouri's largest facility has 50 beds and each of its secure care facilities serves 36 youth or less (Mendel, 2010). The facilities are not correctional in design; instead, they contain dormitory style carpeted rooms and walls are decorated with artwork and writings completed by residents. Youth are also able to wear their own clothing.

Second, youth are placed into small groups of 10 to 12; this is the treatment team they will be with night and day. A youth specialist supervises each group. The groups eat, sleep, study, exercise and have daily treatment sessions together. Mendel (2010) further outlines the treatment process:

- Beginning the very first day of their commitment, DYS assigns a single staff person – known as a service coordinator – to oversee his or her case before, during, and after placement in a DYS facility.
- In over 80 percent of cases, judges committing a youth to DYS custody apply an indeterminate sentence that grants DYS the right to adjust the length of confinement based on the youth's progress in treatment and readiness to return safely to community life.
- DYS regions employ a level system to track progress and determine each young person's readiness for release.
- At every residential DYS facility, each group convenes daily for a group treatment session where youth talk about their personal histories, their future goals, and the roots of their delinquent behavior.

- Every youth in a DYS facility is guided and supervised by a staff mentor – often referred to as a “one-on-one” – throughout his or her time in the facility. (p. 7)

Third, emphasis is placed on the safety (both physical and emotional) of youth, not by coercion as is common in other correctional systems, but through positive relationships and constant supervision (Mendel, 2010). Here again, the thought is that a youth’s crime has led them to placement in the correctional facility. This is their sanction, but once a teen enters one of Missouri’s facilities, all efforts aim toward treatment...not further punishment. This is reminiscent of Warden Dennis Luther’s philosophy while supervising the Federal Correctional Institution in McKean, Pennsylvania. Peters notes that in the McKean’ Credo, Luther’s first belief is listed as; “Inmates are sent to prison as punishment and not for punishment” (as cited in Gray, 2002, p. 178).

Forth, great effort is put into preparing youth for their future and their ability to succeed upon release. DYS does this by helping youth develop communication skills and a better awareness of themselves. Staff often solicit the residents’ thoughts and are respectful of the responses. DYS also works hard to make sure educational goals are in place for the youth. Again, they are in their treatment groups of between 10-12 youth while learning. Teens have their youth specialist to aid them, as well as a certified teacher (Mendel, 2010). Community service and other hands-on projects are used in conjunction with the classroom learning.

Fifth, partnerships are forged between the parents and families of the delinquent youth during the treatment process. Parents are encouraged to visit their son or daughter regularly. At times, staff will even provide transportation for these visits. Family therapy participation takes place in approximately 25-30 percent of cases and parents are included in the planning process of their child’s release from the facility (Mendel, 2010).

And lastly, support and supervision are given to youth as they transition back to their homes (Mendel, 2010). Much planning goes into preparing for this move. The treatment team helps with school reenrollment, identifying job opportunities, and other positive activities within the youth's community. There are typically a few short home furloughs the youth can take prior to their release and these also help with reentry – any problems that occur can be addressed prior to a full release. Not only does the youth have their service coordinator; they are also assigned a community-based mentor. These mentors provide additional support to the youth and allow for another point of contact for DYS as they determine how the teen is faring at home. DYS retains full custody of the youth during aftercare and they have the right to return the youth to the facility if they show signs of failing (Mendel, 2010).

Although the Missouri Model is a state designed model, it does include smaller regions that could be equated to a county. Due to the fact that this research is designed specifically for the needs of counties, another of the programs examined was Fond du Lac County Wisconsin's Promoting Alternatives to Corrections Through Education (PACE) program. PACE is the result of collaboration between Fond du Lac County Department of Social Services, Juvenile Services Unit, Fond du Lac School District, Fond du Lac County Sheriff's Department, and Lutheran Social Services (Martin, 2010).

