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# Supporting probation youth : an examination of services and access to services provided : a project based upon an independent investigation of San Francisco Bay mental health agencies

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## ABSTRACT

This study explored a sample of the San Francisco Bay Area agencies providing mental health services to probation youth in hopes of looking at best practices and what barriers and facilitators there are for youth to access services.  This study surveyed 19 program leads of agencies that have among their clients, youth on probation.   The mixed methods survey included 28 questions covering topics such as services provided, funding sources, client demographics, program structure, coordination with other support services, post-program evaluation and barriers and facilitators to accessing services.  The findings demonstrated that these agencies were mostly funded through MediCal contracts and provided a broad range of services.  Newer therapeutic approaches were being used with CBT as the number one model while the trauma informed and restorative justice approaches were increasingly incorporated into treatment.  The majority of probation clients being served at these agencies were young, men of color from low-income families and very little data was being recorded about the outcomes for clients after they terminated services.  Due to the small sample size, and the little follow-up data available from agencies, no conclusive findings were made about best practices or which structures, services, or models may have the best outcomes for this population.  The findings did reveal a strong connection between how the supportive entities in a youth's life affect their access to mental health services during probation.  More frequent and facilitated communication needs to take place between client, family, probation officer and service providers for more effective support.

**SUPPORTING PROBATION YOUTH: AN EXAMINATION OF SERVICES AND**

**ACCESS TO SERVICES PROVIDED**

A project based upon an independent investigation
of San Francisco Bay Area Mental Health Agencies,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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# ACKNOWLEDGEMENTS

# TABLE OF CONTENTS

# LIST OF TABLES

Table

**CHAPTER I**

**Introduction**

The purpose of this study is to examine a cross-section of the mental health services currently being provided to probation youth in the San Francisco area. The study will also examine the means of access, barriers to access and outcomes of these programs. Research about these services is needed, because recent research shows that increasing the amount of mental health services provided to probation youth actually increases the length of time before re-offense (Horton, 2014). It seems intuitive that mental health services would be helpful, but there has been little study of the barriers that prevent youth from accessing services. Thus, further research is needed on the barriers to accessing mental health services and how helpful these services are at decreasing the likelihood of probation youth's return to detention. Additionally, there have been studies surveying probation youth upon reentry into juvenile detainment, but no studies have done qualitative or quantitative research from the perspective of the programs providing services for probation youth (Horton, 2014). Thus this is an area that needs to be examined for further study.

This research reports data from 19 surveys received from different mental health service providers for probation youth in the greater San Francisco metropolitan area. This exploration will highlight some of the barriers and facilitators to access for mental health services on an individual, community and system level. These barriers include funding sources, accessibility to programs and support services, community and individual stigma, stress and overwhelm. The results will show that client buy-in, an active probation officer, and smooth, clear collaboration

among service providers can facilitate the process of receiving mental health services and diminishing re-offense for youth.

This research is relevant to social work practice because probation youth are a historically underserved population. Social workers are often the mental health care providers for this population and increased mental health services have been shown to decrease recidivism rates, thus allowing youth to live more integrated and well-supported lives. Understanding how to best support youth and assist them in decreasing recidivism is crucial.

This study was initially focused on the central research question: "How can mental health services be provided to best meet the needs of probation youth?" It was hoped that current best practices would emerge from the data. However, as detailed later in this paper, the research results indicate that current approaches to treatment of youth are evolving, with several emerging treatment models such as restorative justice and trauma informed work. In addition, few of the agencies surveyed collected information on rates of client re-offense, which makes the determination of best practices difficult.

Since there is a lack of current research in this area, this study represents a first attempt at surveying various organizations in the San Francisco Bay Area that are attempting to provide the most effective services to probation youth. Therefore this study provides a snapshot of how these programs are structured, what services are provided, and possible areas for change and growth. The research findings do provide suggestions for improving future services to youth on probation and also indicate areas for future research.

## CHAPTER II

## Literature Review

This review will describe the history of incarcerating youth, the connection between the mental health and the justice system, and current attempts at fixing the justice system through incorporating new philosophies and programs. Then the literature on barriers and facilitators for youth to access mental health services will be explored. Finally a theoretical framework for understanding the issues of accessing services for probation youth will be examined. A variety of methods and results are contained in these studies, which will illuminate the importance of the issue of services to probation youth and the need for the current study.

## History of Incarcerated Youth

Throughout the 18th century, children below the age of seven were considered incapable of committing a crime. Children above the age of 14 were considered full adults in the eyes of the law and were tried in regular adult courts. They could be sentenced to prison or death. Between the ages of seven and 14 was a grey area where a child was assumed incapable of a crime unless the court deemed they knew right from wrong, in which case they received full punishment for the crime (Dialogue on Youth and Justice, 2007). Later in the 19th century, reform movements began to advocate for children and youth to be viewed as different from adults, without fully developed morals or cognitive capacities. This led to the establishment of the first U.S. juvenile court in 1899 in Cook County, Illinois. The emphasis was placed on rehabilitation rather than punishment (Snyder & Sickmund, 1999). This approach was debated as to its effectiveness. It was believed by some to be too lenient while others felt that through

treatment youth could be rehabilitated (Horton, 2014).  There continues to be a struggle between concepts of leniency vs. punishment in the modern justice system, especially regarding youth who are mentally ill.  Currently the modern system continues to need reform and new restorative models are emerging.

   **History of mental health in the juvenile justice system.**  In Thomas Grisso's article "Adolescent Offenders with Mental Disorders" he explores the struggle of the justice system to properly support juvenile offenders with mental health needs. Grisso (2008) describes historical context,

> Before the 1990s law enforcement officers, juvenile probation departments, prosecutors, and judges typically had some discretion regarding whether they would arrest or prosecute youth with mental disorders when they engaged in illegal behaviors. However, a wave of serious juvenile violence in the late 1980s caused virtually all states to revise their juvenile justice statutes during the 1990s to rein in this discretion.  As a result, certain charges or offenses required legal responses based on the nature of the offense alone, not the characteristics or needs of the individual.  This often-resulted in custody in a secure juvenile facility, thus reducing the likelihood that the youth could receive mental health services in the community. (p.151)

Thus during the 1990s there was a shift toward youth with mental health needs being managed by the juvenile justice system because of legal responses to serious juvenile violence. At the same time mental health services such as the system of large mental hospitals were being dismantled by funding cuts, while the proposed system of community mental health centers was never developed.

Horton (2014) writes that in "the 1990s most states saw a reduction in availability of public mental health for children, especially in-patient treatment. As a result, many communities began using the juvenile justice system to fill the gap. Furthermore, some parents began to encourage the police to arrest their children, knowing the court would 'order' services that were otherwise impossible for parents to access on their own" (p. 32-33). Without access to services in the community through adolescent psychiatrists and with separation of mental health and substance abuse treatment programs, for some youth, the best access to services is through the juvenile justice system when they cannot access them in the community (American Academy of Pediatrics, 2011; Horton, 2014).

It is costly to house and provide services to juvenile offenders. For youth with more severe needs resources, support, and community integration are much less likely to be provided. (Unruh, Gau, & Waintrup, 2009). In the 1950s it was unheard of to release an inmate into the community without support or resources and often secure employment was necessary before parole was allowed (Listwan, Cullen, & Latessa, 2006). Horton (2014) describes, "As the country moved into a post industrial economy, jobs [for parolees] gradually deteriorated. The role of meaningful re-integration then shifted to 'supervision' by the parole officer" (p. 36). However, research has indicated that reentry planning and linkage to community programs is hugely important in supporting probation youth and effective in reducing recidivism (The Mental Healht and Juvenile Justice Collaborative for Change, 2014; Sullivan, Veysey, Hamilton, & Grillo, 2007).

**Current Service Models/Theoretical Approaches**

When probation youth reenter society, services can vary vastly from state to state, and a national coherent approach to services is continuing to develop. Some states have spent

considerable amounts of time and money developing programs for parolees while others offer a guideline describing the parole process only (Petersilia, 2003). Since service provision can vary from jurisdiction to jurisdiction and there is little research on the effectiveness of different approaches, there is still little known about the effective approaches to supervision of parole or the newer reentry programs (Listwan et al., 2006).

According to Taxman, Young, and Byrne (2003) reentry programs should ideally include three steps to transition a person smoothly back into the community. The first step would be providing services in detainment that met the individual's needs. Secondly services would be provided during the transition out of detainment as additional outside stressors are placed on the person and their needs may change. The third step would be to follow up and do relapse prevention to ensure that needs continue to be met as they come up. There are programs that are attempting to use Taxman et al.'s model and similar ideas are being tried in various states and courts.

Programs like collaborative court, which will be discussed later in this chapter, have arisen from a current awareness of a rise in youth arrest – specifically youth with mental health needs that end up in the juvenile justice system, and therefore more support is needed to transition mentally ill youth effectively out of detainment (Puzzanchera, 2009; Horton, 2014). The role of services upon release is extremely important to insure that youth can find the resources to support themselves and not return to juvenile hall, jail, or prison. Horton states, "The current problems that exist within the juvenile justice court/detention system are the increase of youth with mental illness being held in detention centers and the barriers to care upon release" (2014, p. 22). This current study will examine how the mental health needs of youth on probation are being met and seek to find more information about the barriers to care.

According to Listwan et al. (2006), if the newly developed reentry programs appear to be ineffective they could potentially be discontinued due to issues in their design or implementation. They go on to warn, "Without careful planning and care, the popularity of this 'new' re-entry movement will likely falter and fall victim to another swing in the pendulum towards more punitive and retributive policies" (Listwan et al., 2006, p. 23). It is therefore important to question and explore service design and implementation. There are different ways that new approaches and programs are attempting to meet the need of mental health services for probation youth and this study looks at these different approaches and programs in an attempt to see which may be most effective.

**Cognitive behavioral therapy.** Cognitive behavioral therapy (CBT) is a therapeutic method that emphasizes cognition and its affects on emotions and behaviors. Developed in the 50's and 60's, CBT posits that, "maladaptive cognitions include general beliefs, or schemas, about the world, the self, and the future, giving rise to specific and automatic thoughts in particular situations…Therapeutic strategies to change these maladaptive cognitions lead to changes in emotional distress and problematic behaviors" (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012, p. 427). With treatment goals of symptom reduction, improved functioning and remission of the disorder, CBT is consistent with a medical model (Hofmann et al., 2012) and is a problem focused, directive therapeutic approach (Schacter, Gilbert, & Wegner, 2010).

Landenberger and Lipsey (2005) conducted a meta analysis on CBT work with offenders, of which 17 of the 58 studies examined were with juvenile offenders. Their findings highlighted the effectiveness of CBT with this population with those completing CBT programs having 25% lower recidivism rates compared to those who did not. For this reason, CBT may be a very useful and important therapeutic model for juvenile offenders and can provide space and

skills to examine beliefs that may be perpetuating criminal behavior while building tools to support themselves (Jewell, Malone, Rose, Sturgeon & Owens, 2013).

**Trauma Informed.** Studies have shown that trauma can have permanent or lasting effects on brain development when experienced at an early age and that 25% of youth in America experience some sort of trauma; thus treatment of early trauma is very important (Anda et al., 2006; Black, Woodworth, Tremblay, & Carpenter, 2012; De Bellis, 2001; Duke, Pettingell, McMorris, & Borowsky, 2010). These studies demonstrate that PTSD affects the amygdala, which is connected to emotional memories, as well as regulation of neurotransmitters like serotonin, which is connected to externalized symptoms like aggression. (Cohen, Perel, De Bellis, Friedman, & Putnam, 2002; De Bellis, Hooper, Woolley, & Shenk, 2010; Francati, Vermetten, & Bremner, 2007).

