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**SECOND CHANCE FOR YOUTHFUL OFFENDERS Intervention,
Prevention, Solution**

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SECOND CHANCE FOR YOUTHFUL OFFENDERS

Intervention, Prevention, Solution

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Capstone Thesis MPA Master of Public Affairs

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This thesis was written with the specific intent and purpose to address and bring awareness to the “true” underlying causations of juvenile crime and delinquency. To create a new systematic approach and set of policies that effectively diminishes juvenile crime and delinquency and implement and promote new effective solutions of systematic accountability. Although there have been several slight attempts to change the model in which we handle delinquency and crime, an overall change to the system as a whole is warranted. There must be a more comprehensive strategy and culpable understanding of the correlation between the behaviors of crime and its causations. Often times the juvenile justice system and its administrators neglect to comprehend the lasting devastation of the underlying issues or lasting effects of homelessness; poverty, untreated or undiagnosed mental health issues, unsafe living conditions, violence, neglect/ward of the state, academic failure/expulsion, trauma/abuse and substance abuse. The program Second Chance for Youthful Offenders was created in direct response in an effort to address juvenile delinquency and promote systematic accountability. We will take a further look into these issues equally but separately, while isolating the correlation between these issues and its effect on criminal behavior and crime.

Background History

The major components of the Massachusetts juvenile justice system consist of the following stakeholders: the statewide Juvenile Court Department of the Trial Court, the Department of Youth Services (DYS), the Office of the Commissioner of Probation, the Youth Advocacy

Division (YAD) of the Committee for Public Counsel Services (CPCS) (public defenders), the county-based District Attorneys' Offices, and local and state police.

(https://en.wikipedia.org/wiki/American_juvenile_justice_system)

Other stakeholders who are not directly part of the major functioning of the juvenile system but are directly or indirectly involved with at-risk and system-involved youth and/or issues that confront them include: the Department of Children and Families (DCF), the Executive Office of Health and Human Services (EOHHS), the Juvenile Justice Advisory Committee (JJAC), the Office of the Child Advocate (OCA), the Department of Elementary and Secondary Education (DESE) and local schools, Citizens for Juvenile Justice (CJJ), the Parent/Professional Advocacy League (PPAL) and numerous, child-serving non-profit entities across the Commonwealth and state

lawmakers. (<https://www.mass.gov/info-details/find-out-what-happens-after-the-preliminary-hearing-in-a-child-requiring-assistance>).

The juvenile court system in Massachusetts is a statewide system managed within the Executive Office of the Trial Court (EOTC). There are approximately 40 juvenile judges across the Commonwealth and one to four juvenile courts and/or juvenile sessions in district courts in most counties. Three types of juvenile justice cases are heard within the juvenile court system: Child Requiring Assistance (CRA) cases (status offenses), delinquency cases, and youthful offender cases. Massachusetts has the distinction of establishing the nation's first juvenile correctional system in 1846 when it opened the Massachusetts State Reform School in Westborough. (https://en.wikipedia.org/wiki/American_juvenile_justice_system)

Problem Definition

Although there are several agencies and organizations within this one system, with claims to provide services, policy oversight and protection. The juvenile recidivism rates have indicated that the current system is not adequate or effective with reducing crime and delinquency.

Attempts to improve the juvenile justice system, especially in regard to detention procedures, took another step forward with the latest reauthorization of the Juvenile Justice and Delinquency Prevention Act (JJDP A).(

<http://www.ncsl.org/research/civil-and-criminal-justice/improving-the-juvenile-justice-system.aspx>). The reauthorization strengthens the JJDP A's core protections and makes other significant improvements that reflect developments in youth justice since the act was last reauthorized in 2002. The reauthorized law, [H.R. 6964](#), goes into effect in 2020. It was approved with bipartisan support in December 2018 and signed into law on Dec. 21, 2018.

(<http://www.ncsl.org/research/civil-and-criminal-justice/improving-the-juvenile-justice-system.aspx>). Its stated purpose is to better meet the needs of at-risk youth and anyone who comes in contact with the juvenile justice system, by supporting evidence-based programs that reflect the science of adolescent development. This includes trauma-informed practices that understand, recognize and respond to trauma.

The reauthorization builds on earlier versions, which created four protections for youth in state juvenile justice systems. In order to receive federal grants, states were required to:

1. Limit children from being housed in the same facility as adult offenders.
2. Provide a sight and sound separation in the limited circumstances when children are housed in the same facility as adults. This means that children cannot be housed next to

adult cells, share dining halls, recreation areas or any other common spaces with adults, or be placed in any circumstance that could expose them to threats or abuse from adult offenders.

