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Characteristics and Outcomes of Justice-Involved Youth in Idaho

In collaboration with:
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Idaho Department of Corrections

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Executive Summary

It is well known that most youth who enter the juvenile justice system struggle with mental health and/or substance abuse concerns. This project sought to discover to what extent this applies to youth under the supervision of the Idaho Department of Juvenile Corrections (IDJC), as well as how these youth perform on a few key outcome measures after leaving custody. To that end, data were collected from multiple state agencies on 843 youth who entered IDJC custody between 2012 and 2016.

Characteristics of Justice-Involved Youth

- 92% suffered from a mental health and/or substance abuse concern.
- Nearly two-thirds had a history of family criminality and/or abuse. Similarly, about two-thirds reported experiencing at least one traumatic event in their lives.
- Youth with mental health concerns alone entered IDJC at an earlier age and stayed in custody longer than any other group.

Outcomes for Justice-Involved Youth

- 56% of youth were charged with a new crime and nearly 1 in 4 were placed under IDOC supervision within three years of release or turning 18.
- The rate of recidivism was substantially higher for youth with substance abuse and co-occurring concerns compared to those without.
- Youth with no mental health or substance abuse concerns were most successful in acquiring jobs after being released from IDJC, while those with a substance abuse concern were the least successful.

20-511A Court Orders*

- 28% of youth in IDJC custody were evaluated by the Department of Behavioral Health (DBH) pursuant to a 20-511A court order. Of these, 99% were formally diagnosed with at least one mental health or substance abuse disorder.
- The top three mental health diagnoses were oppositional-defiant disorder (50%), Attention Deficit Hyperactivity Disorder (ADHD) (47%), and major depression (34%).
- There was not a significant difference in recidivism or employment rates between those with a 20-511A order and those without.

* This section of Idaho Code involves performing mental health assessments and plans of treatment for juvenile offenders when the judge has reason to believe they are suffering a serious emotional disturbance, as defined in section 16-2403 of Idaho Code, that has not been adequately addressed.

Review of Research

Introduction

According to 2016 population estimates, there are more than 70 million youth in the United States and more than 400,000 in Idaho alone[1,2]. One in four Idaho residents are under the age of 18[2]. In Idaho, an estimated 200 per 100,000 juveniles are in residential placement compared to 152 per 100,000 juveniles nationally[3].When considering statewide population estimates, this equates to nearly 900 Idaho juveniles. With limited community-based resources, especially for long-term care, the juvenile justice system has become one of the primary mechanisms for accessing mental health and substance abuse services nationally[4]. As a result, a substantial proportion of detained youth in the U.S. and locally suffer from mental health and/or substance use disorders. One meta-analysis found that "adolescents in detention and correctional facilities were about 10 times more likely to suffer from psychosis than the general adolescent population" (p.1010)[5]. In Idaho, more than 58% of detained juveniles meet the criteria for a mental health problem and 42% are positively screened for substance use disorder[6]. Considering the substantial impact of mental health and substance abuse on the juvenile justice system nationally and locally, further inquiry is warranted. Using a solutions-based framework, this section of the report will review prevalence, common underlying factors, short and long-term outcomes, and effective interventions for justice-involved youth with mental health and/or substance abuse concerns.

Prevalence of Mental Health and Substance Use Disorders Among Justice-Involved Youth

It is well-established in research that the majority of justice-involved youth suffer from mental health and/or substance use disorders. One article examining fifteen different studies found that an average of nearly 70% of justice-involved youth have at least one psychiatric disorder[7]. The most common externalizing disorders identified in this study included conduct disorder (46.4%), substance use disorder (45.1%), oppositional defiant disorder (19.8%), and attention-deficit hyperactivity disorder (13.5%). The most common internalizing disorders included anxiety disorder (15.9%), major depression (12%), and post-traumatic stress disorder (9.6%). These results are confirmed by a variety of other studies reporting that an estimated 60-97% of justice-involved youth have at least one mental or behavioral health disorder[8-14].

In addition to mental health concerns, justice-involved youth also exhibit high rates of substance abuse. According to a nationally representative study of more than 7,000 youth, juveniles in custody are nearly three times more likely to report using marijuana, five times more likely to report using crack or cocaine, and at least four times more likely to report using methamphetamine compared to youth in the general population[15]. Research further suggests that approximately 30-65% of justice-involved youth suffer from co-occurring substance abuse and mental health concerns[8,10,12,16,17]. In fact, the majority (60.8%) of youth with a mental health concern are also diagnosed with substance use disorder[14].

The Impact of Trauma

Considering the pervasiveness of mental health and substance use disorders among justice-involved youth, it is critical to examine potential underlying causes in order to develop and inform effective interventions. Although trauma is frequently included in measurements of mental health (i.e., Posttraumatic Stress Disorder [PTSD]), its unique and substantial impact on risk and outcomes warrants individual examination. Studies of justice-involved youth have consistently found that a history of trauma increases risk for delinquency, mental health problems, substance abuse, suicidal ideation, and PTSD[18-26]. Some researchers suggest that traumatic experiences may facilitate mental health problems and substance abuse, which subsequently increases risk of delinquency[19]. For example, an individual who was abused may develop PTSD and/or begin using substances as a coping mechanism to deal with the trauma symptoms, subsequently increasing risk of delinquency. The high rates of trauma, mental health disorders, and substance abuse among justice-involved youth lends support for this theory. In fact, some studies report almost universal trauma among detained youth, with as many as 95% reporting at least one adverse childhood experience[15,18,24,27]. From a local perspective, recent analyses suggest that 70% of youth in state custody in Idaho have suffered a history of abuse[6].

While a history of trauma is prevalent among all justice-involved youth, research suggests that the prevalence and impact of these traumatic experiences may be especially prominent among females. Specifically, multiple studies have identified higher rates of sexual abuse and PTSD among detained females compared to detained males[10,15,21,24]. Additional research suggests that justice-involved females are more than twice as likely to meet criteria for PTSD compared to males (41% and 18%, respectively)[10] and four to eight times more likely to report a history of sexual abuse[15,21]. Because of the frequency and impact of trauma on delinquency, especially among females, multiple researchers have highlighted the importance of trauma-informed and gender-specific treatments for justice-involved youth[4,17,18,21,23,26,28-30].

Outcomes

In addition to examining potential underlying causes of mental health and substance use disorders, it is also important to assess their impact on both short and long-term outcomes among justice-involved youth. Although mental health and substance use disorders may impact a variety of life outcomes (e.g., education, employment, quality of life), the vast majority of current literature focuses on recidivism. Despite the abundance of available research, results are inconsistent regarding the impact of mental health on reoffending. Some researchers suggest that mental health disorders are associated with an increased risk of recidivism[31-34] while others document no effect[8,35-37]. Variations based on type of mental health diagnosis have also been noted. For example, a recent meta-analysis found a higher risk of recidivism among juveniles with externalizing disorders (e.g., conduct disorder, ADHD), but not for juveniles with internalizing disorders (e.g., depression, anxiety)[34]. Some research indicates that internalizing disorders serve as a protective factor against future offending[32,34], while other research identifies poorer outcomes among juveniles with anxiety including a higher rate of recidivism among females[37].

Contrary to research on mental health alone, it is clear that substance abuse and co-occurring disorders have an impact on delinquency[8,17,22,31,32,34,35,37,38]. Specifically, substance abuse has been found to increase the risk of recidivism even when accounting for a variety of criminogenic risk factors[37]. The impact of mental health and substance abuse disorders on recidivism also varies based on gender. Specifically, substance abuse significantly increases the number of offenses for males, but not for females, while having a mental health disorder significantly increases delinquency outcomes for females, but not for males[28]. In sum, substance use and co-occurring disorders are consistently linked to delinquency outcomes while the impact of mental health alone varies based on gender and type of disorder.

In addition to recidivism, mental health disorders may also impact future employment, education, and financial success[29]. A study of female detainees found higher levels of employment, educational, and financial problems among participants with a personality disorder compared to participants with no mental health disorder. However, no difference was observed between participants with an Axis I problem (e.g., attention deficit hyperactivity disorder, substance abuse, suicidality, PTSD, dissociation, etc.) and those with no documented mental health concern[29].

Effective Interventions

Considering the impact of mental health and substance use disorders on recidivism and other life outcomes, broad and specific evidence-based practices have been identified to improve outcomes among justice-involved youth with behavioral health disorders. Broad, empirically supported strategies consistently identified in available research include:

(1) prompt and comprehensive screening procedures to identify treatment needs;

(2) a coordinated system of care that includes cross-agency collaboration; and

(3) integrated treatment strategies that address mental health, substance use, and criminogenic risk factors[4,8,10,12,16,25,36,37,39-46].

