The Ethical Implications of Juvenile Detention Centers and the Role of Mental Health and Education in Reducing Recidivism
Background

Karik’s Story

If I mean nothing why should I be expected to do anything? These were some of the questions running through Karik’s mind as he sat alone in the Delaware County Juvenile Detention Center cafeteria. After ditching a powerful gang in the juvy, Karik had destined himself to eat alone for the rest of his time here. Starting from a young age, Karik realized he had anger problems, which led him to this juvenile detention center. At thirteen years old, another student stole Karik’s shoes during PE class and he lost it. Karik beat that student to the point of losing consciousness. To this day as he talks about this incident, he only remembers blacking out and returning to a dying thirteen year old beneath him. His sentence was six months in the local juvy. The judge called him a menace to society and told him to shape up in his time locked away. This moment was the first time Karik saw his father cry.

Like many individuals entering the Juvenile Detention system, Karik hated his environment. He felt unsupported, as he continually kept telling the staff he needed help with his anger. They responded saying he would grow out of it. The education system had nice ideals with a five day class regiment, but often school days would be cut short due to a fight in the classroom or frustrations by the teacher. Bedrooms were small, containing only a bed, itchy blanket, a sink, and a toilet. Most people spend their time finding ways to numb the pain of failure. Creativity was incredible, as shampoo, dried orange peels, and various other materials were used to get drunk or high. “Juvy taught me how to be a delinquent. It was there I first got high, where I later joined a gang. It was supposed to make me better but it only seemed to make
“When Karik left six months later, he spent a substantial amount of time trying to break habits he acquired while locked up." Due to a lack of resources, education was not the only component to suffer. Upon entering the detention center, Karik saw a psychiatrist for an evaluation. They discovered his anger problems, and some environmental factors that led to this diagnosis. Unfortunately this was the last Karik ever saw of the psychiatrist. Other individuals needed immediate psychiatric attention and constant supervision. Karik fell to the backburner and did not receive the psychiatric support necessary for recovery. Doctors as well as psychiatrists were short staffed and meeting physical needs also became a feat. At one point, Karik had strep throat and had to wait several days to see a doctor and get antibiotics. Karik’s story is one of thousands every year that live locked up in juvenile detention centers for a period of their lives.

Statistics of Juvenile Detention Centers

In 2010, there was an estimated 70,000 youth detained. Karik’s story details some of the maladaptive effects of incarceration. For 12 percent of young people this experience includes the added distress of sexual victimization by a staff member or a peer (Beck, 5). Mental illnesses occur in 60 percent of the population (compared to 20 percent in the normal population). Due to inadequate support of mental health, suicide rates are about four times more prevalent than in a normal population (Kamradt and Mary, 2). The makeup of the detention system is another important aspect. According to the U.S. Department of Education, high school dropouts are 3.5 times more likely than graduates to be arrested (Holman, 9). Income also plays a large role with people with low socioeconomic statuses being six times more likely to be involved in the juvenile detention system (Holman, 9). The makeup of those in the system in 2010 was 87 percent male and an overrepresentation of black males specifically. White males in 2010 had

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1 Interview done over the phone and in person. Pseudonym used to conceal identity.
about 208 individuals per a population of 100,000 adolescents in detention, while black males had 1,047 individuals per a population of 100,000. This equates to about five times more black males being represented in the juvenile detention system (Holman, 10). Karik, as a black male with a later discovered mental illness fits into the statistically majority of the incarcerated population.

**Consequences After Incarceration**

What Karik’s stories leave out are the shocking statistics of what comes after being released. One estimate suggests that up to 75 percent of those who spent time in juvenile detention centers are incarcerated at some point later in life. Of the youth that were held in detention, about 70 percent of them were arrested or put back in detention within one year of release. Researchers even found that being placed in secure detention induces more criminal behavior than it deters. The Oregon Social Learning Center discovered that congregating adolescents in the same place for treatment, such as detention in a group setting, leads to higher recidivism and overall poorer outcomes (Holman, 11). The Learning Center researchers refer to this idea as peer deviancy training, which includes substance abuse, difficulties in school, violence, and adjustment in school and home. Karik refers narratively to these problems in his experience, feeling as though juvy made him worse off than before he entered the system.