Because CBT has had more empirical support it is more commonly used for PTSD treatment than other methods such as Psychodynamic Therapy or medication and is a framework for many of the trauma informed therapies currently being used (Black et al., 2012; Feeny, Foa, Treadwell, & March, 2004; Follette & Ruzek, 2006; March, Amaya-Jackson, Murray, & Schulte, 1998; Rosenberg, Jankowski, Fortuna, Rosenberg, & Mueser, 2011).

There is also a trauma informed therapy developed specifically for juvenile offenders called TARGET (Trauma Affect Regulation: A Guide for Education and Therapy). It has been shown to be effective for both male and female youth who are involved in the justice system (Ford, Steinberg, Hawke, Levine, & Zhang, 2012). TARGET and most of the other established Trauma informed methods of therapy use five different therapeutic techniques: psychoeducation, coping skills, cognitive restructuring, creating a trauma narrative, and creating a plan for post treatment (Black et al., 2012). Possible barriers for this kind of work with a child population

who has experienced trauma is the child or youth may still be in the environment where the trauma is occurring and their safety may continue to be at risk. Additionally, trust and a therapeutic alliance may be difficult to build (Black et al., 2012).

Trauma informed trainings are becoming a priority in community mental health. An initiative through the Sierra Health Foundation called Positive Youth Justice Initiative (PYJI) is funding trauma training for probation officers in Alameda County, California (Sierra Health Foundation, 2015). Thus, trauma informed work is gaining momentum and becoming a more valued approach when working with populations who have experienced high levels of trauma.

**Wraparound.** The wraparound philosophy was first developed in Canada in the early 1980's and soon after began to be used in the U.S. as well. The wraparound model integrates services and supports for youth struggling with mental health challenges (Walker & Bruns, 2007). Services provided within the model are meant to be flexible and integrative to best meet the needs of each youth and their family (Burns & Goldman, 1999). The fundamental philosophy embraces a strengths based approach, involves family in the process, and caters services to each individual client based on their specific needs (Burns, Schoenwald, Burchard, Faw, 2000). Wraparound focuses on a youth's environment and how the important relationships facilitate the effectiveness of treatment. "Ecological systems theory is one which is most closely associated with wraparound… [and] assumes that a child functions at their best when the larger system surrounding him/her coordinates efficiently with the micro system of his/her family and home" (Steinman, 2011, p. 38-39). This theory will be explored more fully later in this chapter.

**Restorative justice.** Restorative justice, similar to wraparound, is both a philosophy and a service model based on changing the way that justice is perceived and enacted. It can be implemented in various ways but at its fundamental principle is moving away from a punitive

9

justice to a more reparative, inclusive and balanced justice. It is rooted in indigenous culture practices, which allow everyone an equal voice in the dialogue in order to examine how to best repair harm on a micro and macro level. Restorative justice has been in existence for almost thirty years and studies are examining the effectiveness of its implementation in a multitude of settings with varied goals. Existing literature suggests that restorative justice can reduce recidivism as well as smaller scale behaviors such as suspensions and expulsions within schools (Restorative Justice, 2015).

In a therapeutic setting restorative justice can occur in different formats, from restorative circles where supportive members from the entire community participate, to an individual therapist using the restorative justice philosophy in session with a client. This philosophy is also being explored in the larger justice system and will be discussed more later on in this chapter.

**Current Funding**

A challenge in providing mental health services as part of re-entry is lack of access to sufficient funding. According to Kamradt (2002), "These funding issues are related to under-funded program initiatives, stringent eligibility criteria for certain programs, and confusion over whether the mental health, child welfare or juvenile justice systems are, or should be, responsible for payments" (p. 3). Research indicates that no matter the reasons for funding challenges, economics greatly affects the access a youth has to mental health services (Coalition for Juvenile Justice, 2000). These funding issues continue today but there are also active attempts at improving funding for mental health.

The California version of Medicaid (MediCal) covers many mental health services for those that qualify for this insurance. It is funded through federal and state taxes and is meant for individuals and families with low income. Medicaid now covers two thirds of people who have

incomes below the federal poverty guideline, but access to care can be limited.  Many physicians

and service providers do not accept Medicaid insurance due to the low reimbursement; they are

paid far more for Medicare or private insurance (Bodenheimer & Grumbach, 2012).

Wolf (2005) writes, "Advocates of collaborative justice within the California courts say

they are constantly on the lookout for ways to increase support for innovation. For instance, they

see in the voter-approved Proposition 63, which is expected to allocate $500 to $700 million a

year for mental health services, an opportunity to partner with the mental health system to

expand mental health courts and other court-related mental health programs" (p. 28-29).

Especially in the face of funding shortfalls, it is still important to see how these funds are being

used and whether the programs themselves are effective.

**Current Attempts to Fix the System**

Far too much is currently being spent on incarcerating youth with about $85,000 being

spent per youth per year.  Given that this is a significant amount of money there is demand from

the public for changes to the current system (Hassakis, 2010; Horton, 2014). Therefore the topic

of different approaches to juvenile crime is a topic of heated discussion, especially the subject of

how to make changes to the juvenile court.

**Collaborative court/restorative justice.**  One approach that is gaining stock in certain

parts of the country is called "problem solving" or "collaborative justice" in California where the

current study was conducted.  This approach is being applied in the way each court is run and by

emphasizing partnerships with stakeholders in and outside of the court.  The connection to

services is meant to help increase time before recidivism and decrease the time incarcerated as

well as holding offenders accountable, while also creating safer and more involved communities

(Wolf, 2005).

The collaborative justice approach attempts to include some newer ideas and approaches into the court, such as procedural fairness efforts, alternative dispute resolution, therapeutic jurisprudence, and restorative justice. A 1996 report, "California Task Force to Review Juvenile Crime and the Juvenile Justice Response" recommended that the restorative justice model be more incorporated into the juvenile justice court. The CA collaborative court defines restorative justice as, "a philosophy that, like collaborative justice and problem-solving courts, encourages active collaborative communication among all parties involved in an offense or conflict" (Wolf, 2005, p. 22). The Collaborative Justice Courts Advisory Committee has been working directly with the Administrative Office of the Courts' Center for Families, Children & the Courts since 2002 towards the goal of finding ways to make changes to the court and work towards more restorative practices (Wolf, 2005). Examples of these courts include domestic violence courts, community courts, specialized drug courts, family treatment courts, DUI courts, peer/youth courts, homeless courts, and mental health courts (Wolf, 2005).

*Mental health courts.* Mental health courts are a subtype of collaborative justice courts in California. These courts developed as a reaction to the high volume of offenders who were mentally ill and incarcerated. One of the counties in this study uses this model for its collaborative court for youth. A Department of Justice survey conducted in 1999 found that 16 percent of prisoners in the U.S. were reported to have a mental condition or hospitalization related to mental health. Wolf (2005) adds, "That translated to about a quarter-of-a-million inmates with mental illness" (p. 16). This is a huge portion of the U.S. population and a significant problem.

Recent research indicates that 15 to 20 percent of youth in the justice system in the United States live with a severe biologically based mental illness and that one out of five youth

offenders has serious mental health issues. Wolf (2005) writes that, "the court seeks to improve screening and assessment, and provide better links to community services, such as probation and aftercare providers [and a] major goal of this program is to avoid removal of the youth from their families" (p. 21).

    *The Collaborative Court process.* For youth in the San Francisco Bay Area, this process begins with the Public Defender's Office identifying youth who would benefit from the program, referring them and advocating for them to be accepted. The Alameda County Public Defender website (2015) describes, "Once the child is accepted into the program, the Public Defender's Office will continue to work in collaboration to develop an individualized plan for the youth and his or her family, appear with the youth at all court appearances and continue to advocate for the best interest of the youth until completion" (para. 2). This is meant to be a collaborative effort including the Public Defender's Office, Behavioral Health Care Services, Probation, the District Attorney, and civil advocates.

    *Collaborative courts in the San Francisco Bay Area.* This study surveyed organizations in three of the San Francisco Bay Area Counties. These counties included Alameda County, Contra Costa County, and San Francisco County. All three of these counties have some sort of collaborative court although the courts themselves vary in focus. The Alameda County Collaborative Court is a mental health court, which recognizes that many youth become involved in the justice system as a result of their unmet mental health needs. The Collaborative Court is a therapeutic model designed to provide these youth with an array of wrap around services designed to keep them home with their families by addressing their civil and legal needs. The services provided to the youth can include intensive case management, mental health treatment,

medication, support from educational specialists, and social workers advice on accessing government benefits (Alameda County Juvenile Collaborative Court Program, n.d.).

Contra Costa County collaborative court is focused around drug treatment and involves the county, Alcohol and Other Drugs Services Division, Public Defenders, Superior Court, the District Attorney and community based providers. According to their website, "Drug Court provides outpatient drug and alcohol treatment, education, crisis counseling and case management services [to] non-violent drug offenders in West, East and Central Contra Costa County" (Contra Costa County Drug Court, 2014). In contrast, the San Francisco County collaborative court is called the San Francisco Juvenile Reentry Court and it was established in 2009. It is receiving one of five nationwide grants from the Second Chance Act National Demonstration Project. It is distinguished from the courts described above by additional community partnerships with "the San Francisco Unified School District, Seneca Connections, Independent Living Skills Program (ILSP), San Francisco City College and various employment agencies" (Breall, 2015, para. 2). Breall goes on to describe that they also have more formal case planning that youth and their families participate in creating with the team.

Collaborative court is attempting to connect youth to more services and assist the individuals, families and communities as a whole. One of the things this current study will attempt to examine is how agencies are truly connected to this newer court model and how communication is actually occurring.

**Current Research on Barriers and Facilitators to Receiving Services**

If re-entry programs are valued and mental health services have been shown to support offenders from re-offending, what are the barriers and facilitators to actually receiving these services? It appears that youth in general have difficulties accessing mental health services.

Gulliver, Griffiths, and Christensen (2010) used both qualitative and quantitative research studies to try and answer the question: Why it is hard for youth who are not on probation to access mental health services?  The studies included 15 qualitative and seven quantitative studies using surveys, focus groups, and interviews.  The most important barriers identified by the youth were perceived stigma and embarrassment, difficulty recognizing symptoms, and a wish for self-reliance. The most important facilitators included positive previous experiences with mental health and social support and assistance from those in their support network.  If these barriers exist for youth who are not on probation, it seems logical that greater barriers might exist for probation youth.

There are two studies that look at specifically youth who are involved in the juvenile justice system.  One, written by Abram, Paskar, Washburn, and Teplin (2008) interviewed 1829 newly detained youth as to what their perceived barriers to accessing mental health services were. The study found that the most frequent reason for not accessing services while in detainment was a belief that the problem would subside on its own or be solved without professional help. The next most frequent reason was a lack of knowledge as to where services could be obtained followed by a belief that it was too hard to access services in general.  Abram et al. (2008) found that, "Despite pervasive need for mental health services, findings … suggest that detained youth do not perceive the mental health system as an important or accessible resource. Youth who believe their problems can be solved without assistance are unlikely to cooperate with referrals or to independently seek mental health services. Service providers must be sensitive to clients' perceived barriers to mental health services and work to reduce negative perceptions of services" (p. 1).  Challenging the stigma of mental health services and facilitating client buy-in is an important task for service providers.

Another recent study by Horton (2014) examined barriers and facilitators to receiving services and how they may increase or decrease a youth's time to recidivism. The research was based on a review of 115 records obtained from a re-entry questionnaire of youth in juvenile detainment for a repeated time and no significant barriers or facilitators seemed to be connected to time to recidivism. The study did find however, that "juveniles who were linked to mental health services upon being released from the juvenile detention center remained in the community on average of 2 and a half months longer than juveniles who were not linked to services … What this suggests is that there is an advantage to developing reentry planning and working collaboratively with community providers to ensure successful linkage" (Horton, 2014, p. 106).