3. Prohibit placing status offenders in detention. Status offenders are children who have committed infractions based solely on their age (e.g., underage drinking, curfew violations, truancy). This provision contained many exceptions that allow status offenders to be detained.
4. Determine whether their system has disproportionate contact with minority offenders.

The federal Office for Juvenile Justice and Delinquency Prevention (OJJDP) under the Department of Justice has oversight and reporting responsibilities for the act. Each state has a governor-appointed statewide advisory group (SAG) to oversee and guide each state's plan and decide how to allocate funding.

(<http://www.ncsl.org/research/civil-and-criminal-justice/improving-the-juvenile-justice-system.aspx>).

Furthermore a more deep investigation of collected research and data from the Commonwealth of Massachusetts Executive Office of Public Safety and Security Office of Grants and Research (EOPSS) revealed an even greater cause of concern regarding system oversight accountability and negligence. According to the EOPSS's 3 year plan update, Massachusetts was not successful at its attempt of applying for the FY 2017 Title II Formula Grant funds. Due to Office of Juvenile Justice and Delinquency Prevention's (OJJDP) determination that many of Massachusetts' court holding facilities are not compliant with the Separation from Adult Inmates core requirement of the JJDP Act and the resulting penalty on the

federal award, the Commonwealth may not have significant FY 2017 Formula Grant funds to allocate towards delinquency prevention, intervention, and system improvement projects (other than those related to regaining full compliance).

<http://www.ncsl.org/research/civil-and-criminal-justice/improving-the-juvenile-justice-system.aspx>)The primary purpose of the Formula Grant program is to ensure the Commonwealth's compliance with the core requirements of the Juvenile Justice and Delinquency Prevention Act (JJDP Act) of 2002.

In addition, the Formula Grant program strives to effectively serve the needs of at-risk and system-involved juveniles in accordance with the priorities of the JJDP Act reflected in the delineated "program areas." Funds from the Formula Grant program are dedicated to compliance activities and provide the salaries for the Commonwealth's Compliance Monitor and the Juvenile sub-grantees. Where is the accountability in this case of noncompliance? We must hold those in the position of power accountable, at the end of the day thousands of juveniles will suffer at the hands of negligence. Several programs are at-risk of closing due to lack of federal funding. I will continue to monitor the systematic effects of this noncompliance closely over the next year into 2020

We will provide educators with more alternative resources of education instead of expulsion or exclusion by allowing them as mandated reporters to initiate referrals for at-risk youth, who demonstrate risky behaviors, or those in need of services. The goal of Second Chance for Youthful Offenders is to provide services without even stepping into a courtroom. The purpose is to eliminate that child's exposure in court from the very beginning. Why diversion programs only offered at court after a child is in trouble?

The statistics speak for themselves, how many years will it take for policy makers to capsule the REAL failures of a system and thus implement evidence-based practices, which utilize current reliable evidence to determine the proper policies and treatments and strength based practices, which help to identify resources to youth and families then use these findings as a basis to build skills needed to achieve obtainable goals.

How many times are we going to create and recreate the same programs that not only disproportionately discriminate against those of color, the disabled or unprivileged and poor? We have to ask ourselves does the end justify the means. We have to make clear concise efforts to thorough understand the underlying causations leading to the behavior of Juvenile crime and delinquency. It is our responsibility to ensure capabilities of success and achievement of our youth. Their success or failures is at the mercy of our systematic control.

For an example, the prosecution of juveniles as youthful offenders is left to the sole discretion of the District Attorneys' Offices when certain conditions relating to the seriousness of the charges and/or prior history of the offender are met. A "youthful offender" is a person who is indicted and subjected to an adult and/or juvenile sentence for having committed an offense while between the ages of 14 and 18 which, if he/she were an adult, would be punishable by imprisonment in the state prison, thus committed to DYS.

The continuum of care for a juvenile who is committed to DYS is: Assessment, Residential Phase, Hardware/Secure Treatment, Staff Secure Treatment, Community Supervision, and Discharge. This continuum of care lacks the proper reintegration or service needs of an at-risk child.

Second Chance for Youthful Offenders was created specifically with this fact in mind; we pride ourselves in acknowledging that there are various mitigating factors and circumstances to take into account when assessing juvenile behavior and the prosecutorial discretion should not be left solely up to the District Attorneys themselves.