The program is designed for youth ages 12-17 who are facing serious criminal charges, and is offered as an alternative to going to a correctional facility. Youth remain in the detention facility and commit to: changing their behaviors and the way they interact with others, working a school program, going through treatment, and attending counseling sessions. PACE addresses the issue of education by working together with the local school district to provide schooling to participants in the program. For those needing special education, an Individualized Education

Plan (IEP) is created and implemented. At least four credits are to be completed while in the program (Fond du Lac County, 2011).

In addition to education, other services include having a psychological assessment, completing an alcohol/drug assessment, and participating in treatment if needed. Each youth is required to participate in individual, group, and family therapy. Other activities include anger management, independent living skills, corrective thought education, victim empathy education (Restorative Justice), character building, relaxation and stress management, music appreciation, psychoeducation, journaling, book club, and art club. Each Saturday and Sunday, additional activities are offered but not required. These include recreation, library, movie, and ministry activities (Fond du Lac County, 2011).

A similar program is found in Racine, Wisconsin. It is the Alternatives to Corrections Through Education (ACE) program. Here too, county administrators were lamenting the cost of sending youth to state facilities. It was decided that juvenile offenders with non-violent histories would be given the alternative to stay within county detention centers and complete the ACE program. ACE is an intensive 140-day treatment program that was launched in 2003 (Twohey, 2005). Youth going through the program successfully gain 2.25 high school credits, or if they are in the middle school, they complete four classes. In addition, program participants attend counseling, complete an AODA assessment, and go through AODA treatment if necessary. Additional activities include classes on anger management, cognitive intervention, communication, and self-respect (Racine County Human Services Department, 2012).

The ACE and PACE programs appear very similar in structure and attempt to draw from the Missouri Model. Although the PACE program is so new and statistical data is not yet available, the ACE program has produced some data. Racine County Human Services

Department (2008) notes in their annual report that "...25 juveniles (5 youth admitted in 2007 and 20 youth admitted in 2008) participated in the ACE program during the year. Of these youth, 12 successfully completed all phases of ACE, 4 youth were unsuccessful and 9 youth continued in the program in 2009" (p.4).

Examination of cost-benefit factors in such programming

After examining the ACE program, Twohey (2005) notes comparisons in cost. When a youth is placed in one of the state juvenile facilities, the daily cost is \$187, or an annual cost of \$68,255 per year. For a youth held within Racine County's juvenile detention facility and taking part in the ACE program, the annual cost figures in at \$24,199 per teen. The difference is substantial. In a more recent cost comparison, the Justice Policy Institute (2009) estimated the daily cost of housing youth in a state facility to be \$240.99, or approximately \$88,000 per year. Costs keep rising and thus the need for states and counties to reconsider how they are currently funding their juvenile justice system.

Although the statistics are a bit older, Missouri's desire to revamp their system came not only with positive outcomes for its youth, the monetary benefits were also noted. The Annie E. Casey Foundation (2004) found that in 2002, Missouri's total DYS budget was \$58.4 million. This breaks down to a daily average of \$103.00 per youth (age 10-16); whereas in Louisiana (age 10-16) it was \$270, Maryland (age 10-17) - \$192, and Florida (age 10-17)- \$271.

III. THEORETICAL FRAMEWORK

As counties seek to provide best practices within their juvenile facilities, it is advantageous to examine the theories that have been developed concerning the relationship between delinquency and its possible causes. A variety of theories suggest links to educational performance, trauma, delinquent peer exposure, other relationships – namely with family and the victims of a youth’s crime, as well as biological traits (i.e. mental health and problems of addiction).

Concerning education and delinquency, differential association theory hypothesizes that delinquency is more apt to take place when factors, such as poor academic performance and failure, outweigh the factors favorable to non-delinquent behavior; academic success being one of them (Lynam, Moffitt, & Stouthamer-Loeber, as cited in Katsiyannis, et al., 2008). This thought is taken mainly from Sutherland’s (1960) sixth proposition that states, “A person becomes delinquent because of an excess of definitions favorable to law violation over definitions unfavorable to violation of law” (p.123).