The documented benefits of these strategies include improved identification of service needs and likelihood of follow-up treatment, reduction in recidivism, and receipt of community-based mental health care[40,41,44]. Further research highlights the educational benefits of mental health interventions for justice-involved youth including higher rates of high school completion and lower drop-out rates[47].

Using this framework, several specific, evidence-based treatment programs have been developed and implemented in communities and detention centers. “The most effective treatment models that have demonstrated delinquency-reducing benefits for youth with mental disorders include Functional Family Therapy [FFT], Treatment Foster Care, and Multisystemic therapy [MST]. Interestingly, all of these therapeutic models are similar in that they involve families and youth, are community based, and deal with problem behaviors and

stresses as a systematic family unit"(p. 7)[45]. In addition to home and community-based models, "Cognitive Behavioral Therapy has emerged as the best validated therapeutic approach for children and adolescents who experience trauma-related symptoms, particularly symptoms associated with anxiety or mood disorders"(p. 43)[4]. Although a variety of other effective models are available, these four interventions* are consistently cited as evidence-based treatment models for justice-involved youth with mental health disorders[4,17,45,47-49].

In addition to intensive, community-based treatment models, several interventions have been developed for use within juvenile facilities. With an understanding of the impact of trauma on mental health, substance abuse, and recidivism, effective interventions are frequently developed using a trauma-informed approach. Specifically, researchers have identified four effective trauma-informed treatments for juvenile justice facilities including: Attachment, Self-Regulation, and Competency (ARC); Sanctuary; Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS); and Trauma Affect Regulation: Guide for Education and Therapy (TARGET)[23]. Two additional interventions identified by researchers include Trauma and Grief Components Therapy for Adolescents (TGCTA) and Skills Training in Affective and Interpersonal Regulation for Adolescents (STAIR-A)[26]. Use of these programs in conjunction with the community-based treatments discussed above provide a necessary continuum of care for detained juveniles by implementing well-documented, evidence-based strategies throughout the juvenile justice process*.

Conclusion

It is well-documented in research that a substantial number of justice-involved youth suffer from mental health and/or substance use concerns, which may be manifestations of past trauma. While the individual impact of mental health disorders on recidivism is unclear, it is evident that substance use disorder and a history of trauma increase likelihood of recidivism. Despite the frequency and negative effects of mental health disorders, substance abuse, and past trauma, there are a multitude of evidence-based programs and practices that significantly improve outcomes for justice-involved youth including intensive community-based programs, such as MST and FFT, and trauma-informed interventions within detention centers, such as Sanctuary and TARGET. The implementation of these programs combined with the administration of appropriate screenings/assessments, a wraparound approach to service provision, and integrated treatments that address the complex needs of juvenile offenders are key components of an effective response to justice-involved youth.

* More information about these programs can be found at www.crimesolutions.gov.

Methodology

Characteristics of justice-involved youth in Idaho were measured using data provided by the Idaho Department of Juvenile Corrections (IDJC). Specifically, data included information for all juveniles committed to an IDJC facility between January 1, 2012 through December 31, 2016 (n = 843). Through the use of data sharing partnerships, outcomes were measured using data from a variety of state agencies including the Idaho Department of Labor (IDOL), State Board of Education (SBOE), Department of Behavioral Health (DBH), Idaho Supreme Court (ISC), and Idaho Department of Corrections (IDOC).

Using this data, analyses were conducted for youth with mental health concerns only (MH), substance abuse concerns only (SA), co-occurring concerns (CO), or neither.

- MH = youth in need of mental health treatment while in IDJC custody per the clinician's assessment
- SA = youth in need of substance abuse treatment while in IDJC custody per the clinician's assessment
- CO = youth in need of both mental health and substance abuse treatment while in IDJC custody per the clinician's assessment
- Neither = youth who are *not* in need of mental health or substance abuse treatment per the clinician's assessment.

Limitations

As with any analysis of secondary data, the researchers cannot confirm the data provided were documented consistently or without errors. However, any data entry errors identified during analyses were discussed with the providing agency and modified, if necessary, to ensure accuracy. Due to variations in data collection across facilities and/or changes in policies and procedures over time, some of the variables contained large amounts of missing data. This primarily impacted analyses of Massachusetts Youth Screening Instrument (MAYSI) and Youth Level of Service Inventory (YLSI) scores with 29% of youth missing a MAYSI and 19% missing a YLSI.

Due to changing definitions and methods of data collection, some data were only available for certain years. Specifically, IDOL data was only available for 2016, SBOE data was only available for the 2015 and 2016 school years, and data from the Idaho Supreme Court was only available through 2015. As a result, the sample sizes were much smaller for these analyses. Additionally, the small percentage of juveniles enrolled in post-secondary education prohibited researchers from running predictive analyses with SBOE data.

Because youth with co-occurring concerns accounted for such a large percentage of youth who recidivated as an adult, the other groups had very small sample sizes. As a result, predictive analyses only included the co-occurring group, meaning that researchers were unable to accurately determine if mental health concerns only or substance abuse concerns only had a statistically significant impact on recidivism or employment. While this study did include all youth committed to IDJC within a five-year period, a longer study period could potentially capture a large enough sample to include those other groups.

Results

Initial Custody Level Assessment (ICLA)

Upon arrival at an IDJC facility, youth are assessed by a clinician who determines if the youth needs mental health treatment only (MH), substance use treatment only (SA), both (CO), or neither. Nearly all youth committed to IDJC (92%) were found to have significant enough mental health and/or substance use concerns to warrant treatment. Of those, 42% were identified as having both mental health and substance abuse concerns.

92% of youth in an IDJC facility have a mental health concern, substance abuse concern, or both.

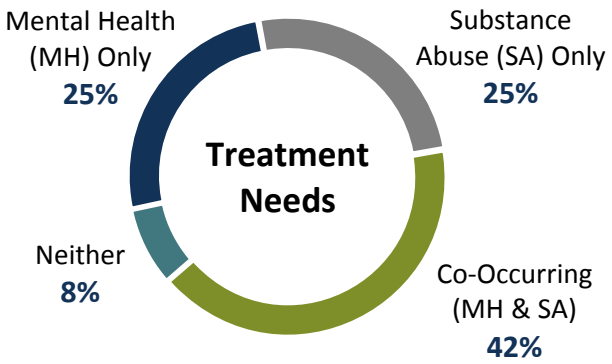
Demographics

The majority of youth committed to IDJC between 2012 and 2016 were white (65%) or Hispanic (21%). Comparatively, 78% of youth with a mental health concern were white and 36% of youth with a substance abuse concern were Hispanic.

Females accounted for 14% of all commitments. Of those, nearly two-thirds (65%) had co-occurring mental health and substance abuse concerns and less than 3% had neither. Comparatively, 37% of males had co-occurring concerns and 9% had neither.

The average age of youth committed to IDJC custody was 16.2 years. Those with a MH concern were among the youngest committed (15.6 years), while those with an SA concern (16.5 years) and co-occurring concerns (16.5 years) were often older. Most youth (86%) were committed during their high school years.

At release, the average youth was 17.9 years old. Individuals with SA (51%) and co-occurring (59%) concerns often remained in custody after turning 18.