Furthermore, Second Chance for Youthful Offenders programs accepts every child into our program. We believe that no matter the circumstances every child deserves a chance. The current system is outdated and in need of drastic policy reform. For an example diversion programs are typically only offered by the Assistant District Attorneys to first time offenders, “excluding” children who are in need of services and resources the most. It is our philosophy that every child, no matter the circumstances should have adequate access to services and care. It is our responsibility to figure out the best approach for each child individually. It is simply unacceptable to exclude any child from society. More often, then not., Assistant District Attorneys lack the proper training or education regarding the psychology of adolescence or the social, economic and cultural differences of at-risk people or their needs as a family unit.

Despite the Commonwealth’s efforts to minimize the use of detention through JDAI, many low- level offenders, who are often Hispanic and African-American, are placed in detention. According to DYS, in 2016 there are 1,860 juveniles sent to pre-trial detention. The number of pre-trial detention admissions in 2016 declined 3% from the previous year and is 67% lower than the high of 5,562 in 2003.

<https://www.mass.gov/service-details/juvenile-detention-alternatives-initiative-jdai>

The average daily number of youth held in pre- trial detention decreased from a high of 289 in 2003 to 122 in 2013, increased to 180 in 2015. Secure detention does more harm than

good particularly for those youth who are held for minor or nonviolent offenses. Detention further impedes a youth's healthy development, educational progress, and is likely to result in increased criminal activity. Research has shown that juveniles who start offending before age 12 are more likely to continue offending into early adulthood and have high recidivism rates leading into adulthood.

<https://www.mass.gov/service-details/juvenile-detention-alternatives-initiative-jdai>

Executive Summary

Second Chance for Youthful Offender is a nonprofit agency providing education, counseling and community resources and programs to court involved or at-risk youth in the Greater Mystic Valley area of Massachusetts. The agency will form a strategic partnership with the juvenile court system, local school districts and various other state departments to offer an individualized program of services to youth who are at-risk, risk of dropout/school expulsion or face incarceration. Second Chance's goal is to reestablish a sense of individual responsibility and institutionalized accountability that will give youth the commitment to follow through on a path to adulthood with a sense of pride and accomplishment. We will break down the systematic barriers of juvenile crime and its causation by providing the appropriate tools and resources of achievement.

Through repeated failures in the classroom and the development of destructive habits, at-risk young people have lost faith in the very system that was designed to protect them. Second Chance for Youthful Offenders is a program created in direct response to the growing number of

young people that are already entangled with the juvenile court system. The goal of the program is to empower the young person to make positive changes in his/her life.

Mission Statement

To enable the Greater Mystic Valley area to shift the paradigm for at-risk or court involved youth by providing the chance to avoid expulsion, exclusion or incarceration. Our methodology of approach is to provide a heavy emphasis on providing alternative approaches to education, untreated mental health disorders, homelessness, substance abuse and trauma. It is the hope and vision of Second Chance for Youthful offenders to create a new vision of hope, leadership and accountability. We become a leader among the juvenile justice system, nonprofit, education and behavioral health agencies throughout the commonwealth.

Goals and Objectives

- Second Chance will provide services for at risk youth in the Greater Mystic Valley area. The program will create a partnership the juvenile court system. Second Chance matches appropriate rehabilitative services including but not limited to education and counseling and housing resources to refer youth.

- To disrupt “the system” by creating belief and self-confidence in our youth’s ability to be the leaders of tomorrow; to reduce the rate of court recidivism by engaging youth in various services and opportunities that will increase graduation rates and promote a healthy lifestyle.

- Retention Goal: 0% recidivism

100% diverted youth

- Improve graduation rates
- Enhance the ability of community youth to become productive members of society
- Develop a community built on strong families and neighborhoods, with less involvement in the juvenile courts

Administrative roles structure and functions

As the Director of Intake and Assessment I was awarded the shared sacred privilege of creative control for the implementation and design of the program, including overall regulatory policies and procedures. In creating a juvenile diversion program, it is important to first define and locate the appropriate treatment services that are available within the communities of Mystic Valley in which we serve. It was essential for us (board of directors) to first ask, what services are necessary to intervene effectively with at- risk youths, thus determine which of these services

exist and which are needed. It is my responsibility to create, define and locate these necessary services within those areas of need. Only through strong community outreach and building of partnerships will this be most effective-thus beneficial. It is important that juvenile court judges and juvenile court services personnel and educators are familiar with Second Chance for Youthful Offenders as an available treatment option. It is my intent to create a program such as a “one-stop shop” which offers a variety of components of treatment options and levels of available resources to mirror the specific needs of the individual and family.