**Theoretical Frameworks**

 **Critical Race theory.** Incarceration in this country is directly tied to the oppression of people of color; therefore Critical Race theory is an appropriate theoretical framework on which to base this research study. Critical Race theory "emphasizes the historical, social, and political constructions of race and racism and how the ''racial project''(Omi & Winant, 1994) is constantly shifting and evolving" (Miller & Garran, 2008, p. xxvi). Critical Race theory originated during the late 1970s and gained popularity during the 1990s (Miller & Garran, 2008). As Critical Race theory evolved, it was conceptualized as an attempt at a new way of thinking about race and racism that could "grasp this phenomenon in a complex, holistic fashion that would contribute to more effective amelioration" (Miller & Garran, 2008, p. 26).

Some of the fundamental connecting ideas of critical race theory are the significance of race and racism and how these concepts intersect with other forms of oppression, the importance of deconstructing the dominant racial ideology due to its normalization of racism, and a

16

commitment to social justice.  This theory also gives importance to the unique voice of people of color and calls for an interdisciplinary perspective to comprehend and discuss race and racism (McDowell & Jeris, 2004; Miller & Garran, 2008; Solorzano, Ceja, & Yosso, 2000).

*Race and the larger justice system.*  As evidence of the racial basis of incarceration, Alexander (2012) writes that, "The United States now boasts an incarceration rate that is six to ten times greater than that of other industrialized nations … and no other country in the world incarcerates such an astonishing percentage of its racial or ethnic minorities" (p. 7-8).  At the current rate, one in three young black men will serve time in prison and in some cities, more than half of all young black men are currently connected to the justice system in that they are on parole, probation or incarcerated (PEW Center of the States, 2009).  Fasching-Varner, Mitchell, Martin, & Bennett-Haron (2014) write, "The seemingly colorblind tactics … involve racially profiling poor black males as potential perpetrators of violence and poor black neighborhoods as danger zones. … The direct, as well as the collateral, damage caused by these tactics is far reaching" (p. 416).  This mass incarceration in the United States has many levels of impact on communities and families of color, not just the individual directly connected to the justice system (Thomas, 2013; Geller, 2013).  The different levels impacting a youth will be further explored later in this chapter using the ecological systems theory.

*Economic impacts.* Due to the restrictions and barriers for those involved in the criminal justice system, "former inmates experience less upward economic mobility than those who are never incarcerated" (Pew Charitable Trust, 2010).  The lack of access to wealth, not only means less physical money in the bank but also the absence of a safety net for difficult times, a lack of funding for continuing education.  The lack of education results in decreased job opportunities, which in turn affect the future ability to retire comfortably (McKernan, Ratcliffe, Steuerle, &

Zhang, 2013). Fasching-Varner et al. (2014) state, "Those who are locked up are locked out of the wealth accumulation process and are faced with very limited opportunities, both for themselves and for their families and communities" (p. 415). Restriction from wealth accumulation impedes people from owning property and the benefits that come with home ownership such as access to well-funded public schools and tax benefits. The multiple layers and systems of oppression from the elementary school level all the way up to a state and federal level have profound impacts on communities of color in the U.S.

  **Ecological systems theory.** This theory is also useful in understanding the impact of incarceration of youth. Ecological theory examines a child's development within the context of their environment (Bronfenbrenner, 1986). The child's environment is broken into layers that have different multidirectional impacts on that child's development. The layers consist of a microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem is the layer closest to the child and contains those with direct contact to the developing youth. The mesosystem as defined by Bronfenbrenner (1986) is "the set of interrelationships between two or more settings in which the developing person becomes an active participant" (p. 209). Structures within the mesosystem include a variety of settings: their home, their neighborhood, the juvenile justice system, and a multitude of individuals: parents, teachers, probation officers, therapists. The mesosystem quality impacts the development of youth, including the amount that communications between these systems are "bidirectional, sustain and enhance mutual trust and goal consensus, and exhibit a balance of power favorable to those linking parties who facilitate action on behalf of the developing person" (Bronfenbrenner, 1986, p. 218).

  The next two layers are larger, more removed layers from the developing youth. The exosystem is the layer of larger social systems surrounding the youth. The youth does not

function directly in these social systems, but is still impacted by factors such as the community based family resources or a parent's work schedule. The macrosystem is the point where ecological theory intersects with critical race theory because the macrosystem can be seen as the historical contexts of race and class in the United States and the mental health profession.

The chronosystem is the layer with the element of time. As a youth ages, internal events such as physiological changes and external events such as a parent's death may influence them differently depending on where they are in their own development (Bronfenbrenner, 2005).

In this study, the focus will be on the layers and relationships in the microsystem and mesosystem for probation youth. By surveying the programs directly providing services to the youth the researcher was hoping to examine not only that relationship but also how that service provider interacts with other members of the microsystem and what those relationships mean to the development of the youth. The service providers offered interesting insight into how the relationships and systems in the child's environment may be affecting the trajectory of a child's life and whether they return to juvenile detainment.

The macrosystem will also be a part of the research as it will be interesting to note how potential stigma around mental health services may deter a youth from seeking out or participating in services. This stigma may stem from real fear of what receiving services means and the oppressive history of mental health services in schools and agencies.

Miller and Garran (2008) articulate how the helping professions reflect and reproduce the racism of society as they were created within the structure and have been used at various times to perpetuate racist and assimilating agendas and preference white citizens. They go on to say, "it is not surprising to find the nascent helping professions reflecting the racism of society and participating in its maintenance" (Miller & Garran, 2008, p. 52).

**Synthesis of Critical Race and Ecological Systems Theory.** When using critical race theory to think about the macrosystem that youth in the juvenile justice system face, we can see that issues of poverty often intersect with race as described earlier in the History section of this Literature Review. Marshall and Haight (2014) write that youth of color who are involved in the juvenile justice system are often times not only coming from poor communities but also greatly effected by "racial oppression perpetuated through the structures of our social institutions, and the intentional or unintentional policies and practices of professionals" (p. 83).

Race itself is socially constructed but is the basis for racism, which is very real and alive in this country, impacting every human profoundly both socially and psychologically. Racism is not an inevitable or accidental process, but one that comes from human actions and ideas and forms a web of interactions that are infused with social meaning and perpetuate racism (Lopez, 1994; Miller & Garran 2008).

**Summary**

Within the context of a larger racial system, on a smaller scale, how can the cycle of incarcerated youth of color being released only to return to prison be broken? The literature describes a complex web of layers that provide barriers to young men and women finding support to lead lives disconnected from the justice system. If mental health services can be a factor that assists youth in not returning to detainment, how can these services be more easily accessed by reducing the barriers to access? What are the facilitators? How can service providers understand these better to best meet the needs of probation youth?

Previous research shows that youth perceive mental health stigma, a wish to be self-reliant, and an uncertainty of how to access services as barriers to treatment. Facilitators include positive previous experiences with receiving mental health services and buying into the process.

This study will describe some of these barriers and facilitators from the perspective of those providing the services. It will also look at many facets of how a sample of the programs in the San Francisco Bay Area operate and function to gain insight into best practices in providing services with the best outcomes for youth.

## CHAPTER III

## Methodology

**Research Purpose and Method**

The purpose of this study is to examine the effectiveness and accessibility of services offered to probation youth.   This study is a descriptive mixed methods study with an emphasis on quantitative data.  The program leads of programs offering services to probation youth in the San Francisco Bay Area were surveyed.  Each survey contained 28 questions, of which 24 were multiple-choice, check all that apply, ranking or yes/no responses.  The survey also included four open-ended questions in order to obtain more detail on the programs themselves, what issues there were around youth engagement and what areas of questioning may have been missed in the multiple-choice survey.  Coding analysis was applied to this data to determine themes in the responses.

**Sample**

Participants in this study were the lead staff of Bay Area programs providing services to probation youth. The researcher identified the executive or administrative staff that had the most information on the structure of the program and the clients that participate. The program leads were required to have in-depth knowledge of their program and access to demographic, clinical, and administrative data that might be collected for their program.  One lead person was contacted per program. Each lead was contacted via the phone by the researcher prior to sending the survey to insure that they met the requirements detailed above.  Any possible participants who did not

have the ability to complete the survey electronically via SurveyMonkey were excluded from this study due to the potential complications that could arise using pencil/paper/mail materials. Each participant was only allowed to complete and submit one survey. The researcher limited the number of surveys submitted per participants using the administrator settings on SurveyMonkey.

The internet and probation resource handouts were used to compile a list of Bay Area mental health organizations providing services to youth upon release from juvenile detainment in the following three counties: San Francisco, Alameda, and Contra Costa. Some of these organizations provided a limited amount of services, while other organizations were providing a multitude of services and using a variety of methods. In the initial call by the researcher, program leads were asked to verify that their agency was a good fit for this study and in particular that they did have knowledge and documentation that at least part of their clientele consisted of probation youth. A broad assortment of agencies was surveyed in order to capture the range of organizations providing support services to youth upon release and to compare their similarities and differences. If one organization had several different programs that addressed the needs of probation youth, the organization was only allowed to fill out one survey to insure that there was sufficient diversity of organizations providing services in the sample. A total of 33 organizations were contacted by the researcher to participate in the study with a total of 19 agencies filling out the survey. This is a response rate of 57.6%.

The survey was created through SurveyMonkey, insuring anonymity for the agency contact. In addition it was made clear through the informing materials that any identifying information given in the open-ended questions would be removed to maintain confidentiality. It was important to make clear that this was not a program evaluation; but rather a research study

aimed at examining the best practices, issues and challenges involved in providing needed

services as well as community and individual barriers. This was made clear in both the

researcher's phone conversations with the program lead and in the informed consent materials.

**Recruitment Procedures**

The researcher called the agency contact of each program using the contact information

gathered. The topic of research was introduced with an explanation as to why this research is

relevant to social work. When the agency contact agreed to take the survey it was delivered

through email using a SurveyMonkey link. A copy of the email used when contacting program

leads is attached in Appendix A.

When the researcher first spoke to the identified agency contact on the phone it was

confirmed that they were in fact the correct person for participation in the survey. If the contact

was not actually the lead of the program, the researcher asked them to direct her to the correct

person within the agency. Once the correct agency contact was identified, they were contacted

to request participation in the survey.

Verbal consent was attained during the initial contact. The informed consent was part of

the SurveyMonkey online survey. See Appendix B for the informed consent form. Participants

indicated their acceptance of the informed consent section before moving on to the actual survey.

Time was allotted for participants to ask questions in the initial phone call and initial emails. In

addition there were two open-ended survey questions that allowed the program leads to

anonymously identify any areas they felt were missing in the survey and to share any other

comments. See Appendix C for the complete survey.

**Ethics and Safeguards**

  **Risks and benefits of participation.** There were no expected risks to participating in this study. Participants shared their knowledge and feedback about this topic based on their own work in organizations providing services for this population.  Participants had the opportunity to reflect on their own understanding and practice, related to how agencies are providing services to probation youth and what the barriers and facilitators are to accessing these services.

  **Safeguards: confidentiality and identifiable information.**  The researcher's interactions were limited to the initial contact with each program lead of each organization and follow up calls or emails as needed. These initial contacts were the only contacts between the researcher and the participants during this study. The limited interactions between the researcher and the program lead could have compromised participant anonymity, however due to the use of SurveyMonkey, the survey itself did not link any identifying information with the survey data or results.