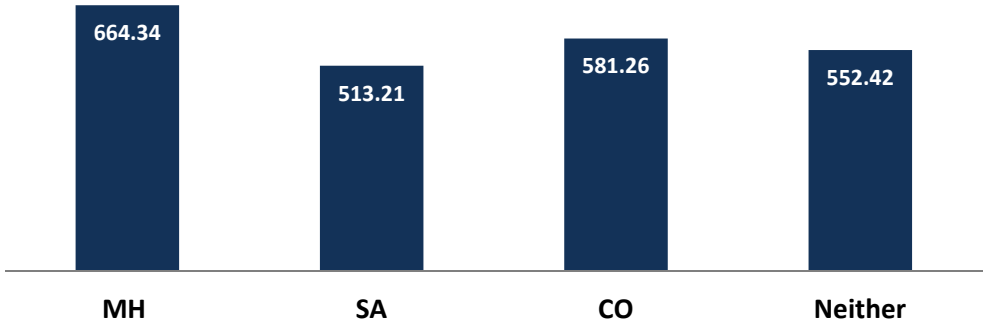
Race/Ethnicity, Gender, and Age

Race/Ethnicity	All
White	65%
Hispanic	21%
Black	3%
American Indian	2%
Asian	1%
Pacific Islander	0%
Other/Mixed	1%
Unknown	7%
Gender	
Male	86%
Female	14%
Age at Commitment	
11-13 Years	8%
14-17 Years	86%
18+ Years	7%
Mean	***16.2***

n = 843

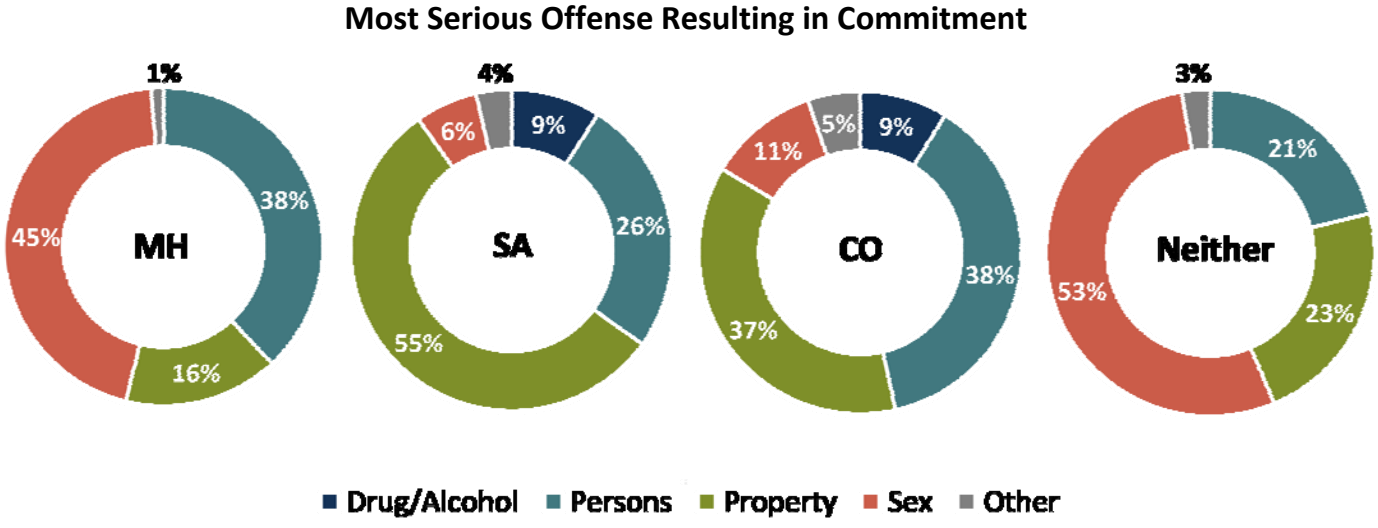
Days in Custody

IDJC has the authority to hold youth on indeterminate sentences, meaning that youth remain in custody until they complete their treatment program or age out of the juvenile justice system. While it is assumed that youth will be released before their nineteenth birthday; they may remain in custody until their twenty-first birthday with approval from the custody review board. The average time spent in custody for all youth who were discharged was 580.80 days (n=747)*. Those with MH concerns tended to have longer terms (664.34 days), while those with SA concerns experienced shorter terms (513.21 days).



Types of Offenses

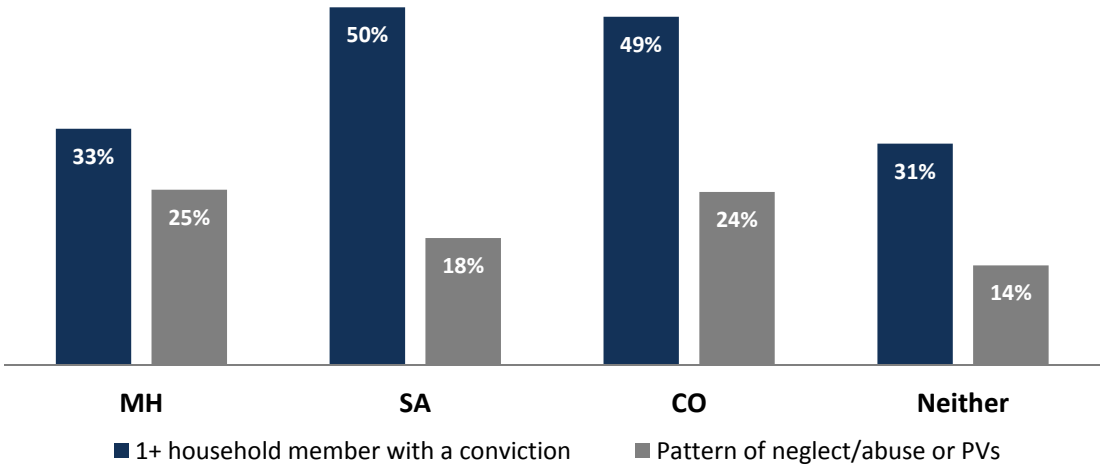
Property crimes (35%), crimes against persons (34%), and sex crimes (22%) accounted for the majority of all commitments (n=928). However, the most common offense type within ICLA groups varied widely. Sexual offenses were most common in the “neither” (53%) and MH (45%) groups while property crimes were most common among those with SA (55%) and co-occurring (37%) concerns. Drug and alcohol offenses were committed exclusively by those with a documented substance abuse concern (including the co-occurring group).



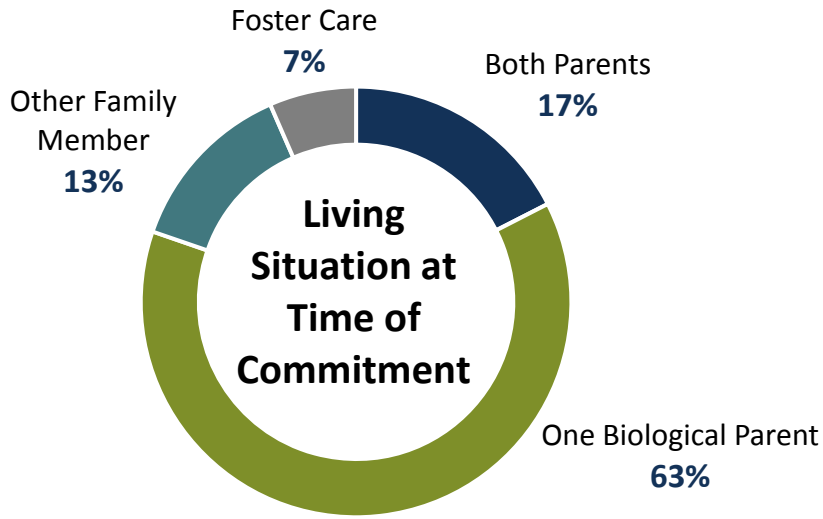
Assessments

Family Criminality and Abuse

In addition to providing insight on mental health and substance use issues, the ICLA also contains components related to family history (n=822). Most juveniles committed to an IDJC facility between 2012 and 2016 (66%) had a family history of criminal involvement or a documented pattern of abuse, neglect, or probation violations (PVs). These rates are highest among those with SA (68%) and co-occurring (73%) concerns.

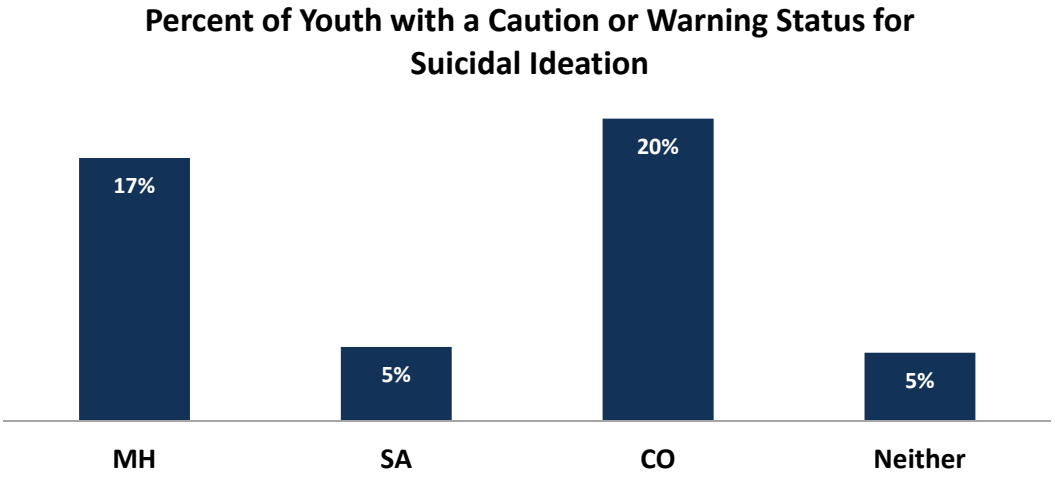


In addition to family criminality, the ICLA contains questions regarding where youth were living immediately prior to being committed to an IDJC facility (n=812). The majority of youth (83%) lived in a household that did not include both biological parents. Rates of youth living with one biological parent were highest among those with SA (70%) and co-occurring (66%) concerns.