Furthermore, the youth will have access to an entire array of services located at one site by creating universal intake procedures, to ensure a more collaborative approach among a number of agencies, which makes it easier for youths/family to gain access the various services they need, including family, social, psychological, medical, and educational services. It is my belief that when we take accountability as a community, working for the benefit of the community the end result will lead to a positive outcome.

Especially for youths with multiple problems, this approach can help avoid the fragmentation that often comes from being involved with multiple service providers. It is about closing any and all loopholes to services. Some communities, however, will have few if any available treatment services specifically designed for youth. This problem can be compounded by the reluctance of treatment programs that do serve youth to provide treatment for juvenile criminal offenders. It was essential to identify service gaps and recommend the creation of appropriate services. This is an important needs assessment function, even in communities that have some services.

A system cannot be planned without accurate and up-to-date information about what services exist, what services are needed, and how they can be made appropriate, accessible, and affordable for youth and their families.

Identification of services should not be limited to one specific area. Diversion programs must have a wide range of biopsychosocial needs; mental health treatment services, alternative educational resources and support such as neural psychological testing, IEP assessment, and educational advocates. There must be access to job training programs, emancipation issues, and medical needs, "clean and sober" support programs such as Alcoholics Anonymous and Narcotics Anonymous, and mental health treatment services.

Program Services

- Education
- Behavioral Health and Wellness
- Youth Task Force
- Recreational Activities
- High School Degree Completion
- Academic Tutoring
- College Access
- Community Service
- Counseling- Substance Abuse & Mental Health Services
- Guest Lectures
- Life Skills Coaching

- Personal Development

Management Summary

Second Chance's management team will consist of the Board of Directors and the program's Executive Director. A team of professional program and fundraising managers will be assembled to manage and grow the program.

Personnel Plan

The following table summarizes our personnel expenditures for the first three years. Second Chance will have the following staff.

- Executive Director
- Director of Development
- Business Manager (Finances/Grants/Fundraising)
- Youth Intake/Assessment Coordinator
- Education Director
- Clinical Director
- Master Level Clinicians
- Family Liaison

Homelessness and its Impact on Children

According to the U.S. Department of Housing and Urban Development homeless youth are the most endangered population of society and the numbers of these children are increasing

at a fast rate. Most children who are homeless have experienced trauma in one form or another. They have a high probability of exposure to violence, sexual exploitation, crime and other forms of victimization (Marcus, 2018) (Rahman et al et al., 2015). This accumulation of trauma is referred to as “toxic stress” and which causes detriments to mental health and brain development.

Half of all homeless children are under the age of 6, a period when brain development is substantial (Bassuk, et al., 2017). That trauma of residential instability can change the construction of the brain and impede the development of many basic life skills, which includes; the ability to learn, self-regulates, and form healthy relationship and social skills” (Bassuk, et al., 2017). These children are also prone to self-harm and suicide attempts (Marcus, 2018). One study found that 80% of children without homes aged 14 to 25, reported a strong mental health impact that included depression and anxiety (Rahman et al et al., 2015). This population of youth also has high rates of complex trauma that occur because of the unpredictable nature and traumatic environment they exist in (Bassuk, 2010).

Health outcomes for HY are poor and the mortality rate for this segment has been estimated to be 40 times higher than then their non-homeless peers (Kidd, 2012). This is due to poor diet, food insecurity, trauma, and limited access to clean water and other sanitary needs. These children also have high exposure to transmitted and infectious diseases (Rahman et al., 2015). Lack of a stable home prevents youth from accessing support systems that include stable role models that would protect them from physical and emotional harm. The absence of stable role models can impact the executive functioning ability of this population which also effects educational attainment (Rahman al., 2015).

This population of youth tend to have poor educational outcomes, that include high dropout rates and lower scores on assessments compared to non-homeless peers (Dion, et al., 2014) (Bassuk, et al., 2017). HY tend test far below grade average and have a higher rate of academic failure (Rahman et al., 2015). Their mobility usually results in switching schools and having a high rate of truancy (Bassuck, 2010). This creates a population of youth who grow into unskilled laborers, convicts, or a homeless adult. A good education is key to providing a chance to escape poverty. The first things to take into consideration on the social cost of youth homelessness are the current estimates.