**Contributing Issues**

In order to find the best way to address the system, it is vital to address the makeup of the system. Certain groups are overrepresented in the juvenile detention system, namely having a low socioeconomic status and/or being a minority. Previous statistics address the severity of this issue. Following sections address the underlying mechanisms in order to find effective ways to alleviate this inequality.
Poverty

Laub and Sampson (1993) address the inequalities in the system for minorities and those with a lower socioeconomic status. These psychology researchers pulled from aspects of conflict theory in these detention inequalities. Conflict theory shows societies are made up of groups with conflicting and differing values and the state organizes these societies to represent the upper echelon of society (Laub and Sampson, 311). Findings in this study also show that societies with structural contexts of higher poverty and racial inequality have increased juvenile justice processing (Laub and Sampson, 312). The upper echelon of society has the power in the society, which leads to this over representation of the impoverished and minority groups in incarceration. Without power, the lower echelon of society receives the consequences of higher justice involvement. Individuals of lower socioeconomic status receive pressure through environmental factors that lead to higher incarceration as well. This research does not support the idea that rich people just put poor people in incarceration. Instead, conflict theory pertains to the structural influences of entrance into the justice system, such as environmental factors. The setup of society gives an unequal distribution of resources to avoid criminal activity to the upper echelon, as well as giving power to the wealthy to fight against criminal charges. With vast overrepresentation of low socioeconomic status individuals in the system, this mechanism can help inform policy for change.

Race Inequalities

Along with poverty correlating to incarceration, race also plays an important role. A disproportionate number of individuals in the juvenile detention system are from minority groups. In 2011, black juveniles were vastly overrepresented in juvenile detention centers; some
estimate about five times as much as white individuals (Sickmund, Sladky, and Kang, 1).

Although white youth reported using illegal substances six times the rate of African American youth, African American youth are three times as likely to be incarcerated for a crime relating to illegal substances. This statistic emphasizes the racial prejudice of the current system. Currently African Americans make up about half of the youth in the United States detained for drug offences (Holman, 10). In 2009, 68 percent of individuals put on parole were white juveniles, and 29 percent were black males (Sickmund, Sladky, and Kang, 1). With an overrepresentation of black males in the detention system, it is surprising that more white males get parole. This statistic emphasizes the racial inequality. Pertaining to societal perceptions, one study found that people in the court system claimed white youth crimes are a product of environment, while African American youth delinquency is due to personal failings (Holman, 10). Relating back to conflict theory, racial minorities lack power to change their overrepresentation in the detention system. Perceptions of minority delinquency in society exaggerate this idea. By blaming African Americans for delinquency but defending delinquency of white individuals, the minority becomes the enemy. Inequalities in the system are necessary components for addressing how the juvenile detention system is being used. Overrepresentation feeds into the call for change of the current system.

Why is Change Necessary

The previous sections showcase shocking statistics. It is impossible to continue to ignore the negative effects of the current juvenile detention system; however, it is important to address the core issue of detention as a punishment for criminal behavior. The system in place needs to redirect behaviors in a positive trajectory instead of the current path towards continued criminal activity. It is necessary to remember that youth involved in the juvenile detention system made
decisions that brought them here. Committing a crime is the qualification for being incarcerated. So why care about improving the situation of these delinquents? Is it even possible to lower crime in these individuals? There is evidence for a neurobiological basis for a possibility of an effective change. Intervening with youth provides a unique opportunity to redirect behaviors and ways of thinking. Furthermore, there is an ethical obligation to change the current system. This obligation extends to individuals as well as society.

**Neurobiological Basis**

Acknowledging the neurobiological basis of behavior gives an opportunity to address effective ways to change the current system. Research by Steinberg, a neuroscientist of the adolescent brain, shows that until age 25 years old individuals are still forming the risk assessing components of their brain. (Steinberg, 140). With a lowered ability to suppress impulses, youth become more likely to engage in risky behavior. This finding recognizes that youth should not be punished as harshly, due to brain differences. Karik did not have the mental capabilities to subdue impulses of violence. This does not create an excuse for his actions, but shows that the system needs to address the issue. Karik’s renewal should focus on gaining coping mechanisms to deal with his anger, instead of punishing him for the acts. If he has no alternative reaction to fall upon he cannot be expected to change his course of action. In children under the age of 18 years old, individuals have higher brain plasticity (Steinberg, 141). This plastic property of behavior and cognitive patterns calls for a focused attention on this age group. Older individuals lose the plasticity, and it is harder to change behavioral patterns. Juvenile detention is the premier time to make effective changes towards forming positive behaviors.

**Implications in the System**
Steinberg (2006) claims that risky behavior by adolescents is not due to irrationality or delusions, but due to a quicker maturation of their socio-emotional network compared to their cognitive control system (Steinberg, 143). The socio-emotional network controls feelings and acceptance, while the cognitive control directs the ability to subdue impulses. Juveniles comprehend that the behaviors are risky; however, there is less incentive to stop impulses. They partake in highly rewarding activities, and specifically are more sensitive to social rewards. Peer influence is incredibly strong at this time in their lives. The inability to control impulses drives why youth partake in risky behavior. Steinberg’s ideas need to be addressed by the way the detention system supports the youth. Just educating them on the right and wrong thing to do is not enough; the justice system needs to provide means to suppress impulses. Avenues for this include proper mental support, including coping mechanisms, and ways to address impulsive thoughts. While the youth are in state custody, they should be treated in a way that recognizes these cognitive differences. Another important aspect is that by cultivating a negative environment detention systems are cultivating negative habits. Karik’s encounters with drugs and gang involvement stemmed during his time in incarceration. This sensitive time of development makes occurrences like this detrimental for long term cognitive and behavioral abilities.