School failure theory is similar, yet focuses on the self-image of the youth. When there are damaging events throughout a child’s school journey, the result can be a negative self-image, which favors delinquent behavior (Zamora, as cited in Katsiyannis, et al., 2008). Although school can be viewed as prompting factors conducive to delinquent behaviors, social control theorists counter this by stating that school has a variety of pro-social experiences a youth can benefit from; many of which can bond them socially and prevent negative behaviors (Spratt, as cited in Katsiyannis, et al., 2008). Containment theory appears to counter school failure theory in that it suggests a good self-concept can be viewed as “containment”, preventing delinquency (Lawrence, as cited in Katsiyannis, et al., 2008).

Another of the theories that comes into play is labeling theory. In a study interviewing adult prisoners that had a history of involvement in the juvenile system, it was noted that there is the tendency in our present system to pre-judge and stereotype youth that have any trouble with the law (Butler, 2011). Labeling and treating youth as failures can intensify the isolation they feel from their school peers, and can be criminogenic in and of itself.

One of the more recent discussions within the circles of those working together with youth and those doing research, is the link between trauma and delinquency. Whereas trauma theory focuses on the link between an event/events causing affect, or disturbed forms of regulation (i.e. poorly adapted emotions and peer relations); strain theory suggests that these maladapted emotions and relations are the mediating factors leading to behavior that can be delinquent in nature. Agnew (2006) describes the three major strains as:

1. Individuals may lose something they value.
2. Individuals may be treated in an aversive or negative manner by others.
3. Individuals may be unable to achieve their goals. (p. 202)

Not all resulting affect of trauma leads to delinquent behavior – individuals deal with trauma in a variety of ways; however, Maschi, Bradley, and Morgen (2008) developed and tested a conceptual model, which was based on general strain theory and determined to find what might be the most common mediating factors between trauma and delinquent behavior. The researchers sampled 4,023 youth from age 12-17 with predictor variables of exposure to violence and/or stressful life events. One hour structured phone interviews were gathered from youth and their parents or guardians. The mediating variables included negative affect, depression, and delinquent peer exposure. Taking into account outcome variables and control variables, Maschi, et al. (2008) determined that there were two main factors affecting the link between trauma and

delinquent behavior; these were the intrapersonal factor of anger and the interpersonal factor of delinquent peer exposure.

One might conclude then, that placing youth in a setting that increases further exposure to delinquent peers is counterproductive. For this reason, every effort should be made to divert youth to other community based programs that assess, treat, encourage, and mentor. However, public safety must also be taken into account and balanced with the need to get at the causative agents in a youth's life that are disposing them to further delinquent acts. In a secure setting, the relationships and positive social bonds spoken of in theories of social control can still be created ...as seen in the example of the Missouri Model. Not only does the Missouri Model provide for mentoring relationships with youth specialists and a service coordinator, positive bonds are encouraged within each small treatment group of 10-12 youth (Mendel, 2010).

Restorative Justice programming is also an element within the researched models and it too, is based on social bond theories. An example of restorative programming is found in the Indianapolis Restorative Justice Project. It is one of the model programs highlighted as being effective by the Office of Juvenile Justice and Delinquency Prevention (OJJDP, 2012). When reviewing the way this program intervenes in the life of a teen, one can identify several of the elements Hirschi (1969) suggests in his social bond theory. When bringing parties together for a victim-offender conference, not only are the victim and offender included, but supporters of both are also invited to attend. These supporters "typically involve parents/guardians, siblings, grandparents, other relatives, friends and neighbors but may also include teachers, athletic coaches, and other important figures in the youth's life" (OJJDP, 2010, p. 1). Reinforcing prior relationships with a teen and encouraging the development of new relationships to the victim(s) of their crime, corresponds to Hirschi's (1969) element of attachment. A teen, the author

suggests, will be more likely to care how he/she is perceived by others as well as be restrained from continued offending behavior if relationships exist. When the offender is able to hear from the victim and understand how he/she has been affected, the teen begins to empathize and further, concerns themselves with how they can fix the harm they have caused.