  Participant survey responses were collected and recorded electronically through SurveyMonkey.  All research materials including transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

  The list of agencies and contacts will be kept in a secure, password-protected document, separate from the anonymous data collected from the surveys. Due to the fact that this study used an anonymous internet survey, the researcher obtained anonymous consent by presenting the Consent Form information on the first page of the SurveyMonkey survey.  Potential participants

then read the consent form electronically and anonymously "signed" the form by clicking the "next" button to continue on to the survey. Data has been kept in a password protected electronic source and/or will remain secure in the researcher's possession for a period of three years as stipulated by federal guideline after which time they can be destroyed or continued to be maintained securely. The survey is completely anonymous. Computer IP addresses will not be recorded or tracked, further protecting participant confidentiality. Confidentiality will also be protected if presenting the study's findings in professional publications by presentation without reference to identifying information or characteristics.

**Human subjects review board.** The Human Subject Review Board (HSRB) at Smith College School for Social Work in Northampton, MA approved this study after assuring that all materials met Federal and institutional standards for protection of human subjects. See Appendix D for a copy of the HSRB approval letter. A few changes needed to be made to the survey after the initial submission in order to clarify some of the survey questions. These changes were also approved. See Appendix E for research project change of protocol form and approval letter.

**Data Collection**

Data was collected through mixed methods, using a survey instrument the principal researcher created. The data used in this study was mainly quantitative data. The survey had 28 questions of which 24 were closed answer questions consisting of either: multiple choice, check all that apply, rank responses, or yes/no answers. There were also four open ended, qualitative questions to provide space for the participants to reflect on the challenges of engaging probation youth and any additional information that program lead felt was important and relevant to the issue that was not covered in the survey. See Appendix C for the full survey.

The researcher interacted with each participant in the initial phone call and then in one to three e-mails and/or follow up phone calls per participant. The amount of time required for each participant to complete the survey was brief because the web-based electronic anonymous survey on SurveyMonkey took approximately 15 to 30 minutes. The data collection occurred via the Internet (SurveyMonkey) after the participants responded from their work or personal computers.

**Data Analysis**

After all of the surveys were completed, the data was examined for correlations between the responses as well as common themes that emerged from the participant responses.  For this analysis the researcher used quantitative methods as well as qualitative methods.

The majority of the survey questions were multiple-choice and closed questions. For these questions the researcher worked closely with the Smith statistical consultant, Marjorie Postal, to identify potential subgroups for comparison as well as using frequencies to describe general response patterns.  Descriptive statistics were also used to analyze the demographic information of the clients being served by the agencies that responded to the survey.

The final open-ended questions were analyzed with qualitative methods in order to look for trends.  Thematic analysis was used to evaluate the themes that emerged from these questions. The data was coded by hand and then further explored using an Excel spreadsheet. The researcher looked for individual words as well as categories of meaning in the responses. Once the coding process was completed, analysis of the data sets occurred, looking for relationships between the various types of data that might illuminate the barriers to receiving care which exist for probation youth.  The final step in the research analysis was to integrate the qualitative and quantitative findings in order to develop a deeper understanding of the systemic and individual processes and barriers to mental health services for this population.

**CHAPTER IV**

**Findings**

This study explored a sampling of the mental health services accessed by probation youth in the San Francisco Bay Area. An internet survey using mixed methods was used to obtain a snapshot of selected agencies, focusing on the barriers and facilitators to accessing services by youth. The 19 agencies that responded to the study all provided at least one type of mental health service to youth on probation. Several of the agencies also provided a range of other services to a variety of clients who were not on probation, but they were asked to fill out the survey reflecting only the services provided to their probation clients.

This chapter will describe the findings about these selected agencies using summaries of the quantitative and qualitative data. Tables will present the services provided, therapy approaches, client demographics, program structure and attendance, agency collaboration, program evaluation, and examination of barriers and facilitators. Since the sample size was small, statistical analysis was not possible due to external and internal validity factors. In addition, it is important to note that N changes throughout the survey because not all 19 program leads answered all 28 of the questions. However, as noted earlier, research is sparse in this area, so this brief snapshot of several agencies is useful. In the discussion chapter, there will be exploration of the observations and inferences that can be made from this small data set.

**Agency Descriptions**

Aspects of the agencies examined include the agency services, therapeutic approaches, and funding sources for the participating organization.  An overview of the participating agencies is detailed in Table 1.

Table 1

*Agency Services, Therapeutic Approaches, and Funding Sources*

| Services Provided | | (N=19) |
|---|---|---|
| | Case management | 94.7% (18) |
| | Family therapy | 89.5% (17) |
| | Individual therapy | 78.9% (15) |
| | Group therapy | 47.4% (9) |
| | Community service | 26.3% (5) |
| | Job training/workshops | 26.3% (5) |
| | Medication management | 26.3% (5) |
| | Psychological testing | 21.1% (4) |
| | Restorative justice | 21.1% (4) |
| | Assessment & referral | 5.3% (1) |
| | | |
| Therapeutic Approaches | | (N=19) |
| | Cognitive behavioral therapy | 89.5% (17) |
| | Family systems therapy | 84.2% (16) |
| | Psychodynamic therapy | 52.6% (10) |
| | Group therapy | 47.4% (9) |
| | Expressive arts therapy | 42.1% (8) |
| | Narrative therapy | 36.8% (7) |
| | Restorative justice | 36.8% (7) |
| | Dialectical behavioral therapy | 21.1% (4) |
| | Trauma informed care | 5.3% (1) |
| | Motivational interviewing | 5.3% (1) |
| | Collaborative problem solving | 5.3% (1) |
| | | |
| Funding Sources | | (N=19) |
| | MediCal managed care | 84.2% (16) |
| | Mental health block grants | 15.8% (3) |
| | Private insurance | 15.8% (3) |
| | Out-of-pocket payment by client | 10.5% (2) |
| | Title IV-E | 10.5% (2) |
| | IDEA | 5.3% (1) |
| | Pro-bono work | 5.3% (1) |
| | Social services block grant | 5.3% (1) |
| | TANF | 0% (0) |
| | Other (County/state funding through different avenues) | 47.4% (9) |

**Services provided.**  As can be seen from Table 1, these organizations provided a large variety of services for youth on probation.   As will be detailed later in this report, many agencies provided multiple services while a small amount of agencies concentrated on only mental health services.

The agencies reported three services as being most frequently provided: case management (94.7%), family therapy (84.2%), and individual therapy (78.9%).  Restorative justice, a newer model for collaborative support and reparative justice, was only being used by four agencies (21.1%).  As mentioned in the literature review, the practice of restorative justice can vary widely as to what services are provided to clients and what practice techniques are used.  Due to the nature of this survey, specific data was not collected about how agencies implemented a restorative justice approach.

In the narrative data, program leads were asked to write about their agencies descriptively, five agencies identified themselves as giving some sort of "wrap around services" (Agencies 1, 5 & 8) or a "variety of services" (Agencies 3 & 6). All of these self identified organizations provided case management and at least one kind of therapy, individual, group, or family, with three of the five agencies offering multiple therapeutic services.  Additional services provided by the self identified wraparound agencies include medical management, job training/readiness, community service, substance abuse programs and restorative justice.

While only five agencies self-identified narratively as being wraparound service organizations, it is interesting to note that 14 of the agencies were offering three or more services.  These include an assortment of the previously mentioned services with the addition of psychological testing and assessment and referral.  Only five agencies did not offer as varied an assortment of services.  These agencies were exclusively focused on providing case management

and therapeutic services. Of the 19 organizations that completed the survey, 14 agencies were providing more than case management and therapy and using a wraparound service approach to the quantity and availability of services for families.  This wraparound philosophy, in theory and practice will be examined further in the discussion section.

**Therapeutic approaches.**   As can be seen in Table 1, Cognitive Behavioral Therapy (CBT) is the most frequently used therapeutic approach as 17 of the 19 respondents reported using it, which is 89.5% of agencies.  Second most frequent is Family Systems Therapy, which is reported being used by 84.2% of agencies. Since Family Therapy is the second most often provided service, it makes sense that Family Systems Therapy is the second most frequent therapeutic approach. Psychodynamic therapy (52.6%), Group therapy (47.4%), and Expressive Arts therapy (42.1%) are the next most used therapeutic approaches.  One of the agencies indicated using trauma informed care as an approach.  In addition, two other program leads describing their organizations as using trauma informed care in their responses to the qualitative portion of the survey.  Seven agencies reported using Narrative Therapy and Restorative Justice as therapeutic approaches but as noted above, this study did not ask agencies to define how they are implementing restorative justice and this approach can be utilized in multiple ways.

**Funding sources.**  The funding for these agencies came from a large variety of sources with a majority of agencies paying for at least some of their services through contracts with MediCal, California's Medicaid program. In addition to the quantitative data in Table 1, organizations provided more information regarding their funding and payment methods in the qualitative questions. Four programs reported funding through probation or court avenues but did not describe how these funds were being used.  Two program leads spoke about their agency's dedication to providing services free of charge, which the quantitative data shows all agencies

prioritize.  Only two agencies accept out-of-pocket payment by clients, and one of these agencies specified that this payment is based on a sliding scale. Both of these agencies were also funded through grants, contracts with MediCal, private insurance, and/or probation funding.

**Location of service.** The survey questions focused on what kind of services were provided and not where the services were provided.  It is interesting that in the qualitative answers, three organizations described offering services that were community based and two organizations identified themselves as providing school based services.  This concept of location was not identified in the original survey, but could be an important factor.  Location of service could have a key impact on the accessibility of mental health services for probation youth.

**Client Demographics**

**Probation clients.**  The agencies surveyed tended to serve either a small number of probation clients or a large number.  There were no questions on the survey about number of overall clients served, only probation clients, so this information does not indicate the actual size of the agency.  Seven agencies (36.8%) said they provided services to 0-25 probation clients per year while eight agencies (42.1%) said they provide services for 76 to over 100 clients per year. Demographic information of these clients is listed below in Table 2.

Table 2

*Demographics of Client Population*

| Ethnicity of clients across all agencies | (N=16) |
|---|---|
| African American | 49.8% |
| Latino/Hispanic | 32.8% |
| Caucasian | 6.1% |
| Mixed-Race | 6.1% |
| Other | 2.1% |
| Asian | 3.0% |
| Native American | 0.1% |
| | |
| Gender of clients across all agencies | (N=17) |
| Male | 71.9% |
| Female | 27.3% |
| Other/Gender | 0.7% |
| Nonconforming | 0.1% |
| Transgender | |
| | |
| Clients below the federal poverty guidelines | (N=16) |
| 0-20% | 0% (0) |
| 21-40% | 0% (0) |
| 41-60% | 25% (4) |
| 61-80% | 25% (4) |
| 81-100% | 50% (8) |

**Race, gender, and SES demographics.** As can be seen from the data in this table, most of the probation clients were either African American or Latino/Hispanic. African American youth make up just under 50% of clients at the agencies who responded to this survey with Latino/Hispanic clients making up over 30%. There was also an overwhelming majority of male clients served by the agencies. The probation clients represented in this sample are mostly young men of color. All of the agencies (N=16) reported having at least 41-60% of their clients below the federal poverty guideline with half of the organizations reporting to have 81-100% of clients below the federal guideline. Thus a majority of clients fell below the federal poverty guidelines.

**Access to mental health services.**  The next section of questions looked at whether clients had previously received mental health services and if the clients were mandated though court or probation officers to receive mental health as part of their probation requirements. These questions were aimed at assessing whether clients were provided mental health in the past and whether the court system was linking clients with mental health services post release.