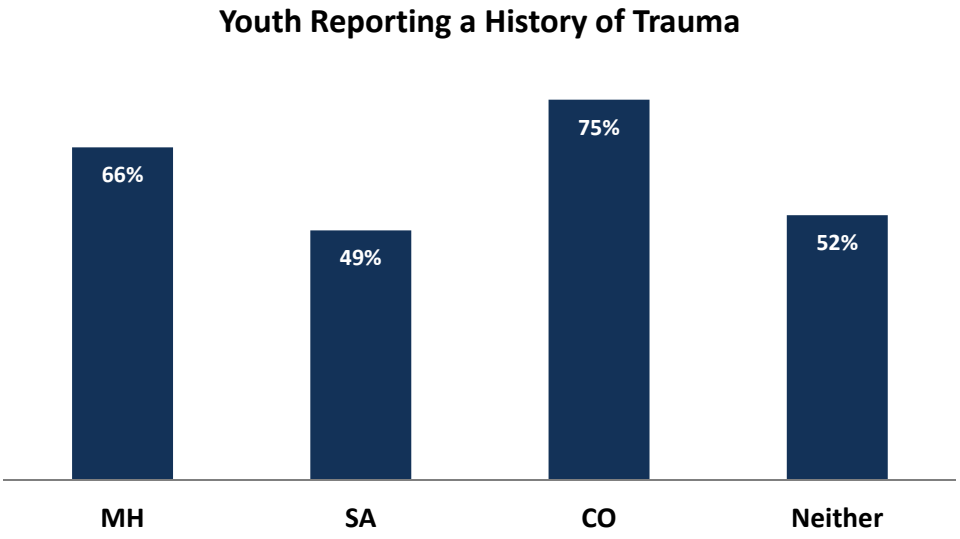


Massachusetts Youth Screening Instrument (MAYSI)

IDJC uses the Massachusetts Youth Screening Instrument (MAYSI) to further explore the individual needs of youth in custody (n=601). This assessment is conducted soon after a youth enters an IDJC facility and includes an evaluation of suicide risk. Youth can be assigned "caution" status based on the results of this evaluation, and appropriate surveillance measures can be taken to reduce the risk of self-harm while the juvenile is in custody. Higher rates of suicide cautions were issued to youth in the mental health (17%) and co-occurring groups (20%), illustrating the overlap between mental health concerns and suicidal ideation.

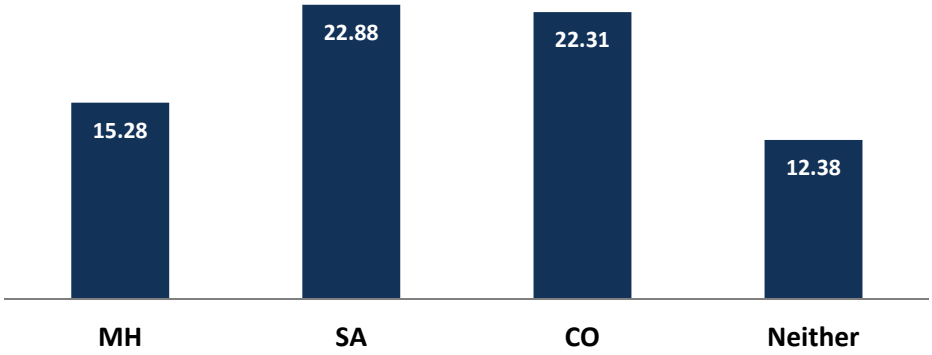


The Traumatic Experiences domain of the MAYSI gauges an individual's past proximity to traumatic events, either as a victim or a witness. Nearly two-thirds (65%) of youth reported experiencing at least one traumatic event or trauma symptom, with higher rates occurring in the mental health (66%) and co-occurring (75%) groups (see Appendix A for additional information on how this is measured).



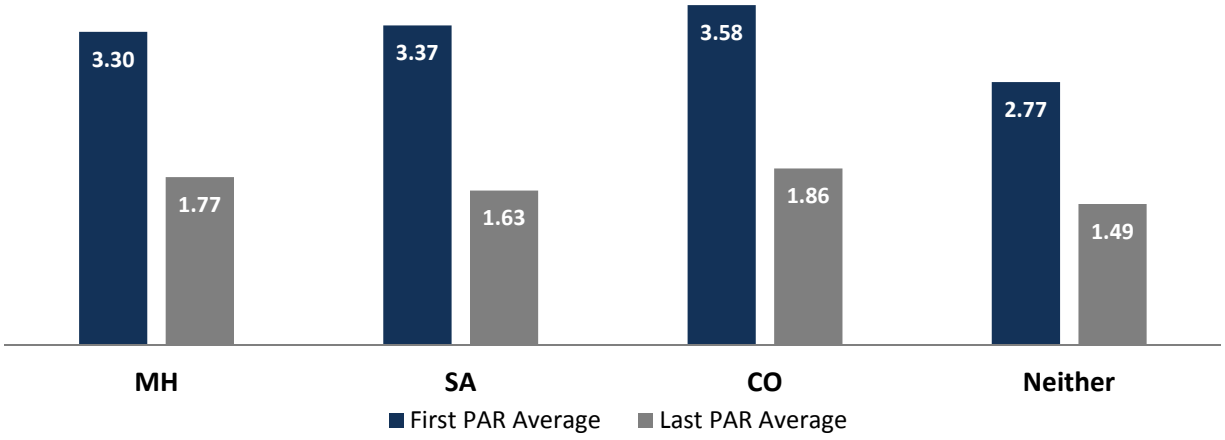
Youth Level of Service Inventory (YLSI)

The Youth Level of Service Inventory (YLSI) is a tool for measuring a youth's criminogenic risks and needs. YLSI assessments are currently conducted at the county level prior to admittance into IDJC custody. The assessment covers seven domains and a total is used to classify individuals as low (0-8 points), moderate (9-22), high (23-34), or very high (35-42) risk. The average total score among all youth was 19.72 (n=682). The mental health group displayed lower total scores with an average of 15.28, while the SA (22.88) and co-occurring (22.31) groups averaged higher scores.



Progress, Assessment, Reclassification (PAR)

IDJC uses the Progress, Assessment, Reclassification (PAR) tool to continually assess risk levels and treatment progress. Youth are re-evaluated every 60 days and assigned a risk level between 1 (lowest) and 5 (highest). At intake, 82% of all youth scored at Level 3 or higher (n=842). On their final evaluations, 81% scored at either Level 1 or 2. The co-occurring group averaged the highest initial and final PAR scores (3.58 and 1.86, respectively), while the neither group averaged the lowest (2.77 and 1.49, respectively).

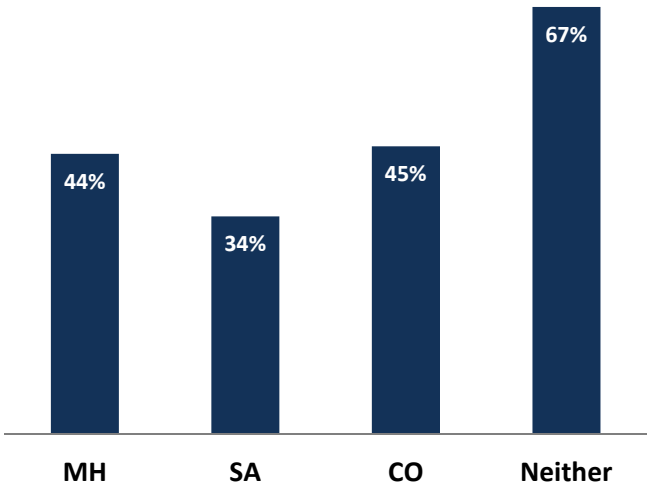


Outcomes

Employment

Employment data is provided for juveniles who have been out of custody for one year and were at least 17 years old at release. At the time of data collection for this project, IDJC had collected six consecutive quarters of data, beginning with quarter one of 2016. Therefore, employment data were analyzed for juveniles meeting the above criteria who were released between January 1, 2015 and June 30, 2016 (n=166). Overall, 43% of these juveniles had a job with taxable wages within one year of release. Youth with substance abuse concerns had the lowest post-release employment rate (34%) and youth with no mental health or substance abuse concern had the highest (67%).