Another element in Hirschi's discussion of social bond theory is commitment. After the conference takes place between the victim, offender, and other community members, an agreement is drawn up between the parties. Recommendations are made on how the offender can repair the harm caused and the participants all sign the agreement form (OJJDP, 2010, p.1). When a teen makes a promise to the victim to complete their restitution, in whatever form that may be (i.e. community service, monetary reimbursement, attending counseling, etc.), they acknowledge their commitment to future behaviors. The offender makes a personal commitment to the victim and typically will not want to jeopardize this new relationship.

The third element in Hirschi's (1969) concept of social bonds is that of involvement. In the restorative process, involvement happens when the caseworker comes alongside the youth, mentoring the offender as he/she works toward fulfilling their promises to the victim. The caseworker may work alongside the youth to complete community service – teaching them various skills. Caseworkers also connect the teen to positive activities within schools and communities. Many times curriculum is used to assist offenders with decision-making and life skills. These efforts by the caseworker are used to “steer” the youth into positive venues and uses of their time.

The final element is belief. Hirschi (1969) notes that “...control theory assumes the existence of a common value system within the society or group whose norms are being violated (p. 223). Also discussed, is that delinquents may have a weakened belief in the “moral validity”

(p. 223) of these norms. In a victim offender conference, social norms are reinforced by people the teen has a relationship with (parents, coaches, friends, etc.), as well as hearing from the victim as to the effects of committing delinquent acts. Restorative programming provides an opportunity for the teen to repair, to the best of their ability, the harm done and it reinforces the reasoning as to why certain norms are needed in society.

An outcome of restorative programming that speaks directly to the effects of positive social bonds would be whether or not a teen completed their promises to the victim. The evaluation outcomes of the Indianapolis Restorative Justice Project showed that 83 percent of youth successfully completed their reparation agreement as compared to 58 percent in other court-ordered programs (OJJDP, 2010, p.1).

A discussion on theory at this point would be lacking if biological theories were not included. Certainly some of the early theorists focusing on individual traits did not have the benefit of the medical and scientific knowledge we have today, and some of their hypotheses quite strange; yet they did give rise to the positive school, which “argues that crime is due to forces beyond the individual’s control” (Cullen & Agnew, 2006, p. 21). A statement such as this may not be unequivocally true, yet it can be an attempt at explaining some of the characteristics noted within our detained youth. The percentages reported earlier in this research, of youth with mental health and/or substance abuse or dependency issues is quite high. Questions remain as to how genes and other biological factors can affect the individual traits of a person.

No single theory at present, can fully explain delinquency. Each young person is different and upon entering one of our detention facilities, presents with a variety of causes. These causes may be related to nature, or nurture, yet must be identified and treated as effectively as possible. The Missouri Model appears to integrate many of the theories in its treatment philosophy, the

primary being one of relationship. Great care is given toward building positive social bonds between staff, other service providers, youth, and youth's families. Relationships and bonds are also necessary when developing a positive educational atmosphere. Identifying a youth's mental health or learning disabilities and encouraging them in any improvements, helps to reduce strain and creates pro-social connections they will benefit from. Providing a safe environment, with staff that are well trained and buy into a philosophy of treatment, will limit the trauma or labeling a youth may feel while in the facility. Concerning biological traits, there may be some identified within the realms of mental health and addiction; however, treatment and education can assist in helping the youth cope with these conditions.

IV. RECOMMENDATIONS

When determining recommendations, one must look at what the new law provides for and what is also being asked of counties. Certainly, local detention facilities can now be used to house youth for up to six months. However, more must be provided than just housing, if they chose to detain for longer than 30 days.