**Ethical Implications**

The ability to make an effective change in adolescent behavior answers the question why juvenile detention over adult jail. What are the moral reasons for investing in improving the lives of juvenile delinquents.

*What We Owe Individuals*

Individuals have the right to opportunity as outlined by John Rawls in his *Theory of Justice*. To defend the necessity of educational opportunity, John Rawls introduces a theory that
focuses on the idea of justice in society. He argues that offices and positions need to be
distributed on the basis of merit instead of economic or social status, but that all should have the
opportunity to acquire the skills necessary to be in any of these positions (Rawls, 53). It gives all
the capability to achieve any job instead of the current society where wealth, power, and
privilege (or lack of) is passed down through generations. The environment at home, at school,
economically, and socially of the disadvantaged solidifies placement in society due to factors out
of the individuals control. Some argue that these incarcerated individuals had the opportunity for
equality but squandered it. Do we still owe another chance to offenders? Do their decisions as a
youth define their placement in society for the rest of their lives? This concept of rehabilitation
over punishment is controversial, but the individuals who waste their opportunity are still worthy
of another chance. Particularly children and adolescents are owed a chance as their brain and
behaviors are more malleable. Individuals make mistakes and those mistakes from their youth
should not be a punishment that makes them unworthy of cultivating capabilities. If someone
comes from a disadvantaged background enters incarceration, they are still owed the opportunity
to succeed. If natural endowments, environmental circumstances, or psychological deficits lead
to misfortune or poor decisions, the individual is not fully responsible (Beckley, 129). With such
intense inequality in our system of opportunities, there cannot be pure blame on individuals.
People, however, are responsible for wasted opportunity and misusing assistance (Beckley, 129).
The juvenile detention system is balance between these two ideas of renewal and punishment.
Punishment is a necessity to create a disincentive for maladaptive behavior. Renewal is
necessary to allow individuals to change their current direction. Individuals should not be blamed
for genetic, socio-emotional, or environmental factors that predispose them to particular
behaviors. The youth are owed an opportunity to change this course. If the detention system
merely says do not partake in certain behaviors without providing skills to go on a different trajectory, the juveniles cannot be expected to truly change. Karik’s fair equality of opportunity was denied. Although he made a mistake, that immensely impacted another’s life, he lacked proper support to have opportunities. The incarcerated youth still deserve their individual rights.  

*What We Owe Society*

Individual opportunity is not the whole story; societal implications that need addressed. Society is enriched by keeping individuals out of imprisonment and in the labor market and their homes. A study by the National Bureau of Economic Research found that jailing youth reduced work time over the next decade by about 25 to 30 percent (Holman, 10). This is time spent unable to find employment and collecting unemployment instead of contributing. The labor market is affected by the productivity and actions of the individual citizens. Instead of having productive citizens, society pays the bill for their incarceration. Incarceration costs an average of 32,000 dollars per juvenile (Twomey, 768). By cultivating capabilities and supporting youth in their juvenile incarceration, the youth have an opportunity to gain skills necessary for reentrance into society. Instead of using government funding to constantly fund recidivism, the money can be used as a preventative measure. This support puts individuals back into society with a base of education and mental health support. Another aspect comes from the children being more likely to enter the justice system if they have a parent in the system. The link between parental and child incarceration shows the detriments of the cycle as it is. Children with parents in jail are ten times more likely to be incarcerated (Genty, 1672). If the detention system properly rehabilitated individuals, this generational influence would be reduced. Recidivism acts as a modeling technique to show children that incarceration is a way of life. If juveniles had rehabilitation the
first time they entered the system, the juvenile and adult detention numbers would decrease. Furthermore, crime rates would decrease with recidivism, as crime is the catalyst for detainment.

**History of the Juvenile Detention System**

When the juvenile detention system began in 1899, the institution stood as a secure place for young people to teach them the difference between right and wrong. Punishment was used in the system to correct the current way the incarcerated youth acted, and prepared them to re-enter society; however, the ultimate goal was not to put young people in adult jail (Vleet, 207). Housing them together protected society from these offenders, while giving them a chance to readjust their behavior. Juvenile detention was a place to rehabilitate youth to align them to the correct path. Although punishment was involved, the end goal was rehabilitating (Feld, 198). The literature on juvenile justice nowadays is unclear and confused about their role in society. Juvenile courts now punish youth for their offenses rather than address the underlying issues in their lives. This makes the youth and criminal courts accomplishing the same goal, an attempt to scare people straight and hope they do not reoffend. If the system continues as it is, the youth in the system will continue with redundant reoffending and eventually end up in the criminal system as an adult (Feld, 205). Juvenile justice as it stands hinders the capabilities for normal functioning of incarcerated individuals.