Post-Release Employment Rates



Top 5 Industries

1. Food Preparation and Serving (31%)
2. Sales (19%)
3. Business/Financial Operations (15%)
4. Construction/Extraction (13%)
5. Farming/Fishing/Forestry (10%)

Education

Of the 239 youth who were released between January 1, 2014 and December 31, 2016 and had their high school diploma or GED at the time of release, 10 (4%) enrolled in college in the 2015 or 2016 school year. Of those who enrolled, most attended a community college in Idaho.

Recidivism

Recidivism was measured using three events as indicators. First, court data was analyzed to determine how many youth had a new criminal case filed against them as an adult. A guilty disposition in any of those cases was used as the second indicator. Court records were available through the end of 2015, yielding a maximum follow-up period of three years for these two indicators (n=201). Finally, data from the Idaho Department of Corrections (IDOC) was used to determine how many youth were under IDOC supervision as an adult*. IDOC data was available through the end of 2017, which expands the maximum follow-up period to five years for this indicator (n=466). At least one year of data was available for all youth included in these analyses.

Within 3 Years:

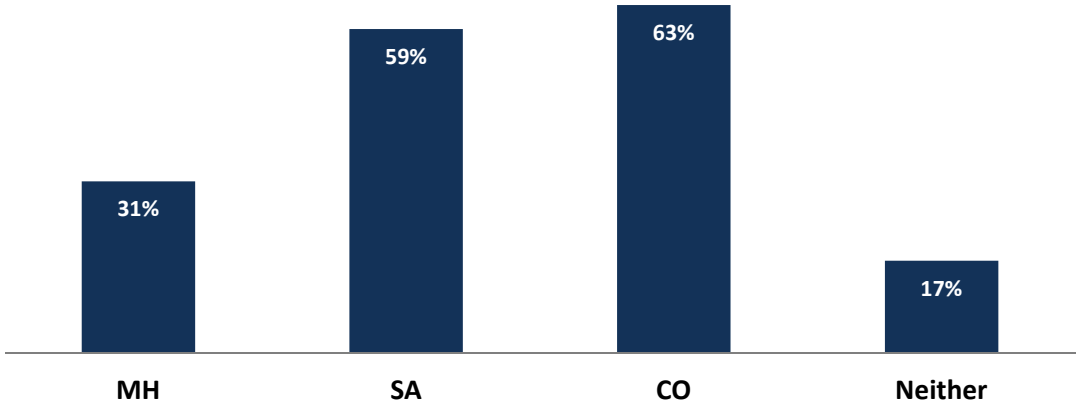
56% were charged with a new crime

54% received a guilty disposition

24% were under the supervision of the Idaho Department of Corrections

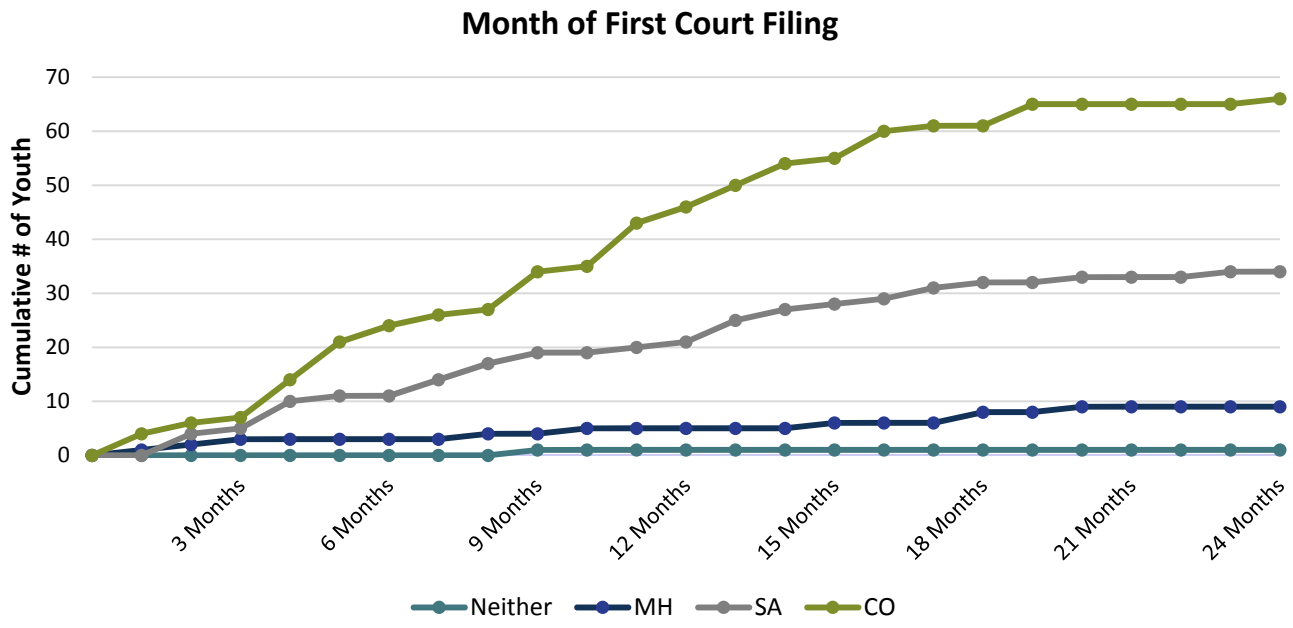
20% were incarcerated in an Idaho Department of Corrections facility

Percent Charged with a New Crime

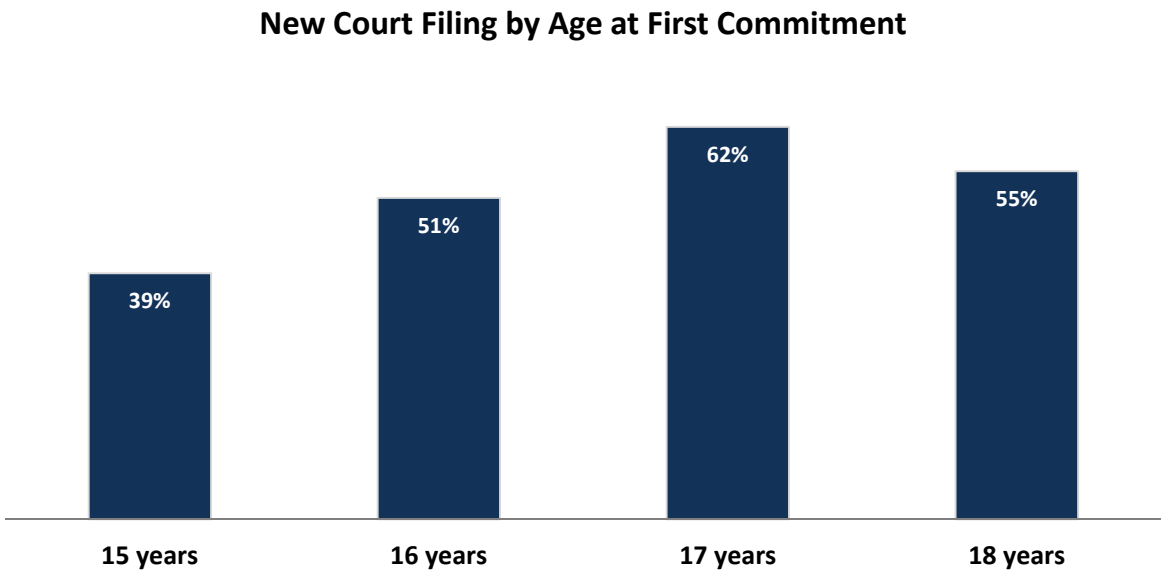


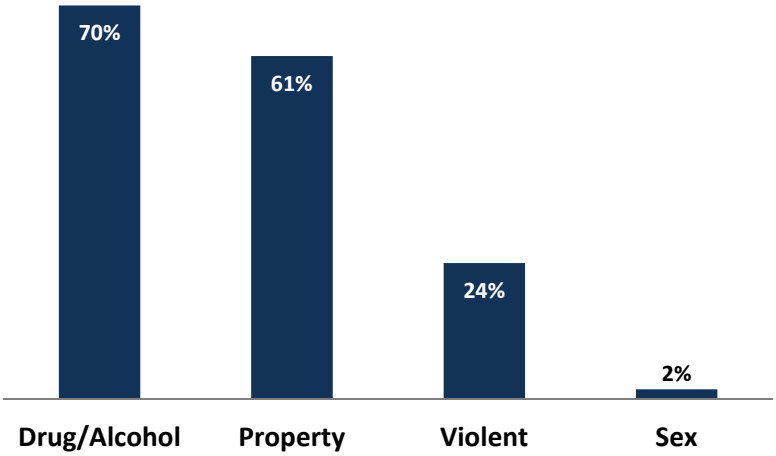
As illustrated above, youth in the co-occurring group were significantly more likely to be charged with a new crime within three years of release compared to all other groups (see Appendix B for regression results). When considering gender, 100% of females who recidivated were in the co-occurring group (n=11).