A *detailed assessment* must be performed to determine the juvenile's needs. As seen in the review of the literature, youth in our detention centers have a higher rate of mental health, AODA, and educational delays than their counterparts – much of which has previously gone undiagnosed and/or untreated. Counties must partner with their local healthcare providers to use the appropriate assessment tools to determine what treatment, if any, is needed.

Treatment should then include individual, group, and family therapy. Again, partnering with local health care providers will be of great benefit. These providers are able not only to perform some of the more formal sessions; they can help in the training of staff members when dealing with the day-to-day behaviors of the youth. In Missouri, treatment permeates throughout their facilities... “not just youth specialists and administrators, but also cooks, groundskeepers, secretaries – are treatment staff. All must understand and buy into the agency's rehabilitative mission...” (Mendel, 2010, p. 12).

Education is the other primary requirement of this new law. Here, partnership with the area schools will be important. If an Individualized Education Plan (IEP) was in place prior to the youth's detention, caseworkers will need to gather this information and work together with the school on how this plan can continue in the secure setting. If one was not in place, and through assessment it has been determined that an IEP is necessary, coordination between school authorities, the detention facility staff/teachers/counselors, and the youth/youth's family is

essential. If the model used in Missouri can be duplicated, counties can expect three-fourths of youth to progress at least as steadily as a student in the public school system (Mendel, 2010).

The *reintegration of the juvenile post treatment* is of great importance. This is not a requirement of the new law, but certainly speaks to any efforts in reducing costs for the county. Without a good transition back into the juvenile's family, school, and neighborhood, the efforts of the previous five to six months will be compromised. In most states, a good percentage of youth do not reconnect well with their school or workplace following release and recidivism is a valid concern. With the case management plan used in the Missouri Model, the intensive support during aftercare proved effective; 85.3 percent of teens discharged from DYS remained productively engaged in their education and/or their job (Mendel, 2010).

V. SUMMARY AND CONCLUSIONS

This research provided a review of the literature concerning the needs of youth in detention facilities and highlighted model programs that appear to address such issues. The Missouri Model is a state model that at least two counties in Wisconsin (Racine and Fond du Lac) have attempted to draw from; and according to the statistics, it seems to be the model having the most success in treating youth. As noted in the recommendations, the Missouri Model addresses all the areas required by the new law in Wisconsin. A further recommendation that should be noted in conclusion however, is the need for dedicated leadership and staff within the walls of any facility seeking to assess, treat, and care for juvenile offenders.

A note was made earlier concerning the similarities seen between Warden Dennis Luther's philosophies while supervising the Federal Correctional Institution in McKean, Pennsylvania and the philosophies that permeate the facilities in Missouri. In an effort to examine these similarities further, the following chart will give a comparison.

Missouri Model – The values and beliefs of the Missouri Division of Youth Services	McKean's Credo – Warden Dennis Luther's beliefs about the treatment of inmates (identified by number)
Every young person wants to succeed – and can succeed.	4. You must believe in man's capacity to change his behavior.
Change can only result from internal choices made by the young people themselves.	4. You must believe in man's capacity to change his behavior.
Relationships are critical to overcoming resistance and fostering positive change.	The following speak to relationship building: 9. Whenever possible, provide explanations for changes in policies and procedures that the

	<p>inmate perceives as detracting from the quality of his life.</p> <p>10. Be responsive to inmate requests for action or information. Respond in a timely manner and respond the first time an inmate makes a request.</p> <p>11. Be dependable when dealing with inmates. If you say you are going to do something, do it.</p> <p>12. It is important for staff to model the kind of behavior they expect to see duplicated by inmates.</p> <p>13. The indiscriminate use of foul language by staff can only detract from the professional image staff must try to maintain.</p>
<p>Youth are more likely to succeed in a safe, nurturing, and non-blaming environment.</p>	<p>The following speak to safety and environment:</p> <p>1. Inmates are sent to prison as punishment and not for punishment.</p> <p>3. Inmates are entitled to a safe and humane environment while in prison.</p> <p>19. Some inmates are very intelligent or knowledgeable. Don't be threatened, but rather, capitalize on their skills.</p>