Table 3

*Client history with mental health services and as part of probation*

| | |
|---|---|
| Clients who received prior mental health services | (N=17) |
| 0-20% | 0% (0) |
| 21-40% | 35.3% (6) |
| 41-60% | 29.4% (5) |
| 61-80% | 11.8% (2) |
| 81-100% | 23.5% (4) |
| | |
| Clients who are court mandated for mental health | (N=17) |
| 0-20% | 41.2% (7) |
| 21-40% | 5.9% (1) |
| 41-60% | 5.9% (1) |
| 61-80% | 23.5% (4) |
| 81-100% | 23.5% (4) |
| | |
| Clients participating in Collaborative Court | (N=17) |
| 0-20% | 58.8% (10) |
| 21-40% | 17.7% (3) |
| 41-60% | 11.8% (2) |
| 61-80% | 0% (0) |
| 81-100% | 11.8% (2) |

*Mental health history.*  Eleven out of 17 agencies reported that 21-60% of their clients had received mental health services before with the other six agencies reporting 61-100% of their clients having received services in the past.  This means 65% of agencies had less than 60% of their clients with previous mental health treatment histories.

***Court mandated clients.*** It is interesting to note that when asked if clients were court

mandated to receive mental health treatments, a little over 40% of agencies responded that they

had very few clients who were mandated (0-20%) while almost 50% of the agencies surveyed

said they served a majority (61-100%) mandated clients. This means that agencies were either

serving hardly any court mandated clients or were serving a majority of the clients who were

mandated.  The agencies were either directly connected to probation officers and the justice

system, or they were not.  When asked about clients' participation in collaborative court, far

fewer seemed to be involved in this newer, wraparound model court.  In addition, it seems that

the agencies serving clients involved in collaborative court were directly connected to the court.

Two agencies reported receiving 81-100% of their probation clients through collaborative court

and one of them listed "Collaborative Court Funding from the State Superior Court" (Agency 12)

as a major funding source.

When asked how clients learn about programs if they were not court mandated, the top

two referral methods were first probation officers or attorneys and second through the youth's

school. Discharge paperwork or release packets of resources were the third most common

referral method, followed by family or friends.  Thus, it appears that outside agencies such as

school and probation were the most helpful in connecting youth with mental health services.  In

addition, participants reported that if probation staff were active and communicated well it was

helpful and aided the connection process.

**Program Duration and Frequency**

The programs ranged in duration and frequency of sessions.  This could be partially due

to the location of services.  School based programs were able to provide a higher frequency of

services per week compared to outpatient or community based programs.

Table 4

*Program Structure*

| | | |
|---|---|---|
| Time for a client to complete the program | | (N=18) |
| | 0-4 months | 16.7% (3) |
| | 5-8 months | 33.3% (6) |
| | 1-1.5 years | 27.8% (5) |
| | 1.5-2 years | 16.7% (3) |
| | Over 2 years | 5.6% (1) |
| | | |
| Weekly commitment | | (N=18) |
| | No weekly commitment | 5.6% (1) |
| | 1 hour per week | 50% (9) |
| | 2 hours per week | 16.7% (3) |
| | 3 hours per week | 0% (0) |
| | 4 or more hours per week | 27.8% (5) |
| | | |
| Missed sessions per month for an average client | | (N=18) |
| | 0-20% | 27.8% (5) |
| | 21-40% | 55.6% (10) |
| | 41-60% | 11.1% (2) |
| | 61-80% | 0.0% (0) |
| | 81-100% | 5.6% (1) |
| | | |
| Clients who complete the program on schedule | | (N=16) |
| | 0-20% | 0.0% (0) |
| | 21-40% | 25.0% (4) |
| | 41-60% | 43.8% (7) |
| | 61-80% | 25.0% (4) |
| | 81-100% | 6.3% (1) |

It is interesting to note that 50% of organizations have a weekly commitment of one hour per week while over 50% of agencies said an average client was missing 21-40% of sessions per month. For these agencies, clients could be receiving 2-3 hours of services a month. A majority of agencies said that they have 41-60% of clients who complete the program which means 40-59% are not completing the program.

**Coordinating With Other Support Services**

Respondents were asked to answer a series of questions identifying how many of their clients receive additional services outside of their program, what these services tend to be, and the amount of contact their program staff has with these outside service providers.

Table 5

*Coordinating with other support services*

| | |
|---|---|
| Clients who also receive other outside services | (N=16) |
| 0-20% | 12.5% (2) |
| 21-40% | 37.5% (6) |
| 41-60% | 25.0% (4) |
| 61-80% | 18.8% (3) |
| 81-100% | 6.3% (1) |
| | |
| Amount of contact with outside support services | (N=18) |
| Daily contact | 5.6% (1) |
| Weekly contact | 61.1% (11) |
| Bi weekly contact | 11.1% (2) |
| Monthly contact | 22.2% (4) |

Agencies reported that a varied range of clients were receiving outside services in addition to what they provide. When asked to rank which services clients were accessing the most outside their agency, the number one service was case management. This was followed by individualized education planning through school. Next, three other types of services: school based therapy, substance use programs, and family therapy ranked almost equally. Community service fulfillment was ranked next and the last ranked service was child protective services.

When asked the amount of contact that agency's professionals maintain with outside service providers, 11 of the 18 respondents reported weekly contact (61.1%). Four agencies reported monthly contact (22.2%) while two agencies said they communicated bi weekly (11.1%) with outside agencies. Only one agency reported daily contact (5.6%) with outside

service providers.  This program (Agency 12) was a school based program with four or more hours of service for clients a week.  This agency was one of the two programs which were directly connected to collaborative court and the agency reported receiving a majority of their probation clients through referrals from the court.  The location and connections of this program may be some of the reasons for the large amount of contact with outside collaborators such as teachers, school staff, probation officers, and other court officials.

In the answers to the qualitative questions, four different agencies brought up the importance of coordination and collaboration as an essential part of their agency.  One agency described having "clinicians who … understand how important the collaborations are" (Agency 9), while another program said, "We brokerage other services identified to meet the needs of the family" (Agency 5).

**Post-Program Evaluation**

Several survey questions asked the participants to describe how their agency conducted program evaluation and/or follow up with clients.  This data is detailed below in Table 6.

Table 6

*Post Program Evaluation*

| | |
|---|---|
| Survey clients on impressions of services provided | (N=18) |
| Yes | 77.8% (14) |
| No | 11.1% (2) |
| At Times | 11.1% (2) |
| | |
| Contact clients for follow-up after they leave | (N=18) |
| Yes | 33.3% (6) |
| No | 66.7% (12) |
| | |
| If yes, statistics on re-offense rates | (N=11) |
| Yes | 18.2% (2) |
| No | 81.8% (9) |
| | |
| Clients who reoffend after completing program | (N=2) |
| 0-20% | 50.0% (1) |
| 41-60% | 50.0% (1) |

Fourteen out of 18 agencies reported consistently surveying their clients on their impressions of the program. Of these 14, six programs reported contacting clients for follow-up after they are no longer in the program and only two agencies provided statistics on re-offense rates for their clients. One program lead wrote "eliciting feedback from the youth about what services they identify as most needed to reduce re-offense" (Agency 5) is often missing and important. This program lead goes on to point out it is critical to think about "how to promote sustainable change when youth remain living in the environments where they offend. The risk is still there after probation completion or service completion." (Agency 5) It is interesting to note that even with this acknowledgement of how important it is to hear from the youth themselves and work towards more sustainable change, only two agencies reported following up with their probation youth and thus only these two agencies were able to offer statistics on the outcomes for their clients.

**Barriers and Facilitators to Accessing Services**

When asked how challenging it can be to engage youth, only two program leads reported that it was "not difficult" to engage youth. In contrast, the majority of the participants identified engagement of their clients as challenging. Five agencies reported it could be difficult or hard with two more reporting that it was "very" difficult. Two agencies wrote about the challenges in the initial engagement, defining the engagement period as either the first meeting or the first two weeks of services. Four agencies reported that the challenges involved in engagement can vary depending on the child and other barriers.

Respondents were asked to rank what they perceive to be barriers for probation youth to access services. Overwhelm/stress and lack of family support were reported as the top two barriers followed by stigma, substance use and distance/transportation issues. The remaining barriers in ranking order were lack of follow up from PO/attorney, time, cost, uncertain as to whom to contact, and unable to find services in a language they speak.

An additional barrier that three program leads identified was client mistrust. This could be "mistrust in any 'system'" (Agency 19), general mistrust of adults, or mistrust that clinicians will make negative reports to probation officers. Another lead wrote, "[youth can] find referrals to services as punitive [and] if services are court ordered that can create barriers in engagement" (Agency 5). Two other program leads talked about symptoms and trauma interfering in a youth's ability to access services.

When asked to rank what helps a client access mental health services, program leads reported the top facilitator to be client buy-in. The next two greatest facilitators were an active PO officer/attorney and support of family. The other supports in ranking order were warmth and accessibility of clinician, physical proximity, and insurance coverage/affordability. One agency

described that they try to "'hook' youth through [their] other programs" (Agency 1). These were teen centered programs such as job training, job placement and teen center activities.

**Additional Important Topics for Support**

Program leads were asked to identify other important ideas and topics to better support probation youth, provide best services, and diminish juvenile reoffending. Qualitative analysis of their responses revealed themes around trauma informed work, probation suggestions, the importance of collaboration and resources. There were a few individual responses of note.

One program lead identified trauma informed services as an area of importance while a second program lead recommended trauma informed training for probation officers. Others had more suggestions related to probation requirements and staff. One program lead identified having an engaged probation officer as one of the most important factors in providing successful support for youth. One agency recommended that referral agencies begin treatment one month prior to release to "begin the relationship building process" (Agency 14) earlier. Another program lead called for clearer probation requirements for clients with mandated mental health services, for example how many therapy sessions are actually required. Other agencies also felt clearer pathways of communication are crucial. "It is important for service providers … to have a case conference any time new services are added; the juvenile justice system and the Mental Health system don't always naturally work well together, so ensuring that all members of the team are communicating right from the start is essential" (Agency 12). One agency recommended the importance of "distinctions and understanding of players roles" (Agency 15) which seems to apply to the concept of agencies working together.

Three agencies wrote that more resources are needed for youth and their families such as substance abuse programs, job and school support, and low-cost or free activities. Some of the

other important ideas that were brought up were portability and flexibility of services, "meeting youth where they are at" (Agency 15) in addition to more support and training for staff working with youth.  Another agency pointed out that gang affiliation needs to be considered and addressed.

**Summary**

Many interesting things were discovered from this small sample of programs providing services to probation youth in the San Francisco Bay Area.  There are some newer forms of service and therapy approaches that are being used more actively such as wraparound services. Cognitive behavioral therapy appears to be the most favored therapeutic approach.  Two other newer service models and therapies, the restorative justice approach and trauma informed treatment, which are more recently gaining recognition, were also beginning to emerge more in the Bay Area programs surveyed.

Agencies were using MediCal as the primary funding source to provide mental health services for probation youth.  A handful of agencies were also receiving funds directly from probation.  It seems that there were a select few organizations that were working more directly with the justice system to link youth to services.  Additionally, collaborative court was directly linked with a few of the agencies.  In general, agencies expressed that collaboration and communication were very important aspects of providing best services to youth.

The other most important facilitators to accessing services identified in this study were client buy-in, an active probation officer or attorney, and the support of family.  The barriers that were found to prevail were being overwhelmed/stressed and lack of family support.  Here family is shown to be a factor both positively and negatively affecting a client's access to services.

The probation clients in this study were primarily male youth of color from a low socio-economic class.  Slightly more than half of the clients had never previously received mental health services.  The majority of the clients were being asked for feedback at the completion of services.  However, there was a striking lack of follow up regarding the results of the interventions provided and whether these interventions prevent re-offense.