In the 1967 Gault case, the Supreme Court declared that children are owed rights equivalent to that of adults. Unfortunately, this case which gave children the right to due process did not ensure fairness in the juvenile justice system (Buss, 39). In the McKeiver case, the Supreme Court declared that juveniles would not have jury trials, based on the grounds that this would be destructive to the goals of the juvenile justice system (Buss, 43). The Supreme Court’s Gault decision changed the mission of juvenile court from an informal welfare agency to
resemble a criminal court. After the Gault and McKeiver decisions by the Supreme Court, many of the states have redefined their juvenile codes, which have now deemphasized rehabilitation and instead focus on society’s supposed best interest (Feld, 206). Due to children’s inability to fully comprehend formal procedures they should not have equal treatment of adults. However, if the goal is to match the priorities of the juvenile system then the focus should be on the assessment of problems and a plan for rehabilitation (Buss, 49). Giving the right to a fair trial and not using a jury is important step towards rehabilitation plans, but lacks the full quality of procedures that juveniles need.

In order to create the safest society, enforcers of the current juvenile system believe there should be harsher punishment to dis-incentivize people from entering or re-entering the system. The current system lacks the mission towards rehabilitation that it was built upon. According to the executive director of the National Juvenile Detention Association overcrowding and services that are inadequate are the norm in juvenile detention facilities. With an increase in admittance and a decrease in funding, they are struggling just to house the juveniles (Twomey, 768). In many areas, they lack the resources required for the facility, such as education and health support while incarcerated.

**Education**

**Current System**

A child cannot be successful if he/she is denied the right to education (Brown vs. Board, 1954). Consequently, education is deemed a constitutional right to all. If the mission of juvenile detention centers is acknowledged, then education is an important step towards rehabilitation and reintroduction to society. Without education incarcerated youth are being set up for failure. The current education within the juvenile justice system is in a state of despair. Basic education
services are often not provided, and when they are, they lack the proper supplies and trained teachers needed for adequate learning (Twomey, 769). Class times are sporadic and do not follow a coherent, state-mandated curriculum. However, without proper funding or support, it seems impossible for classrooms in detention centers to be held to the same standard as public education. The inadequacy of the education provided is intensified by the characteristics of the individuals. Juvenile detention centers house a disproportionate number of children with learning disabilities and overall poor performance in school (Twomey, 769). Reading levels fall far below where they should be, and although these children need additional support, they receive less. Communication and accountability also lower education. Often it is unclear whether it is the state education agency or the federal juvenile justice department is responsible for the education of the children. This poor communication leads to 41 percent of students not re-enrolling in school upon release from detention (Twomey, 769). If school district is not aware of the youth’s release, kids are not held accountable for returning to school. This communication deficit could be the end of formal education for the adolescent. Education within the detention system plays a vital role in the fostering of capabilities in these individuals. In Karik’s situation the lack of structure in the classroom while detained led to inadequate learning. A structured environment and qualified teachers are necessary for an improvement in this domain. The system lacks a connection between its mission of rehabilitation and implementing the vital component of education towards this goal.  

Components of a Different System

Current practices fall short of providing fair opportunity. Youth that end up in juvenile detention often come from inadequate school systems. The population has a disproportionate percentage of youth with learning disabilities and studies show that while the median age in the
juvenile detention centers is about 15.5 years old, the average reading level is of a 10 year old (Twomey, 768). The background is beyond and scope and control of the detention system. Pragmatically, if society is able to reduce recidivism in these youth, then there are more law-abiding citizens in society. Education plays a key role in this future. Instead of having homes with missing father figures, or individuals who lack the capabilities to get a job, there would be working and capable adults.

The education in this system should differ from a public education, as it needs to meet students where they are. Some students need to continue on the required curriculum and be introduced back into the public school system. Another option should be cultivating skills that create a path to the job market. This means a stronger focus on job training for older adolescents, including the cultivation of soft skills. Instead of just scaring them from committing illegal acts, it is important to teach skills that allow another option. By teaching life skills such as family responsibility, legal ways for assistance, ways to cope with stress, financial responsibility, and ways to deal with anger, juveniles can get concrete skills that will allow them a path besides illegal activity. Society owes these individuals educational support to enhance opportunity as a way to improve society as a whole through involvement in the job market and a safer environment.