*"Under supervision" includes individuals who were on felony probation, committed to an IDOC rider program, committed to a state prison, or on parole.
"Incarcerated" includes individuals who were committed to a state prison or an IDOC rider program.



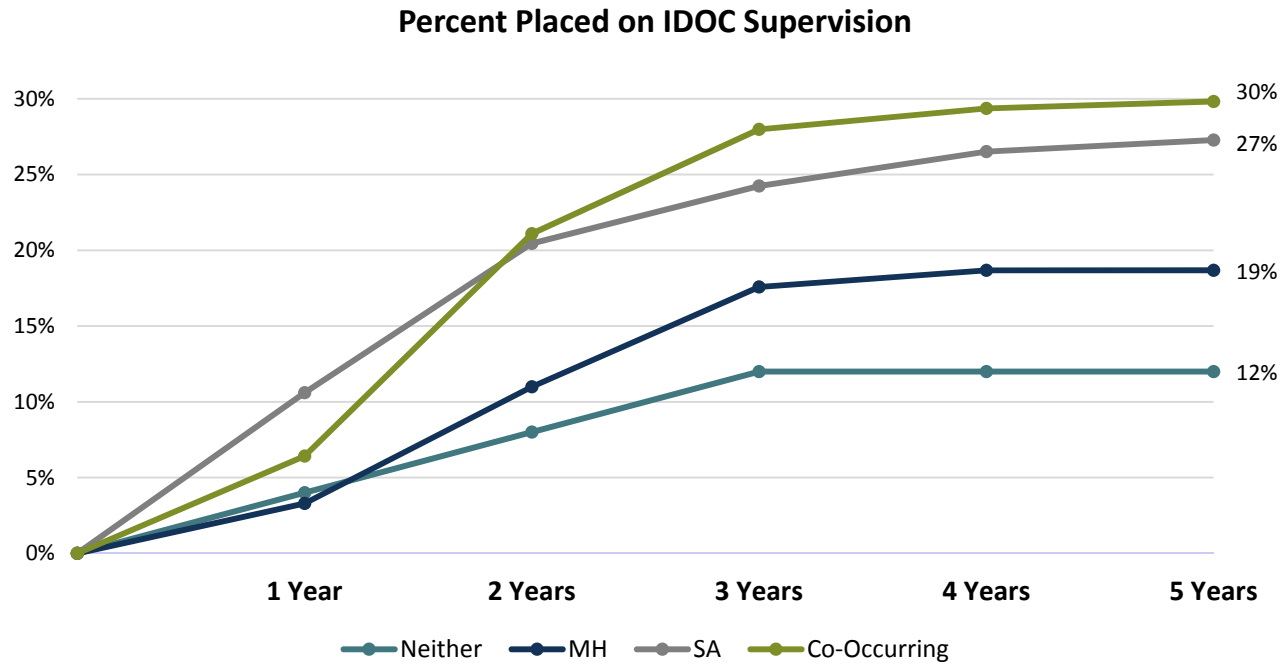
Of all youth who were charged with a new crime, the average time between release from IDJC (if 18 years or older at time of release) or turning 18 (if released under 18) and court filing date was 287.73 days. As illustrated above, most reoffending occurred between 4 and 18 months after release or turning 18. A total of 36% were charged with a new crime within one year and 55% within two years. Reoffending rates were highest among youth who were 17 or 18 when first committed to IDJC (62% and 55%, respectively).





Of the youth who had a criminal court case filed against them as an adult, 70% were charged with a drug or alcohol offense.

Similar to trends found in court records, juveniles with substance abuse or co-occurring concerns were most likely to be placed on IDOC supervision as an adult within five years of being released (if 18 or older at time of release) or turning 18 (if released under 18).

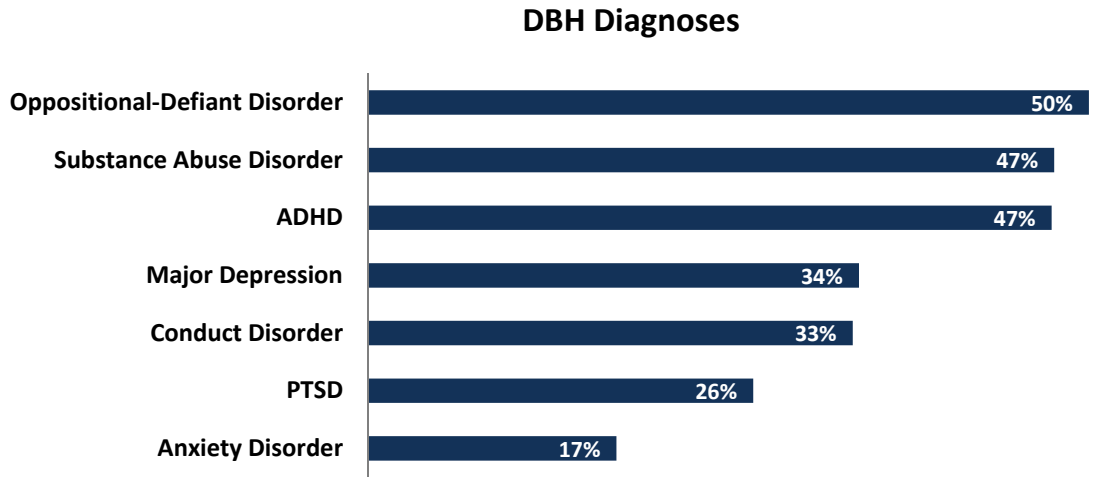


Youth with 20-511A Court Orders*

During the juvenile court process, the judge may also require youth to be evaluated by the Department of Behavioral Health (DBH) by issuing a 20-511A order. If deemed eligible, these individuals may receive community programming through DBH. Youth who received at least one 20-511A court order comprised 28% of the sample (n=234).

The outcomes of 20-511A evaluations mirrored those of the ICLA assessments. Nearly all youth (96%) were diagnosed with at least one mental illness. Most (86%) were diagnosed with at least two, and 46% were diagnosed with co-occurring mental health and substance abuse problems.

86% of youth who received a 20-511A order had more than one mental health diagnosis and 46% had co-occurring substance abuse disorder.



Nearly three-quarters (74%) of those evaluated were enrolled in at least one treatment program through DBH. The average number of days each case was open for ongoing treatment was 337.87 days, although nearly half (43%) completed their treatment in less than one year.

Receipt of a 20-511A order as a juvenile did not significantly impact performance on any of the outcome measures (see Appendix B for regression results). Employment rates and court filings were identical between the two groups (43% and 56%, respectively). Additionally, 24% with an order were under IDOC supervision within five years, compared to 27% of those without.

* This section of Idaho Code involves performing mental health assessments and plans of treatment for juvenile offenders when the judge has reason to believe they are suffering a serious emotional disturbance, as defined in section 16-2403 of Idaho Code, that has not been adequately addressed.

Conclusions and Policy Implications

Outcomes for justice-involved youth in Idaho are mixed, and often related to the type of problem with which the individual is struggling. On all three recidivism measures, youth with only mental health concerns outperformed youth who struggle with substance abuse. On the other hand, the mental health group performed at the same level or worse than the other groups on the employment and education measures; they held jobs and attended college at equal or lower rates.

In light of these findings, the following recommendations are provided to improve Idaho's juvenile justice system:

- ***Emphasize treatment for youth with substance abuse and co-occurring problems.*** These groups were most likely to recidivate and least likely to sustain employment after release from IDJC. This was particularly true for females considering that 100% of females who were charged with a new crime struggled with co-occurring mental health and substance abuse concerns. The low success rates among these youth may be partially due to their age and length of time spent in custody. Youth with substance abuse and co-occurring concerns spent fewer days in custody and were older when first committed compared to youth with mental health concerns only. Based on these trends, intervening earlier and providing targeted programming for a longer period of time may help improve outcomes for these youth. Because the majority of youth who recidivate are committing drug and alcohol offenses as an adult, it is imperative that programming target the underlying causes of substance abuse specifically.