**CHAPTER V**

**Discussion**

The purpose of this study was to examine current practices in providing mental health services to probation youth from the perspective of those currently providing the services. An additional undertaking of this research was to explore barriers and facilitators for youth in accessing mental health services, as it has been shown that these services can reduce recidivism. (Horton 2013) By surveying a portion of the organizations providing services to probation youth in the San Francisco Bay Area, this study was able to gain a glimpse into how programs are attempting to meet probation youth's needs as well as where there are blocks, gaps, and areas for growth.

The trends and information obtained from the research will be discussed in this section. Possible policy changes or evidence based practices that may be useful to improve services to this population will be included. Program structures and prevailing methods will be examined first, followed by mandated services, collaborative court and cross service communication, and barriers and facilitators. The implication of this research for social work and on Critical Race and Ecological Systems theories, as discussed in the literature review, will be considered next. Finally, strengths and limitations of this study will be explored ending with recommendations for future research.

**Program Structures and Prevailing Methods**

This study expands our knowledge of how programs providing mental health services to youth on probation are structuring their programs and what types of service are currently being used. Most programs in this study used the contemporary therapeutic approach of cognitive behavioral therapy, while several programs were including newer approaches such as trauma informed therapy, the wraparound service model and restorative justice approaches.

**Wraparound services.** The findings of this study show that the Bay Area mental health programs that participated in this study are predominantly providing three or more services under the roof of one agency. Although the agencies did not always identify with the wraparound model of service, the fact that they did provide three or more services indicates that they are actually providing service in accord with the new prevailing philosophy of wraparound services. The three leading services provided by the participating Bay Area agencies were services which fit the wraparound model: case management, family therapy, and individual therapy. These core services connect to the fundamental wraparound philosophy, which is family-based and strengths-based. Since only three of the agencies described their services as the term "wrap around" it is unclear whether the agencies were fully embracing the model or using it effectively.

The available literature on the wraparound model warns that services must be implemented well to be truly successful. Affective communication and collaboration will be discussed more in depth later in this chapter. It is unclear if other parts of the wraparound model are being implemented well. In addition it seems that funding for this model can be challenging as three agencies expressed a need for more resources specifically in order to better provide "wrap-around services for client and family" (Agency 10).

It appears that organizations are attempting to meet more youth and family needs at one agency. Due to this shift, an area for future study would be to examine in more depth which agencies provide wraparound services efficiently, how effective this model is at meeting the needs of probation youth as well as researching increased funding sources or other ways to better support organizations which use this integrative model.

**Restorative Justice**. As was mentioned previously in this study, agencies were not asked to explain how they use restorative justice principles in their work and it remains unclear how agencies in the Bay Area are using this approach. As a newer model that is beginning to gain recognition, the researcher was anticipating only one or two agencies would identify using Restorative Justice as a service or theoretical approach. Four agencies reported providing Restorative Justice as a service and seven reported using it as a therapeutic tool, therefore it seems that Restorative Justice is being more widely used in the field. This is encouraging because Restorative Justice is increasingly acknowledged as an interesting model with great potential to improve the current justice system.

Several program leads stated that Restorative Justice was a promising approach and one of the directions that agencies should be moving in. An area for further study is obtaining clarity around how to implement this model and how to communicate smoothly among providers. One of the ways that Restorative Justice principles can be used is through circles of support. A focused study of an agency using this approach would be useful to gain more insight into how to use this model. Future research is needed to collect data about the outcomes of youth when agencies use a Restorative Justice approach.

**Therapeutic Approaches**

  **Cognitive behavioral therapy.** Behavioral therapies have gained major popularity since the 50's and 60's due to the medicalization of therapy. Studies have shown how well these therapies work in brief, community-based settings and specifically with improving outcomes for probation youth (Landenberger & Lipsey, 2005). Thus, it was congruent with the literature that cognitive behavioral therapy was widely used by the agencies surveyed in this study. Of the 19 organizations who participated, 89.5% were using CBT. It would be interesting to further study psychodynamic therapy, which was the second most used therapy in this study, with this population. There is a lack of research about using psychodynamic therapy with probation youth.

  **Trauma informed.** Trauma informed therapy for clients and trauma informed training for service providers has been acknowledged as an important area of growth in the field of community mental health, especially when working with populations who have experienced high levels of trauma. Probation youth are a client population which are generally known to have experienced high levels of trauma. This current research study showed that agencies in the Bay Area were beginning to prioritize incorporating trauma informed work into the services they provided. The recommendation by one of the agencies to train probation officers in trauma informed thinking is already beginning in certain counties in California, Alameda County being one of them. It will be interesting to see how this trauma approach evolves. Hopefully it will be implemented more frequently and used by various providers such as clinicians, probation officers, attorneys, and judges.

None of the agencies specified using TARGET, a trauma informed therapy designed for youth connected to the justice system.  It is important to note that the survey did not ask participants directly about trauma informed approaches, but that it was a topic that agency leads brought forth themselves.  It would be interesting to find out how many organizations working with probation youth in the Bay Area are using TARGET and if this method of treatment has been found to be effective with probation youth in this area.

**Funding**

Research has shown that economics play an important role in whether youth on probation have access to mental health services in a timely and significant way (Coalition for Juvenile Justice, 2000).  In this study, insurance coverage/affordability was the lowest ranked facilitator for youth to access mental health services.  Additionally, in the open-ended questions, none of the program leads brought up funding as a barrier to accessing services.  Although program leads did not bring up agency issues with funding, this does not mean that there are not major challenges around how to fund services and create programs that are easily accessed by youth.

This study did not ask respondents their funding strategies and challenges but the research did reveal how most of the organizations were funding their services.  MediCal contracts were the most common source of funding for these agencies with 84.2% of them having contracts with MediCal. This can be a complicated insurance system for agencies to navigate and comply with, but it offers payment for a variety of services that many clients would not otherwise be able to afford.

Many physicians and agencies do not take MediCal due to its lower payment rate when compared to Medicare or private insurance.  As a result, it can be hard for those with MediCal to receive the treatment they need (Bodenheimer & Grumbach, 2012).  It is promising that so many

agencies in the Bay Area are contracting with MediCal to insure that those who only have access to this type of insurance are in fact able to access needed services. If agencies are prioritizing providing services to low-income communities, MediCal may be one of the only ways they have to be paid for the services that they provide.

There was not a huge diversity in funding sources, with most agencies using one to three forms of funding. It appeared that most agencies are leaning heavily on MediCal and using some outside grants and funding to cover non-MediCal clients and probation specific programs. Four agencies reported probation funding of various sorts and these funds may go directly towards enhancing how they support their probation clients.

Agencies are prioritizing making services affordable and accessible to all clients with all agencies providing some sort of means to receive services for free or low cost. It would be interesting to further study how the funding sources are being allocated within organizations and the strategies and challenges that these agencies face trying to keep their services affordable and accessible. Another possible area of study is the connection between MediCal funding and the use of behavioral treatments such as CBT. It is possible that agencies may be experiencing a demand through billing pressure from MediCal to produce measurable and quick results, thus leading to the use of CBT as a primary treatment model.

**Mandated Services, Collaborative Court and Cross Service Communication**

**Previous mental health/court mandating.** To participate in this study, organizations only needed to provide mental health services to some probation youth. The agencies were identified using referral lists given out by probation departments in the San Francisco Bay Area. Some of the agencies provided services directed mainly towards probation youth while others provided services more generally to youth, children, and their families with most of their clients

being non-probation youth.  The survey data was anonymous and did not ask for details about the non-probation clients of the participant agencies. It would be interesting to do an in-depth study with a larger sample size to see if agencies whose work focuses on probation youth services are in fact providing services in a way that better meets the needs of these youth or if youth are receiving equal support from organizations who are not catering their services towards probation needs.

What can be seen from the data collected by this research is that the participating agencies in the Bay Area were either connected to probation departments and the justice system or they were not.  Being connected to probation did not mean a greater number of probation clients, as some of the agencies that reported being directly connected only served a small amount of youth on probation.  It was also not clear from this data that agencies that were connected to the justice system were providing more tailored services for probation youth, but they do seem to be communicating and working directly with the justice department.

This study does demonstrate the importance of active probation officers and agency collaboration with other services.  Agencies reported that if clients were not court mandated, they were being pointed in the direction of mental health services through their probation officers, attorneys, or schools.   Many of the clients have not received previous mental health services; as reported in this study, a majority of the agencies reported only 21-60% of their clients having had previous mental health treatment.  This percentage is greater than anticipated but still low given that probation youth are a population that is involved in the justice system.  The literature predicts that probation youth are a population with a high level of mental health needs and thus these youth should be receiving services beginning during their detainment and then continuing throughout their probation.  If clients have not received mental health services either prior to

detainment or during detainment, it may be more challenging to overcome internal and external

barriers to access services during probation.  To insure that probation youth gain needed access

to services even when they are not mandated, it appears important for agencies to continue

collaborating and maintaining good relationships within the justice and school system.

Taxman, Young, and Byrne (2003) describe the ideal reentry programs for youth as

containing three steps for a smooth transition back into the community, services provided during

detainment to meet their specific needs, during release to account for outside stressors, and later

as follow up to decrease likelihood of relapse.  The organizations who took this survey were

mostly focused on the second step in the model.  Only a few agencies mentioned the importance

of steps one and three in the overall process. It would be interesting to study whether agencies

exist that provide services at all three of these stages.

**Collaborative court.** The understanding of collaborative court is that it is a newer

service model directed by the justice system, aimed at meeting the needs of juvenile offenders by

working closely with stakeholders in and outside the court. The connection between court and

service providers is meant to meet a number of goals: increase time before recidivism, lower the

time incarcerated, hold offenders accountable and create safer and more involved communities

(Wolf, 2005).

There were a low number of collaborative court participants in this study because this

type of court is in the early stages of development in the San Francisco area and thus is a smaller

program.  The two agencies who seem to be getting a majority of their probation clients through

collaborative court are most likely partner stakeholders who are working directly with the court.

These agencies did not express more collaboration, organization, or better outcomes than any of

the other agencies.  It would be interesting to look more thoroughly into this partnership to

determine how it is operating, as it is a newer model. This current research study was unable to determine if the youth in the collaborative court system have better outcomes due to the small sample size as well as the lack of outcome data. Future studies could be focused on closely examining how collaboration between these courts and service providers is functioning. In particular, research could look at whether the communication between courts and agencies is effective and clear as well as how this model impacts client outcomes.

**Cross service communication.** Collaboration is an important aspect of many of the models discussed in this study. The literature supports collaboration as a significant factor in providing successful linking between service providers and making access to mental health better for youth (Sullivan et al., 2007). Wraparound services, restorative justice principles, and collaborative court all have collaboration as one of their fundamental values. The survey results reveal that nearly three quarters of the participating agencies are communicating weekly or bi weekly with outside support services. The qualitative data also showed that agencies value coordination and collaboration. Given that this collaboration is indeed happening so frequently, more research needs to be done concerning when the communication fails and how the process can be implemented most efficiently and effectively.

While a new philosophy focused toward principles of restorative justice and collaboration exists in the justice system, the implementation of this philosophy is challenging. The current concern that is expressed by Listwan et al. (2006) is that if these programs do not evolve effective methodologies: funding and public recognition could wane and the justice system could revert back toward a more punitive model.

One way future research could be structured would be to compare models that value collaboration side by side such as wraparound vs. restorative justice. Another future study that

would be interesting would be to compare if there is a difference in communication depending on who is the case lead: the mental health organization or the court. A related question is how to establish clarity around the roles of the different collaborative agencies from the start. Team meetings and case conferences should establish clear duties for all service providers.