**Physical and Mental Health Services**

*Current System*

Health experts, including Stahlberg (2010), found a disproportionate number of mental illnesses among individuals in the juvenile justice system compared to children of the same age in the normal population (Stahlberg, 893). Sixty-five percent of these individuals have a psychiatric or substance abuse problem. The intricacies involved in the etiologies behind this are
complicated, but the problem needs to be addressed. The system lacks effectiveness in addressing the mental health needs of the youth it serves. Many detained individuals do not have access to the services they deserve due to overcrowding and the lack of financial support. In recent years there has been a call for juvenile detention facilities to expand mental health and substance abuse service for the individuals in their care (Penn, 280). The National Commission on Correctional Healthcare (NCCH) has published standards for healthcare, including mental health, for juvenile detention facilities. There should be an initial screening, an evaluation plan, regimented medication plan, a plan for acute episodes, and so on. About seventy percent of facilities do the initial intake screening. Only about five percent move forward into a plan after evaluation (Pen, 280). Because of financial restrictions, the NCCH provided these ideas as a suggestion not legally binding requirement.

At this point there are no widely accepted best approaches to mental health in the juvenile detention centers (Penn, 280). Clinicians working in this environment have an extremely difficult situation. A combination of short or sporadic lengths of stay, limited contact with parents, lack of medical history, and the inability to provide aftercare make this job nearly impossible to provide the support clearly needed in a majority of these youth. However, it is important to provide a baseline of support. If these kids are continually entering and reentering the system without proper mental health support, their ability to reintegrate into society is reduced. Mental health is a huge component of the inefficiency of the current system. Research shows that for one-third of individuals that are diagnosed with depression while incarcerated the onset of the disorder occurred during incarceration. One researcher claims that transitioning into incarceration may be responsible for this increase of mental illness in detention (Holman, 10).
Karik’s story explains the role of mental health and lack of support during incarceration. Karik recognized his need for assistance and desired help in overcoming his anger problems. In the initial therapy session the psychiatrist found out his mother left him as a child and his father had been previously incarcerated. When Karik received his sentence, his father felt immense guilt as what he feared most came true. This information on the role of his past and need for support was not urgent enough to receive support while in the system.

Physical health also plays an important role in creating a baseline of ability. A national survey found that in 1994, gonorrhea was 152 times more common among incarcerated males and 42 times more common among females than unconfined youth (Holman, 8). Without medical and psychiatric services, there is no possibility to rehabilitate these kids. Due to overcrowding, it takes an emergency before youth are seen for medical issues. Often these kids come from backgrounds of poverty or chaos at home; they come in with a history of inadequate care. It is not rare to find a kid that has not seen a doctor since before kindergarten and never set foot in a dentist’s office. However, the hours of the doctors are limited and choices have to be made. Without properly supplying these facilities with trained doctors and nurses it is unlikely that the individuals will be medically supported. Along with this, a major barrier is the restriction of Medicaid funds to treat those incarcerated. According to the state plans for medical assistance, federal financial participation is not available to use on individuals that are an “inmate of a public institution” (42 USC § 1396a). Instead the counties and states have to pay the bill. With a limited budget, healthcare becomes a secondary concern (Holman, 8).

Components of a Different System

Mental health is needed for this ability to normal function. Without proper support of this matter, it is impossible to expect a lower of recidivism. Not only is mental illness resulting from
the environment of detainment, but detention centers have become a quick means for dealing with already mentally ill youth. According to a detention administrator in an address to congress, detention centers receive juveniles that five years ago would have been admitted to mental hospital (Holman, 10). Placing these youth in an unsupportive environment, whether the mental illness is cultivated there or came before entering, sets them up on a detrimental path. Due to the high percent of individuals in the detention system that have mental health disorders, improving mental health support should be a top priority for cultivating functioning.

Physical health should also be a priority and a right for these individuals. Although they are being punished for acts against society, they are still human. The role of juvenile detention is to reshape the actions of these youth, and this is unattainable with improper healthcare. Karik was neglected in his illnesses, like so many youth in the system. According to Maslow’s hierarchy of needs, physiological needs are at the very bottom. In order to reach towards belonging, esteem, and finally self-actualization, it takes a base of being healthy and safe.

Detention centers need to address the lower needs before they expect individuals to act in a higher level. Physical and mental health stands as an important aspect of this achievement.