According to the Department of Education 2013 census there were 2.5 million HY and HYWF, a count that does not include those who live with relatives or friends (Bassuk, DeCandia, Beach & Berman, 2017). Another recent total puts the HY population at 1.6 million, every 1 in 45 children (Rahman et al., 2015). According to Horizons, a non-profit in Massachusetts, homelessness rate has increased by 97%, in an eight-year time frame (Horizons, 2018)(National Center on Family Homelessness, 2018).

According to the National Low-Income Housing Coalition there are only 30 available affordable homes for every 100 low-income families. There is no place in the U.S. that a person working a full-time job at minimum wage can afford an appropriate place to live for their family (as cited in Bassuk et al., 2017). The average wait to access housing assistance is 1.5 years, while some can wait over 7 years (National Low-Income Housing Coalition, 2016). In addition, the macrosystemic societal rise of single parents has created its own set of issues in affordability of basic living and HYWF. The rate of poverty for single parents is 39.6%, quadruple that of married parents. In 2013 the median income for single parent families is \$25, 493 (as cited in

Bassuk et al., 2017). Homeless single parents make up the largest percentage of HYWF and they cite the lack of affordable housing and cost of living as their reasoning for being homeless (Bassuk,2017)(Guo,Slesnick & Feng, 2017).

Mental Health Disorders and Trauma

Obstacles for Youth with Mental Disorders – Youth with mental disorders or low IQs often find it difficult to understand and cooperate with staff instructions and behavioral requirements. These situations can lead to anger, frustration, and even self-destructive behavior such as suicide attempts.

Trauma –The majority of detained youth have a pre-existing trauma history, with one study finding that over 90% of juvenile detainees have experienced at least one traumatic incident. 9 For these children, many of the experiences that occur in detention can be especially re-traumatizing and destructive About half the adolescent population has some type of mental disorder and 70% of youth in juvenile detention centers are identified as mentally ill (National Institute of Mental Health, 2017) (Bisbee, C., 2006). The same percentage estimate of mentally ill applies to adults in prisons (Cunningham, McKenzie, Taylor, 2006) (Slate, 2017). Which makes sense since these ill and improperly treated children grow up into ill and untreated adults? Slate explains “treatment for persons with mental illnesses was never deinstitutionalized... and was merely transferred from state hospitals to jails and prisons, resulting in what has been referred to as transinstitutionalization” (Slate, 2016, P 349). Arrests of youth and adults with MI tend to be for minor issues or nuisance crimes, and those arrested tend to be homeless. Since there are no other appropriate opportunities available, such as psychiatric beds and residential

facilities, they tend to be arrested as a way of providing them a place to go or because stigma has created the belief they belong in prison (Slater, 2016).). There are “an immeasurable number of people with treatable diseases only get treatment when they get sick enough to commit crimes that send them to jail and then to a forensic bed should be a source of national shame and outcry for reform” (Fuller, Gellar, Quanbeck, & Snook, 2016, p.2)

Service gaps of specialized providers and community care centers have led to little successful prevention in place to prevent admission and re-entry into the juvenile justice and child-welfare systems (Beals-Erickson, Gould, & Roberts, 2011). One child in five with MI or DD get treatment from a specialized practitioner and half of all lifetime MI issues has an average onset of the age of 14 (American Psychological Association, n.d.). These numbers emphasize the crisis of shortage in care. Lack of providers and funding are cited by professionals and users as the largest cause of service gaps for this population, particularly for adolescents with complex or comorbid disorders (Beals-Erickson, et al., 2012).

Substance Abuse

In 2013, 22.7 million people in America age 12 and older were thought to need substance abuse treatment, but only 11 percent received it. In the United States, more than 23 million criminal offenses were committed in 2007, resulting in approximately \$15 billion in economic losses to the victims and \$179 billion in government expenditures on police protection, judicial and legal activities, and corrections.

According to the most recent Bureau of Justice Statistics 68 percent of local jail inmates reported experiencing symptoms that met the criteria for drug dependence, abuse, or both the

year prior to their incarceration. Of those, 63 percent had participated in substance abuse treatment or other drug or alcohol program in the past but only 16.9 percent participated in treatment programs while in prison or jail, which has added a hefty spike in cost, to the state of Massachusetts.

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