**Barriers and Facilitators**

In addition, Horton's (2014) findings demonstrate that when youth on probation access mental health services, it increases the amount of time they stay in the community without reoffending. However, there has only been a small amount of study regarding what the barriers and facilitators are for probation youth to access mental health services and none of them have been from the perspective of the providers themselves. An aim of this study was to add the providers' voices to the discussion in order to further understand what helps and prevents youth on probation from accessing services that will aid and support them.

**Barriers.** Gulliver et al. (2010) performed a qualitative and quantitative research study concerning the question of why youth in general struggle to access mental health services. These studies were from the perspective of the youth and found that perceived stigma and embarrassment, difficulty recognizing symptoms, and a wish for self-reliance were the three main barriers. When Abram et al. (2008) interviewed 1829 detained youth upon entry about their perceived barriers to accessing mental health services while in detainment, the three greatest barriers the youth reported were a belief that the problem would subside on its own, without professional help, a lack of knowledge as to where services could be obtained, and a belief that it was too hard to access services in general.

One of these studies looked at the overall lack of access to services for youth in the general population, while the other looked at youth involved with the justice system, but asked

54

about barriers to mental health services while in detainment. The current research study focused on barriers to mental health for probation youth after they were released from detainment. Most program leads reported that probation youth are on average challenging to engage, with their perceived barriers being overwhelm/stress and lack of family support.

There are different environmental factors at play for youth involved in the justice system who are on probation than those mentioned in either of the previous studies. Youth are trying to meet probation requirements while also attending school and often living in the same environments where their offense took place. Overwhelm and stress could be related to some of these factors. It is interesting to contrast Gulliver et al.'s (2010) finding of a barrier being youth's wish for self-reliance with this study's finding that program leads are perceiving a lack of family support as a barrier. As youth develop and wish to create their own identity it can be challenging to accept outside services as the need to be self-reliant can emerge without adequate family support. This can be a significant barrier to gaining needed support.

**Facilitators.** The facilitators to accessing mental health services for youth on the whole found by Gulliver et al. (2010) were positive previous experiences with mental health and encouragement to seek mental health treatment from those in their support network. As noted above, this study found that many probation youth do not have previous experience with mental health, but for those who do, prior treatment may help them return to treatment.

This study found the three top facilitators reported by program leads were (1) Client buy-in (2) having an active PO officer/attorney and (3) support of family. Abram et al. (2008) stated, "Service providers must … work to reduce negative perceptions of services," (p. 1) with the understanding that having the client buy-in to the process is the number one key to make services accessible. Facilitators two and three demonstrate the importance of not only the client

55

accepting services but their support network being invested as well. It is crucial to have active and engaged involvement from those who are dictating the probation requirements and from those care givers at home who are supporting the client.

**Implications for Theory**

**Critical Race Theory.** The study revealed that a majority of the clients served by the Bay Area organizations were young men of color living below the federal poverty guidelines. These findings are supported by the literature that speaks to the "astonishing percentage of … racial or ethnic minorities" (Alexander, 2012, p. 7-8) who are incarcerated in the United States. Young black men are more likely to be connected with the justice system then not (PEW Center of the States, 2009).

The unequal incarceration rates shown by these numbers demonstrate that it is extremely important that changes be made regarding our criminal justice system on a multitude of levels. Providing mental health services to individuals and families, as well as other support to complete probation requirements successfully, is a small way of changing this on an individual level. There is the possibility that if a young man of color can complete his probation before he turns 18, he can have an adult life that is not connected to the justice system. In reality, it is very hard for men of color to disconnect due to the many layers of systemic oppression impacting people's lives on all levels.

The damage to the African-American and Hispanic community that mass incarceration has caused is immeasurable. There is a need for more research focused on the impact that mass incarceration has had on communities of color. This research should focus on providing new ways to talk about race and racism and the real repercussions that institutional and historical

racism are currently having in this country.  It is the duty of social work and social work research to continue to speak about institutionalized racism and incorporate anti-racism work.

      **Ecological Systems Theory.**  Through the many questions asked in this survey tool, it is interesting to see how the many layers of relationships and environment interact within a probation youth's life to impact their development in a multitude of ways.  Each barrier and facilitator acts as an outside force that weaves together with forces in other layers to determine how that youth will continue to grow and develop.  The pieces from the microsystem such as family and friends interact with the youth within the settings in the mesosystem such as a community mental health setting, school, and justice system.  The quality of the mesosystem impacts the development of the child, thus as these parties support, advocate, become distant, or disengage, the child will be impacted.  Supportive people can range from family members to school administrators, teachers, counselors, probation officers, and caseworkers. This research study supports previous research showing that supportive people can be crucial to probation youth accessing needed services.  Their communication and collaboration with each other and their participation in their larger settings is pivotal in truly supporting a youth.

      The exosystem can be seen through some of the larger social systems that the youth may not realize are impacting them such as an agencies' funding for mental health services.  If agencies are struggling to meet their MediCal billing goals or are overwhelmed with paperwork and insuring they have funding to cover their staff and services, as a result the agency may provide less effective treatment to their clients.

      The macrosystem speaks to the historical contexts of race and class in the United States and how these impact the development of the youth.  Poverty intersects with race and increases

the likelihood that young, poor, black men will become involved in the juvenile justice system. These racial and class structures directly shape the lives of youth who live in this country.

All of these complex systems interact and shape a youth's development. This study took a snapshot of some of the ways that these systems come into contact. Further, this study focused on the level of the mesosystem, the mental health provider, by asking how to best support a youth's development. To truly support youth on probation, work needs to be done at all of the layers, examining the micro and macro relationships and structures that are in place and working to dismantle and change these structures.

**Limitations and Strengths of the Study**

**Limitations.**

As mentioned earlier, this is a small study based in one area of the country. To gain more insight into how to best support probation youth and make services accessible, a larger sample is needed and with a greater diversity of geographic locations. Because this study was limited to three counties in the San Francisco Bay Area, there were not as many agencies to survey as originally hoped. Even with a good survey response rate, the data set was small.

In addition to a small response group, the survey instrument was very expansive in its questions and could have been improved with more focus on a specific area. Looking at how these agencies are structured is important and an interesting task to deem best practices with best outcomes. That said, more time and a greater data set would be needed to actually be able to compare all these aspects of organizations. A recommendation for future study that is specific to the San Francisco Bay Area is to create a smaller and more focused survey instrument that focuses on an in depth exploration of one barrier to accessing services for probation youth.

An original aim of this study was to determine best practices in the field of rehabilitation of probation youth.  However, it is challenging to define best outcomes when organizations do not have statistics on re-offense. This is a key gap in the information needed to determine best practices and therefore a key finding of this study. Thus, a future study could focus on the data obtained by one of the two agencies that did keep track of re-offense rates.  An in depth case study and analysis could be done of that agency to gain more information on best practices and how practices effect outcomes.

**Strengths.**  This study was useful in that it provided a broad range of information about a majority of mental health programs accessed by probation youth within three counties of the Bay Area.  It brought to light trends in the kinds of services being provided to youth and gave voice to program leads who are working regularly with this population.  This was an exploratory study that allowed for a thorough examining of many aspects of the problem of how to best support probation youth and what barriers and facilitators exist to gaining access to needed services.

**Implications for Social Work**

Although this sample was small, it provided some important information about the structural and individual barriers to receiving mental health services for system linked youth. Existing literature shows that providing mental health services increases time to recidivism (Horton 2014), but more in depth information is needed to improve access to the services provided and to make sure that they are in fact supporting this population in a significant way.  It is important for social work to support youth on probation with the best delivery of services.

The survey aimed to gather information that can be used to gain a better understanding of the services provided for probation youth and the issues around accessing those services.  An anticipated benefit of this research was an increased understanding of how and why services are

not being accessed and how to create services that are more easily accessed.  This enhanced

understanding could potentially be used in future publications, presentations to educate others on

the research process, study and findings as well as future work with this population.

This research is relevant to social work practice because probation youth are a

historically underserved population where mental health services have been shown to decrease

recidivism rates and allow youth to live more integrated and well-supported lives.  To find ways

to make mental health services more accessible for this population would greatly effect a group

of youth who are generally underserved and removed from regular society.

**Recommendations for Future Research**

**Location of services.**  A recommendation for future study would be to examine the

location of services as related to accessibility.  This study did not collect data on the location

where the services were provided.  Comparing services that are delivered where a youth and their

family live or attend school to services that are grouped under one roof at a third location would

be an important next step in considering how to improve access to services for youth.

Community, home, and school based services may be easier for a client but perhaps an agency

that houses many services under one roof, one being mental health, creates a one-stop-shop.

This study also revealed that there is a high rate of missed sessions and client attrition for

these Bay Area programs.  Perhaps missed sessions would decrease with services provided

where a youth is located, although there is a certain amount of service buy-in that happens when

a client is able to show up on their own to the location of service.   This would be an important

future area to examine.

**Program evaluation**.  Another important finding from this research was how little

follow up on clients is currently happening for this sample group.  Little over three quarters of

agencies are surveying clients about their impressions of the services upon completion. Most significantly, only about one third are following up with clients after they finish the program, and only two reported keeping statistics on re-offense rates for their clients.  This gap in data is very important and a key finding of the current research.

To better understand the larger issue of how to provide the best and most accessible services to probation clients, organizations should do more follow up with clients to assess how effective their services were and what the client actually needs for continued support.  It is recommended that clients be surveyed prior to receiving services, during services and after completion of service.  These surveys will validate best practices and also ensure that clients are given a voice in the treatment process.  The clients know what is happening in their communities and what kind of support they need.  Their voices need to be heard.  When clients are heard and mental health agencies, probation services, and the justice system work together to meet their needs, youth will have more freedom to develop and grow into the young adults that they would like to be.

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Appendix A

Recruitment Email

Dear _____,

My name is Marjorie Gómez and I am a Masters in Social Work student at Smith School of Social Work.  I am currently working on my master's thesis looking at mental health services provided to probation youth and what possible barriers and facilitators to receiving services there may be for this population.  If you are the executive or administrative head of a program providing mental health services to youth on probation please consider completing this survey that will take 10-20 minutes of your time. It is a completely anonymous survey about the program that you work in and your thoughts on general issues for probation youth to access services post release.  I am interested in your thoughts and opinions on how we can better provide services to this population.  If you are willing to take the survey, please find it at the link below. A response indicating that you have taken it would be very appreciated.  If you feel you are not the appropriate person, could you please forward me the name of the best person to take the survey at your organization?


Thank you!


Survey: https://www.surveymonkey.com/s/probationyouthservices


Best,
Marjorie Gómez
MSW Candidate at Smith School of Social Work
mrgomez@smith.edu

Informed Consent Form

## Thesis Survey

### Informed Consent

Consent to Participate in a Research Study
Smith College School for Social Work • Northampton, MA
................................................................................................

Title of Study: Supporting Probation Youth: An examination of the services and access to these services provided to this population.

Investigator: Marjorie Gómez, Smith School for Social Work, _____
................................................................................................

Introduction
·     You are being asked to be in a research study of mental health services provided to probation youth. Questions in this survey ask participants specific questions about how services are provided to probation youth at their organization and what they see as possible barriers and facilitators to receiving services.
·     You were selected as a possible participant because you self-identify as the head of a program providing services to probation youth.
·     We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study
·     The purpose of the study is to examine how mental health services can be provided to best meet the needs of probation youth. This research will explore the possible barriers to access for mental health services on a system, community, and individual level.
·     This study is being conducted as a research requirement for my master's in social work degree.
·     Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures
·     If you agree to be in this study, you will be asked to do the following things: You will be contacted to identify agency contact and that person will complete an anonymous survey that asks questions about providing support and mental health services for probation youth, and more specific questions about the program that you work for. You are asked to complete this survey one time. The survey takes approximately 15 to 30 minutes and includes 6 Sections.