*Necessary Inequalities*

Just like in society, the treatment in the juvenile detention system should not provide completely equal treatment. It should provide treatment that leads to equal opportunity for success. Different needs within the system require different responses. Gender plays an important role in the makeup of the juvenile system. With 87 percent of the incarcerated being male, the treatments often focus on this population. Why is it that so many more males are arrested? Some mechanisms behind this fact are the higher level of aggression in males and the higher likelihood of sentencing for males over females. However, while the gender difference is
interesting, the differing treatment that needs to be addressed. While many males are arrested for violence or drug offenses, many girls first enter the system for offenses that are not illegal for adults. An example of this is running away. If the nature of crime is this different, there needs to be a different type of intervention. Youth that run away for reasons of abuse need intervention in their home, instead of housing them with the punished youth. Services of support need to be approached for the best solution for the offense. Punishing for running away from abuse will worsen the psychological effects of trust and attachment (Beck, 6). The division is closely linked to gender, which should be addressed in treatment. Amartya Sen approaches this idea through differentiating identical treatment from fair treatment. Identical treatment is like everyone receiving the same tennis shoes. Equitable treatment is everyone receiving tennis shoes in their size (Sen, 660). In the juvenile detention system, they do not need to dole out punishment for aggressive behaviors to everyone. On the other side they should assume someone needs intense counseling for one poor decision. Personal analysis needs to be implemented into effective treatment plans. This requires giving personal attention to the background and needs of the individuals in the system.

Alternative Solutions

There are many deficiencies in reaching the juvenile detention system’s mission of rehabilitation. The overcrowding, lack of mental health and health support, inadequate schooling, recidivism, and disregard for ethical considerations leaves a broken system. The following initiatives would correct current low standards to create true rehabilitation for youth.

Reducing Overcrowding

In Cook County, Illinois, the community leaders have found alternatives to the typical juvenile justice system. These county juvenile detention centers were at about double their
capacity, so they needed another solution for dealing with delinquency. Specifically, their temporary detention center was overflowing and they had an overwhelming number of individuals being arrested while waiting for their court date. Some solutions implemented were home confinement with visits by probation officers for violent offenses, day reporting centers that include structured activities, and shelters for runaways or homeless children. Since implementing these alternatives in 1994, over ten thousand children have been integrated into one of these programs. Ninety-five percent of these ten thousand remained arrest free during their placement, which far surpasses numbers before the programs (Rust, 10). The cost of this program exceeds typical detention placement in the short term, but has long-term cost reductions. Furthermore, the program improves the environment of current detention centers by reducing overcrowding and reducing unnecessary use of the detention system. These programs work to lower cost of detaining, reduce overcrowding difficulties, and lower re-arrests (Rust, 12). By reducing misuse of the system problems such as overcrowding are addressed. This creates a more positive environment for individuals who are sentenced to time in the detention centers.

**Educational Focus**

Education claims profound benefits in theory. In a study by Steurer (2003) a comparative analysis of correctional education participants and non-participants ran in three states: Maryland, Minnesota, and Ohio. Focusing on recidivism and employment outcomes, the study found that those in the educational system had significantly lower recidivism and rearrests rates. The study also found higher employment rates and jobs that paid significantly higher wages (Steurer, 11). A 1992 study by Gainous, found a program in Alabama where colleges provided correction education to juvenile prisoners. The average recidivism was about 5 percent for those that
completed the course, compared to a 35 percent recidivism seen in those not involved in the education program (Vacca, 11). A report by the Congressional Subcommittee for Juvenile Delinquency estimated a national recidivism rate for juveniles of between 60 and 84 percent. For detention centers that had a quality reading program, the rate is reduced by 20 percent or more (Vacca, 11). A 2006 study by Leone found that good correctional education system has small class sizes, year round schooling, instruction time similar to public schools, curriculum that matches state and local standards, and keeps contact with youth’s previous schools (Vacca, 9). These statistics show the benefits that occur from a system that recognizes the importance of education. Although initial costs may increase, if recidivism is reduced by 30 percent from taking a course, a large number of youth will not recidivate into the system. Instead they will be integrated into society, working in the job market, and living in their homes.

*Mental Health Focus*

In the last five years many, detention centers discovered the need for mental health professionals. This new direction did not come with additional funding, so although some institutions desired to prioritize mental health, they focused on meeting the basic needs of food and shelter. Some counties have created an alternative system that helps reduce actual detention funding, by using juvenile mental health courts to divert mentally ill youth from detention. Instead of care in the institution, these counties provide access to mental health services and support in the community. In Alameda County, California there is a successful version of this idea. Alameda County Juvenile Collaborative Court (ACJC) began in 2007, after a 2004 study on the institution found that 60 percent of inmates had a previous psychiatric disorder. Along with this disorder, four out of every five struggled with a substance addiction. At the time of the study, the youth did not receive proper mental health support and no substance abuse treatment
in the facility. Upon hearing these shocking statistics, the ACJC was formed to create the best environment possible for the rehabilitation of these youth, focusing on mental health support. The system starts with a Multi-Disciplinary Team (MDT) working to find a solution that is best for the youth with mental illness, his or her family, and the overall community’s safety. Candidates for the program include minors charged with a criminal offense that have a mental disorder or illness; including, depression, bipolar disorder, schizophrenia, severe anxiety disorders, attention deficit hyperactivity disorder, mental retardation, and autism spectrum disorders. Upon referral, the individual is evaluated by the deputy district attorney who gives his recommendations to the MDT for admittance to the court. A court date is set within two weeks where the MDT will present an individualized service plan, which is focused on linking youth to appropriate services and supports. During this time a civil advocate does an intake interview with the family to look at education, housing, regional care services, and other governmental benefits. This information helps shape the individualized plan. Along with psychological support, the plan also involves family counseling, home-based services, crisis intervention, education services, vocation/employment services, and mentoring programs. The program ends when the juvenile’s behavior has improved and he has a stable living situation. However, even with the intense case management ending, the idea is that the community will still be there supporting the individual (Gordon et al., 1). From the first cohort of individuals entering in the system, eleven out of thirteen of them that entered the ACJC have not returned. ACJC is one of the first of this kind in the United States and further research on this could be a valuable asset for future programs (Gordon et al., 1).