	<p>22. Don't impose rules, regulations, or regimentation that cannot be reasonably tied to the need to maintain order and security.</p> <p>23. Stress the value of rewarding good adjustment with privileges and amenities.</p> <p>25. Send clear messages regarding the kind of behavior that cannot be tolerated in an institution.</p> <p>26. Inmate discipline must be consistent and fair.</p> <p>27. Use only the amount of force, verbal or physical, needed to maintain order, security, and staff and inmate safety.</p> <p>28. Do or say nothing to an inmate that you would not want to have videotaped for the warden's review!</p>
<p>Every young person is unique.</p>	<p>7. We do not treat all inmates alike any more than we treat all people in the "free world" alike. We must be sensitive to personality differences, cultural backgrounds, lifestyles and educational levels, and treat inmates as individuals.</p>
<p>Many youth lapse into delinquency as a coping</p>	

<p>mechanism in response to earlier abuse, neglect, or trauma.</p>	
<p>Delinquent youth typically suffer from a lack of emotional maturity.</p>	
<p>All behavior, no matter how maladaptive or destructive, has an underlying emotional purpose.</p>	
<p>Most youth entering custody have very low confidence in their ability to succeed as students, or adults, and lack exposure to mentors or positive role models.</p>	
<p>Parents and other family members remain the most crucial people in young people’s lives – and the keys to their long-term success.</p>	
<p>The focus on treatment should permeate all aspects of the facility – and at all times.</p>	<p>2. Correctional workers have a responsibility to ensure that inmates are returned to the community no more angry or hostile than when they were committed.</p> <p>5. Normalize the environment to the extent possible by providing programs, amenities, and services. The denial of such must be related to maintaining order and security rather than punishment.</p>

	<p>14. There is inherent value in self-improvement programs such as education, whether or not these programs are related to recidivism.</p> <p>15. Inmates need legitimate opportunities to enhance their self-esteem.</p>
<p>The staff must be diverse in terms of race, gender, and ethnicity.</p>	<p>8. Bringing racial bias into the institution that results in discriminatory actions can be every bit as dangerous to fellow staff members as the introduction of contraband.</p>
<p>Facilities should be connected to the outside community.</p>	
<p>Facilities should be kept clean and orderly at all times.</p>	<p>6. Most inmates will respond favorably to a clean and aesthetically pleasing physical environment and will not vandalize or destroy it.</p>
<p>Facilities should reverberate and radiate an atmosphere of respectfulness. (Mendal, 2010, p.10-12)</p>	<p>16. Inmates are to be treated respectfully and with basic dignity. Staff can treat inmates respectfully without compromising the essential element of professional distance.</p> <p>17. Be courteous, polite, and professional in all dealings with inmates, regardless of their behavior.</p>

	<p>18. Staff cannot, because of their own insecurities, lack of self-esteem or concerns about their masculinity, condescend or degrade inmates.</p> <p>20. Never, never lie to an inmate.</p> <p>21. Inmates will cooperate with staff to a much greater degree if motivated by respect rather than fear.</p> <p>(Peters, 1992, p. 178-179)</p>
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The chart shows that almost every one of the 28 beliefs in the McKean’s Credo speaks to the beliefs proposed in the Missouri Model. The McKean’s Credo addresses the leadership and staff of an adult federal correctional facility, whereas Missouri’s beliefs address those overseeing juveniles in a secure setting. The Missouri beliefs that are not directly tied into one of the beliefs in the Credo, address areas of treatment, which Warden Luther did not appear to have any issue with. Belief number five states that he wanted to “normalize the environment to the extent possible by providing programs, amenities and services” (Peters, 1992, p.178).