- ***Provide long-term aftercare services to youth who are released from IDJC.*** While most youth did well during the first three months after release or turning 18, there was a steady increase in new court filings from month 4 to month 18. Although this study did not consider what services are available to youth after release, it is possible that after "aging out" of the juvenile justice system, their access to services is drastically reduced. Partnering with community-based providers to ensure access to services during that 18-month window would enhance the support structure available to struggling youth during this critical time.

- ***Continue to improve collaboration and data sharing among state agencies that have contact with justice-involved youth.*** As noted in the literature review, few studies have attempted to use any measure other than recidivism to determine the effectiveness of the juvenile justice system. Idaho is breaking new ground in collecting information on justice-involved youth from multiple agencies, making it possible to evaluate a variety of outcomes. Using this information, researchers, practitioners, and policymakers can gain a richer understanding of what factors influence their successes and failures as adults. However, at this time, the amount of data available for analysis is limited. Continuing to refine these systems and foster more cooperation between agencies will not only facilitate further research, but as integrated treatment plans become more prevalent, it would aid in the development of this model in Idaho.

Directions for Future Research

This study can be used as a springboard for future research on justice-involved youth in Idaho. The following are examples of research topics that could be explored using this data set or similar data collected at a later date.

- ***Examining the unique characteristics of IDJC's female population.*** Females in IDJC custody are disproportionately affected by co-occurring mental health and substance abuse issues. In fact, every female who recidivated had co-occurring concerns. More in-depth research examining characteristics and outcomes for female offenders could help enhance programming for female offenders specifically.

- ***Further exploration of IDJC's sex offender population*.** The majority of youth with neither mental health nor substance abuse concerns are committed for a sex offense. Sex offenders also represent a relatively large percentage of all juveniles committed to IDJC custody. With this in mind, more in-depth research is needed to examine the unique dynamics of this group.

- ***Identifying factors that influence youth success after release from IDJC custody.*** The present study found that youth perform relatively well for the first three months after release or turning 18. Further examination of what factors are associated with this successful transition could be used to enhance reentry and aftercare programs.

- ***Determining the effect of trauma on characteristics and outcomes of IDJC youth.*** Previous research has indicated that trauma plays an integral role in youth delinquency. However, gaps in data did not allow for the inclusion of trauma in any predictive analyses. Additional data collection would allow this important factor to be included in future research.

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Appendix A: MAYSI Traumatic Experiences Domain

For the MAYSI, a trained staff member asks juveniles a series of questions to gauge the youth's risk level across a variety of domains. For the traumatic experiences domain, juveniles are asked the following questions:

1. Have you ever in your whole life had something very bad or terrifying happen to you?
2. Have you ever been badly hurt or been in danger of getting badly hurt or killed?
3. Have you ever been raped or been in danger of getting raped?
4. Have you ever had a lot of bad thoughts or dreams about a bad or scary event?
5. Have you ever seen someone severely injured or killed?

Each question is counted as one point towards the final score in the traumatic experiences domain. Therefore, the highest score a youth could receive for this domain is a five. For the purposes of this report, a score of 1-5 was found to indicate that the youth had experienced a traumatic event and/or trauma symptom prior to being committed to an IDJC facility.

Appendix B: Regression Models

Regression models were constructed to determine whether membership in the ICLA Co-Occurring group was a predictor of employment and/or recidivism outcomes. Due to the small nature of the sample size and the composition of the four ICLA groups, predictive analyses were not able to be completed for the MH and SA groups.

Logistic Regression Model: Employment

The employment model for the co-occurring group was not statistically significant (χ^2 (6) = 7.315, p = .293, R^2 = .059). Holding all other variables constant, youth in the co-occurring group were 27% more likely to have a job within one year of release from IDJC than those in the other groups.

Variables	*B*	*Wald*	*df*	*p*	Odds Ratio
Gender	.829	2.133	1	.144	2.292
Violent Crime as a Juvenile	.425	1.690	1	.194	1.530
Family Criminality	-.422	1.679	1	.195	.656
Living with Biological Parent(s)	-.491	1.208	1	.272	.612
20-511A Order	.095	.062	1	.803	1.099
ICLA Co-Occurring	.239	.472	1	.492	1.270
Constant	-1.052	2.892	1	.089	

Cox Regression Model: New Court Filings

The overall court filing model for the co-occurring group was not statistically significant (χ^2 (6) = 11.402, *p* = .077, -2 log likelihood = 1066.63). Holding all other variables constant, membership in the co-occurring group was associated with a 54% increase in the odds of having a new court filing after becoming at-risk (turning 18 or being released from IDJC, whichever comes last; *p* = .032).

Variables	*B*	*Wald*	*df*	*p*	Odds Ratio
Gender	0.410	1.584	1	0.208	1.508
20-511A Order	0.086	0.168	1	0.682	1.090
Violent Crime as a Juvenile	-0.321	2.625	1	0.105	0.725
Family Criminality	0.209	1.190	1	0.275	1.233
Living with Biological Parent(s)	-0.275	1.021	1	0.312	0.760
ICLA Co-Occurring	0.430	4.612	1	0.032	1.538

Cox Regression Model: IDOC Supervision

The IDOC supervision model for the co-occurring group was not statistically significant (χ^2 (6) = 5.923, *p* = .432, -2 log likelihood = 1357.625). Holding all other variables constant, membership in the co-occurring group was associated with a 33% increase in the odds of being sentenced to IDOC supervision after becoming at-risk (turning 18 or being released from IDJC, whichever comes last; *p* = .133).

Variables	*B*	*Wald*	*df*	*p*	Odds Ratio
Gender	0.025	0.008	1	0.930	1.025
20-511A Order	-0.188	0.775	1	0.379	0.829
Violent Crime as a Juvenile	-0.155	0.692	1	0.406	0.856
Family Criminality	0.251	1.870	1	0.171	1.286
Living with Biological Parent(s)	0.081	0.111	1	0.739	1.084
ICLA Co-Occurring	0.287	2.259	1	0.133	1.332

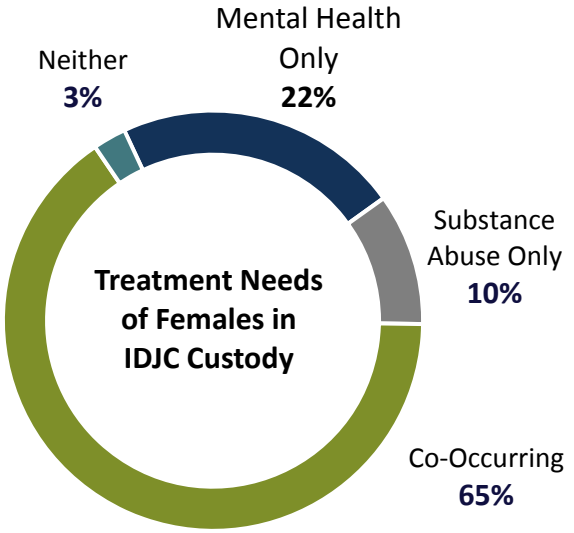
Appendix C: Female Offenders in IDJC Custody

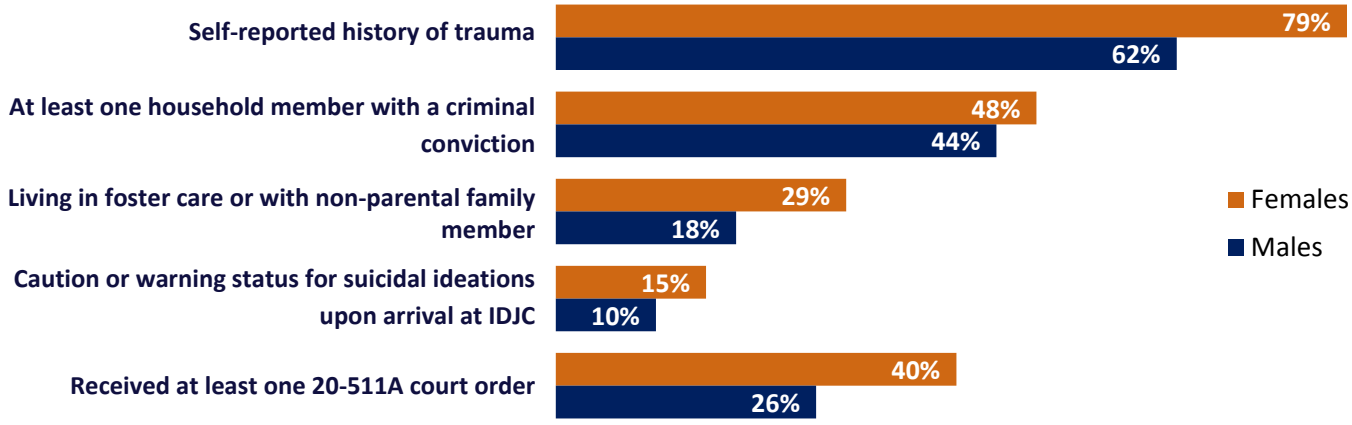
65% of females had co-occurring mental health and substance abuse concerns (compared to 37% of males)