Another mental-health focused program in Missouri and led by Mark Steward formed child-centered residential facilities where the scene is very different from many detention
facilities. Mr. Steward’s previous involvement in the juvenile detention system led him to believe that positive mental health could not be cultivated in the environment of the current system. His program creates a unique environment with the youth wearing their own clothing, the hallways are decorated with student’s art, and the furniture is like a home. Programming of the facility focuses on one-on-one attention and uses continuous case management. The youth have case managers that advocate for them during and after involvement with the justice system. Another important aspect of the mental health treatment is that the staff is required to have college degrees in counseling or psychology. This exceptional environment has a recidivism rate of 8 percent compared to the average rate of 70 percent (Soler, Shoenberg, and Schindler, 525).

*Diversion Programs*

Diversion programs work to address overcrowding and ineffectiveness in the current juvenile justice system. Instead of being sent to detention, these programs emphasize rehabilitation in the community and provide the necessary support. Screening for inclusion in a diversion program addresses specific needs such as mental health, physical health, and educational assistance. Case workers join with the individual to pinpoint specific need areas and find community based services to utilize. A study by Lipsey (1992) found that youth in a community-based treatment had improved mental health, physical health, and decreased involvement with the juvenile justice system. By not formally integrating them into the system, Lipsey found that overall functioning was improved and individuals felt a higher self-worth (Lipsey, 120). The individuals involved in the study had similar attributes of a normal detention population with 48 percent diagnosed with a mental health issue, 22 percent with substance abuse issue, and 8 percent with co-occurring mental health and substance abuse issues (Lipsey,
The study found that recidivism was at about 14 percent, a vast improvement from the 70 percent national recidivism rate.

Starting in 1998, in collaboration with the Annie E. Casey Foundation there was a nationwide effort to eliminate unnecessary and inappropriate use of out-of-home detention for juveniles. The Juvenile Detention Alternatives Initiative (JDAI) combines counties across the nation to improve their juvenile justice systems (Annie E Casey, 1). This juvenile justice system is the most widely replicated in the United States and reaches across 39 states. In Annie E. Casey’s annual report in 2012, they found that by reduction in out-of-home placement and referring to community assistance, there were many personal and county-wide improvements. The counties involved found that there was a 46 percent reduction in delinquency based on formal juvenile crime indicators (Annie E. Casey, 9). Partner counties reduced overall youth committed by 41 percent over 2011 (Annie E. Casey, 6). To address the problem of overrepresentation of African American youth, the counties reduced the amount of youth of color by 30 percent (Annie E. Casey, 8). Funding for juvenile detention centers is largely from state and local government. By taking on personal initiative, these detention centers reduced their state funding by 18 percent despite the addition of more sites (Annie E. Casey, 11). As the most wide spread program of diversion, there is a large possibility for implementing these programs on a large scale.

Recognizing the determents of the current in-house system, Suffolk County, New York, also started an alternative to residential placement for juvenile delinquents. This diversion program was designed to prevent court involvement in youth and their families. Alternatives for Youth (AFY) works to assess the needs of high risk youth and families in an attempt to address issues that underlie delinquent behavior in these adolescents (Steinman, 7). This program works
as a preventative measure by addressing individuals’ vulnerability for future involvement with the juvenile justice system. Parents are encouraged to enroll their children if they exhibit patterns of incorrigible behaviors, such as running away and other violations. Instead of being sent to the juvenile justice system, they can opt out and be involved in the AFY program. A study analyzing this program found that of the 573 youth who participated for one year in 2005 till 2006, 84.8 percent of the youth did not require any additional court intervention (Steinman, 89). Only 15.2 percent of the individuals had any future interaction with the juvenile justice system. This demographic group had 66.1 percent suffering from clinical mental disorders or substance abuse (Steinman, 88). With previous delinquent activity and environmental factors, these are the youth that would be heavily involved in the juvenile detention system. Instead, through intervention with the family, there was a large reduction of recidivism. By addressing the problem like this it takes the blame off of the child and finds an encompassing solution. Case workers work with the individual and his family in the home to create a Family Intervention Plan. AFY workers integrate into necessary services including mental health, education, peer mentoring, (Steinman, 6). To this date, AFY has helped 4,000 youth and families. By preventing 80 percent of youth from entering out-of-home placement, this program saved the county about one million dollars each year (Steinman, 8).