The philosophies of Luther and those administering the Missouri model are almost identical and appear to have similar results. Worth (1995) notes that the incident rates at McKean read like a blank slate while Luther was warden. There were no escapes, homicides, sexual assaults, or suicides. Worth (1995) goes on to say that within the six years Luther was warden, there were only three serious assaults by prisoners on staff and six assaults on inmates. Prisons of comparable size see these numbers in a typical week. There were also financial benefits to

Luther's management philosophy. Even with overcrowding and a growing number of violent criminals, taxpayers paid \$15,370 per year for each inmate. For other prisons of its type, the federal average was \$21,350 per year (Worth, 1995).

Missouri's DYS shows that in comparison to the 97 facilities included within the Council of Juvenile Correctional Administrators' Performance-based Standards (PbS) project, youth assaults are four and a half times less likely to happen; and assaults against staff, 13 times less likely to happen in Missouri. Mechanical restraints are used more commonly (17 times as often) within PbS and isolation used over 200 times more often than in Missouri. During the 25 years since the closing of training schools and implementing the Missouri Model philosophies, not a single youth has committed suicide (Mendal, 2010). Missouri's approach also comes with a cost savings, as it is lower than most other comparable juvenile corrections systems within the states (Mendal, 2010).

Attention has already been given to the other benefits of Missouri's philosophies (i.e. educational progress, positive transitions to the community, lowered recidivism rates, etc.) in comparison to other juvenile justice systems within the United States. It is a philosophy that at the outset, will demand additional attention and care, but one that is well worth the effort. If anything can be learned from history, it should be noted in what happened at McKean. When Luther retired from his duties as warden, a new warden eliminated much of Luther's techniques in management – reverting to some of the more oppressive practices. Within six months of these changes there was a riot that broke out in McKean, causing more than one million dollars in damages. Medvecky (2010, July 18) confirms that in July of 1995 Luther retired, and by October, McKean “was one of some 40 federal institutions that engaged in the largest mass prison

uprising in the history of the United States...five housing units suffered significant fire damage” (p. 2).

The approach to juvenile corrections in Missouri, similar in philosophy to Luther’s, challenges today’s “tough on crime” tactics. Bureaucratic norms are upset and if a county desires to see positive growth and well-being within the youth sent to their facilities, it will take “constant creativity, commitment, and compassion” (Mendal, 2010, p. 13) as well as a fight against the pull toward using punitive approaches. Reform must take place in our juvenile facilities in order for them to gain the desired results in treatment and public safety (lowered recidivism). Reform however, cannot be just changes in facility, a reduction in the amount of juvenile offenders placed in one unit, or additional “programs”. Each of these can contribute to positive outcomes, but it is the philosophy of the leadership and everyone working within a facility that buys into this philosophy, that will be the determining factor of any success or failure.

When looking at the juvenile justice system as a whole and the possibility of reform, Butler’s (2011) research is also intriguing. The study sampled adult prisoners under age forty, from the mid-Atlantic region of the United States that had at least one documented juvenile placement in their history. When interviewing the 28 identified participants, several themes surfaced when discussing their juvenile involvement in the system; mainly having to do with the police, courts, and placement. After compiling the results of the interviews, Butler (2011) notes that the moral and right-based ethics that our juvenile justice system was founded upon has been in some instances compromised due to bureaucratic goals. Granted, these interview results were taken from “failures” in the juvenile justice system; however, “many of the changes

recommended by the study's participants are highly consistent with feminist ethical approaches and with restorative justice approaches" (Butler, 2011, p. 115).

For any county seeking to hold youth in a secure setting closer to the youth's home and choosing to provide for youth in the areas of assessment, treatment, and education during the allowed six-month detention; the Missouri Model is one worth examining further. Counties must be ready however, to shift from a paradigm of retribution and punitive corrections to one of balance and treatment. Leadership espousing a philosophy and mission of helping youth make meaningful changes in their lives is essential.

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