79% of females reported a history of trauma (compared to 62% of males)

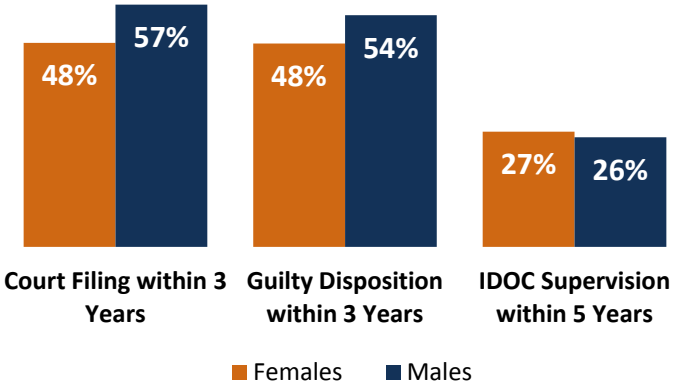
48% of females had a new criminal case filed against them within 3 years (compared to 56% of males)

22 was the average YLSI score for female offenders (compared to 19 for males)

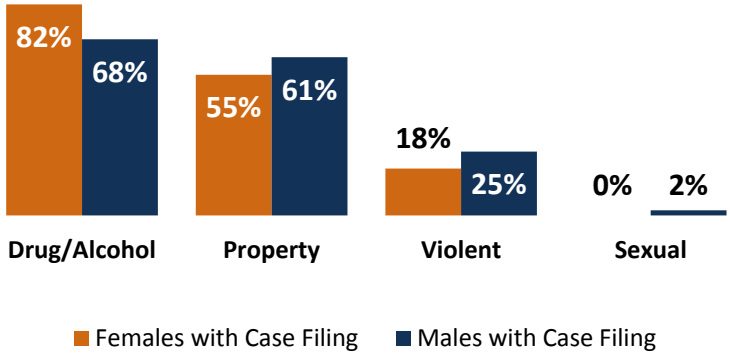




Recidivism Measures



Types of Court Cases Filed



Note: Time to recidivism was calculated from the time of release from IDJC custody (if over 18 at release) or from the individual's 18th birthday (if under 18 at release). Court case percentages may not add to 100% due to individuals having one or more cases that involve different types of charges.

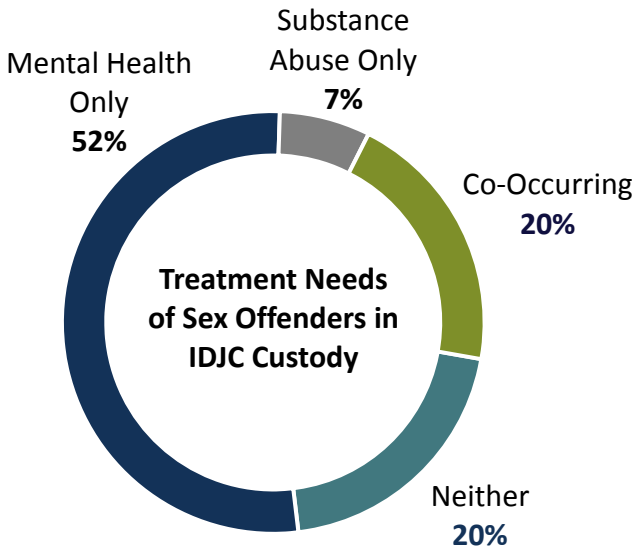
Appendix D: Sex Offenders in IDJC Custody

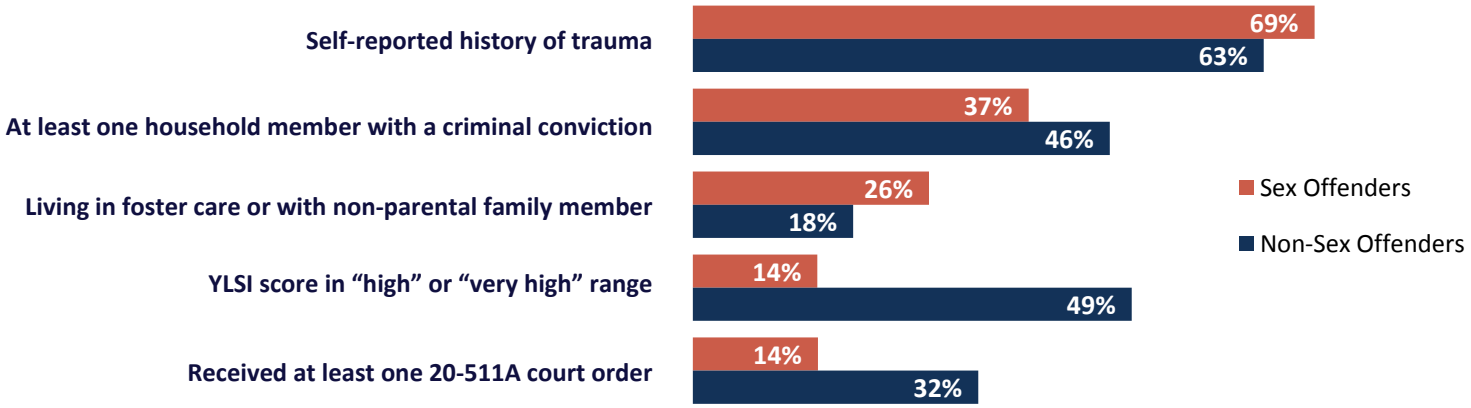
27% **of sex offenders had substance abuse concerns**
(compared to 77% of non-sex offenders)

693 **was the average number of days in custody for sex offenders**
(compared to 551 for non-sex offenders)

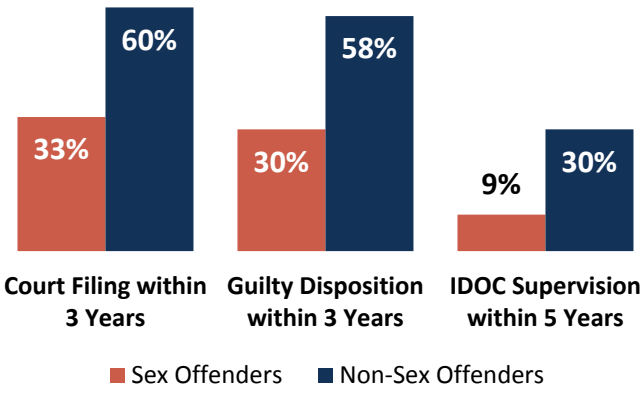
13 **was the average YLSI score for sex offenders**
(compared to 22 for non-sex offenders)

33% **of sex offenders had a new criminal case filed against them within 3 years**
(compared to 58% of non-sex offenders)

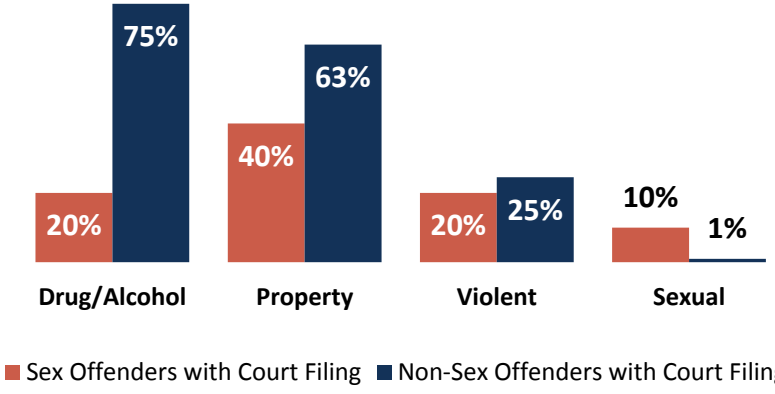




Recidivism Measures



Types of Court Cases Filed



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