Although cost-benefit analysis of these particular programs is not provided, studies have addressed diversion programs in general. The results indicated that reductions at individual and societal levels. The rearrests rate hovers around 38 percent less than those in the current system (Kleitz, 26). Through a longitudinal study they who found this recidivism reduction related to about a 40,000 dollar reduction in cost per juvenile to taxpayers. Then they analyzed the savings for the potential victims of crime committed from reoffending with tangible costs, such as
property, healthcare, police and fire department, and loss of productivity, and intangible, such as pain and suffering. Kleitz found that these two realms had an average savings of 150,000 dollars per individual rehabilitated instead of re-entering the juvenile detention system (Kleitz, 28-29). Every dollar spent now on these multi-system treatments will save from 6 to 27 dollars for every taxpayer in the years to come (Kletiz, 29). In the short term it will require a substantial amount of funding to build up systems that are adequate for this one-on-one attention for individuals in the system. It will mean paying more employees, creating new facilities, and incentivizing better prepared individuals to work in this arena. In the end there are large benefits for society such as reducing crime, having more fathers in the home, having more individuals in the work place, more tax paying individuals, and having more youth exit the system with a solid mental health and educational background.

**Recommendations**

The system as it currently stands is ineffective in its mission for rehabilitation. By providing inadequate education and mental health assistance, individuals are failing at reintegration into society. Some states and counties have recognized this discrepancy and readdressed how they treat their incarcerated youth. Concrete changes need to be made in the system before more individuals are harmed by the system. Suggestions for moving forward focus on the realms of education and mental health, where there are the largest disadvantages.

**Education**

The detention education system should be meeting the requirements of surrounding public education systems. Teachers should have proper certification, as well as have training in dealing with delinquent children. It is important to implement small class sizes, year round schooling, full day instruction time, and a curriculum that matches state and local standards.
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(Vacca, 9). One very important aspect is to keep up communication with the local school districts in order to ensure re-entrance into the system post incarceration, as well as having up to date educational information upon arrival. Due to the unique nature of the individuals in the system, it is also important to provide other realms of capability, such as job training.

**Mental Health**

First and foremost juvenile detention centers should not be a holding cell for individuals that have mental illnesses. As seen in the Alameda County Juvenile Collaborative Court, if the main issue is purely mental health, then they should be referred to a community based treatment plan (Gordon et al., 1). Juvenile detention centers should be treated as a last option, not a first thought. Once in the system, the focus should be on trained professionals that have the time and ability to give one on one attention to the individuals. An intake and treatment plan should be followed throughout their stay. Due to constant fluctuation and movement, case workers should be responsible for connecting them to treatment within their community. Every youth that enters the system should have a specific caseworker that ensures proper support throughout the process. Addiction therapy and substance abuse needs to be implemented into each facility or provided by a community resource.

**Governmental Involvement**

Federal and state governments have an important role in awarding demonstration grants and assessments. Some counties have succeeded in reducing recidivism and providing better support. However, more longitudinal studies of the effects of certain practices should be implemented. Diversion programs need to address any long term negative effects of keeping in home placements instead of incarcerating. More than just psychological and behavioral outcomes, it is important to look more into economic costs and benefits. This includes addressing
how much the program costs, as well as the level of skilled workers in the job market, how many
fathers are active in homes, and whether these individuals are capable of being law-abiding
citizens. Finally with tens of thousands of youth engaged in the system, there needs to be a plan
for sustainability before full implementing a new system.

Conclusion

Karik’s interaction with the juvenile detention system, although concerning, is not
unique. If the nationally accepted system continues in the path it is headed on, the recidivism will
continue to rise. Due to a lack of funding and often severe over-crowding, it is difficult to assist
the youth in a proper way. Suggestions above work to address this limitation of resources and
places to focus. In order to realize fair equality of opportunity for Karik and his cohort, we must
implement these recommendations. If the ultimate goal is to rehabilitate and protect society, then
cultivating capable citizens should be a priority. By investing more money into the system now
there will be long lasting economic benefits in the future. Providing for the needs of the youth is
important, but working to provide for the society as whole is necessary.

References


Steinman, Carolyn Anne. *Alternatives For Youth: A Mental Health Perspective*, 2011