Risks/Discomforts of Being in this Study
·     There are no expected risks.

Benefits of Being in the Study
·     There are no guaranteed benefits for the participants of this study. The survey aims to gather information that will be used to gain a better understanding of the services provided for probation youth and the issues around accessing those services.
·     Participants will be able to share their knowledge and feedback about this topic based on their own work in organizations providing services for this population. Participants will have the opportunity to reflect on their own understanding and practice related to how agencies are providing services to probation youth and what barriers and facilitators are to accessing these services.
·     This research is relevant to social work practice because probation youth are a historically underserved population where mental health services have been shown to decrease recidivism rates and allow youth to live more integrated and well-supported lives.

Page 1

71

## Informed Consent Cont.

Confidentiality
·    The initial contact with agencies will be confidential. No link will be made between the agencies and the survey responses. The survey is anonymous and SurveyMonkey will not provide the researcher with any identifying information, such as an IP address.
·    The data from this study will be kept strictly confidential. Electronic data will be coded and secured using a password-protected file. The researcher will not include any information in any report that would make it possible to identify you.
·    The survey data and the list of agencies and participants will be kept separately in a secure location for at least three years according to Federal regulations. They may be kept longer if still needed for research. After the three years, or whenever the data are no longer being used, all data will be destroyed.

Payments
·    You will not receive any financial payment for your participation.

Right to Refuse or Withdraw
·    The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely at any point during the study. In order to withdraw from the SurveyMonkey survey, you can hit 'Escape' at any point, eliminating all information you have entered. If you choose to withdraw, the researcher will not use any of your information collected for this study. However, since I will not know participants identities, once you submit the survey the option of withdrawing will no longer be available as I will not know which responses were yours.

Right to Ask Questions and Report Concerns
·    You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Marjorie Gómez at mrgomez@smith.edu or by telephone at _____. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent
·    Clicking the "Next" button below indicates your consent, that you have decided to volunteer as a research participant for this study and that you have read and understood the information provided above.

·    We encourage participants to print a copy of this consent for their records.

·    ELECTRONIC CONSENT

·    Before you begin the survey, we want to be sure that you have read the information about the survey. If you have not, please go back and do so. Once you have read about the survey, please click the "Next" button below if you agree to participate. If you do not agree, please exit your proser or click "Cancel." Thank you.

Appendix C

Survey Instrument

## Thesis Survey

### Welcome to My Survey

The following survey is only asking about clients who are on probation. If you also serve non probation clients, please do not include them when thinking about the answers to these questions. Percentages should always be of **probation clients**. Thank you for participating in this survey.

## Survey on Probation Youth Services

### General Organizational Information

**1. What services does your program provide for probation youth? (Check all that apply)**

☐ Case management

☐ Community service

☐ Family therapy

☐ Group therapy

☐ Individual therapy

☐ Job training/readiness workshops

☐ Medication management

☐ Psychological testing

☐ Restorative justice

Other (please specify)

[                                        ]

**2. How are the services for probation youth funded? (Check all that apply)**

☐ IDEA

☐ MediCal Managed Care

☐ Mental Health Block Grants

☐ Out-of-Pocket Payment by Client

☐ Private Insurance

☐ Pro-Bono Work

☐ Social Services Block Grant

☐ TANF

☐ Title IV-E

Other (please specify)

[                                        ]

3. What percent of your clients are court-mandated to receive mental health services? (Either by judge or PO)

○  0-20%

○  21-40%

○  41-60%

○  61-80%

○  81-100%

4. For the clients who are NOT court-mandated, how do they learn about your program? Please rank by dragging the following choices into sequential order with 1 being the most common.

| [ ▼ ] | Discharge/release packet of resources |
| [ ▼ ] | PO or attorney recommendation |
| [ ▼ ] | Through family |
| [ ▼ ] | Through friends/peers |
| [ ▼ ] | Through school |

5. What percent of your clients are participating in a CA Collaborative Court (ex. Alameda County Juvenile Collaborative Court, San Francisco County Juvenile Reentry Court, Contra Costa County Juvenile Drug Court)?

○  0-20%

○  21-40%

○  41-60%

○  61-80%

○  81-100%

## 6. What therapeutic approaches are utilized in your program? (Check all that apply)

☐ Cognitive behavioral therapy

☐ Dialectical behavioral therapy

☐ Expressive arts therapy

☐ Family systems therapy

☐ Group therapy

☐ Narrative therapy

☐ Psychodynamic therapy

☐ Restorative justice

Other (please specify)

[                              ]

## Survey on Probation Youth Services

### Client Break Down

**7. Approximately how many youth utilize your program each year?**

○ 0-25 per year

○ 26-50 per year

○ 51-75 per year

○ 76-100 per year

○ More than 100 per year

**8. Please estimate the percentage of each ethnicity of your client population (sum = 100%)**

African American

Asian

Caucasian

Latino/Hispanic

Native American

Mixed-Race

Other

**9. Please estimate the percentage of each gender in your client population (sum = 100%)**

Male

Female

Transgender

Other/Gender Nonconforming

**10. What percentage of your clients are below federal poverty guidelines for the number of people in their family?**

○ 0-20%

○ 21-40%

○ 41-60%

○ 61-80%

○ 81-100%

**11. What percentage of your clients have received mental health services at your agency or any other agency prior to current services?**

○ 0-20%

○ 21-40%

○ 41-60%

○ 61-80%

○ 81-100%

**12. How long does an average client take to complete your program?**

○ 1-4 months

○ 5-8 months

○ 1-1.5 years

○ 1.5-2 years

○ Over 2 years

**13. What is the weekly time commitment?**

○ No weekly commitment

○ 1 hour per week

○ 2 hours per week

○ 3 hours per week

○ 4 or more hours per week

**14. For an average client, what is the percentage of missed sessions per month?**

○ 0-20%

○ 21-40%

○ 41-60%

○ 61-80%

○ 81-100%

**15. What percentage of clients who begin the program complete it according to schedule?**

○ 0-20%

○ 21-40%

○ 41-60%

○ 61-80%

○ 81-100%

**Survey on Probation Youth Services**

Coordinating With Other Support Services

**16. What percent of clients are also receiving services outside of your agency?**

○ 0-20%

○ 21-40%

○ 41-60%

○ 61-80%

○ 81-100%

**17. What services does this include? Please rank by dragging the following choices into sequential order with 1 being the most common.**

| | |
|---|---|
| ▾ | Case managment |
| ▾ | Child protective services |
| ▾ | Community service fulfilment |
| ▾ | Family therapy |
| ▾ | Individualized education program services |
| ▾ | School based therapy |
| ▾ | Substance use programs |

**18. How much contact does your program have with other agencies and support services being offered to probation clients?**

○ Daily contact

○ Weekly contact

○ Bi weekly contact

○ Monthly contact

○ Bi Monthly contact

○ Every six months contact

○ No contact

## Survey on Probation Youth Services

### Post Program Evaluation

**19. Do you survey clients about their impressions of the services provided?**

○ Yes

○ No

○ At times

**20. Do you contact clients for follow-up after they leave your program?**

○ Yes

○ No

**21. If yes, do you have statistics on whether clients have reoffended? (if no, please skip)**

○ Yes

○ No

**22. If yes, what percentage of your clients reoffend after completing your program? (If no, please skip)**

○ 0-20%

○ 21-40%

○ 41-60%

○ 61-80%

○ 81-100%

**Survey on Probation Youth Services**

**Wrap Up Questions**

23. What makes your program different from other programs? (What are the fundamental goals and mission of your program?

24. How difficult do you find it to engage an average youth on probation in your program?

25. What do you perceive gets in the way of clients access to mental health services? Please rank by dragging the following choices into sequential order of importance, with 1 being the biggest challenge.

| ▾ | Cost |
| ▾ | Distance/transportation issues |
| ▾ | Lack of follow up from PO/attorney |
| ▾ | Lack of family support |
| ▾ | Overwhelm/stress |
| ▾ | Stigma |
| ▾ | Substance use |
| ▾ | Time |
| ▾ | Uncertain as to whom to contact |
| ▾ | Unable to find services in a language they speak |

26. What do you perceive helps clients access mental health services? Please rank by dragging the following choices into sequential order of importance, with 1 being the most crucial.

| | |
|---|---|
| [ ▼ ] | Active PO officer/attorney/judge |
| [ ▼ ] | Client buy in |
| [ ▼ ] | Insurance coverage/affordability |
| [ ▼ ] | Physical proximity |
| [ ▼ ] | Support of family |
| [ ▼ ] | Warmth and accessibility of clinicians |

27. When you consider the topic of supporting probation youth and providing services to diminish juvenile reoffending, are there any important topics that have not been discussed?

28. Is there anything else you want to add?

Appendix D

Smith College Human Subjects Review Committee Approval Letter

**SMITH COLLEGE**

January 16, 2015

Marjorie Gomez

Dear Marjorie,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms**:  All subjects should be given a copy of the consent form.

**Maintaining Data**:  You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments**:  If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal**:  You are required to apply for renewal of approval every year for as long as the study is active.

**Completion**:  You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished).  This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC:  Liz Johnston, Research Advisor

Research Project Change of Protocol Form and Approval

**SMITH COLLEGE**
IRB RESEARCH PROPOSAL FORM

## RESEARCH PROJECT CHANGE OF PROTOCOL FORM – School for Social Work

You are presently the researcher on the following *approved* research project by the Human Subjects Committee (HSR) of Smith College School for Social Work:

**Supporting Probation Youth: An examination of the services and access to these services provided to this population.**
**Marjorie Gómez**
**Liz Johnston**

........................................................................................

I am requesting changes to the study protocols, as they were originally approved by the HSR Committee of Smith College School for Social Work. These changes are as follows:

[DESCRIBE ALL PROTOCOL CHANGES BEING PROPOSED IN NUMERIC SEQUENCE; BE BRIEF AND SPECIFIC]

I would like to add the following clarifying sentence to my initial statement of the survey:
The following survey is only asking about clients who are on probation.  If you also serve non probation clients, please do not include them when thinking about the answers to these questions. **Percentages should always be of probation clients.**

I would like to add the following two questions to my survey:
What percent of your clients are participating in a CA Collaborative Court (ex. Alameda County Juvenile Collaborative Court, San Francisco County Juvenile Reentry Court, Contra Costa County Juvenile Drug Court)?
a.      0-20%
b.      21-40%
c.      41-60%
d.      61-80%
e.      81-100%

What does your organization do to reduce negative perceptions of mental health?

I would like to re-word the following two questions:
22. What are the top four barriers that you perceive clients have in accessing mental health services? (Number from 1-4 with 1 being the biggest challenge)

a.      Cost
b.      Distance/transportation issues
c.      Lack of follow up from PO/attorney
d.      Lack of family support
e.      Overwhelm/stress
f.      Stigma
g.      Substance use
h.      Time
i.      Uncertain as to whom to contact
j.      Unable to find services in a language they speak

k.          Other: _____


23. What are the top four <u>facilitators</u> that you perceive clients have in accessing mental health services? (Number from 1-4 with 1 being the most crucial)

a.          Active PO officer/attorney/judge
b.          Client buy in
c.          Insurance coverage/Affordability
d.          Physical proximity
e.          Support of family
f.          Warmth and accessibility of clinicians
g.          Other: _____


·····················································································

__X__I understand that these proposed changes in protocol will be reviewed by the Committee.
__X__I also understand that any proposed changes in protocol being requested in this form cannot be implemented until they have been fully approved by the HSR Committee.
_X__I have discussed these changes with my Research Advisor and he/she has approved them.

Your signature below indicates that you have read and understood the information provided above.

**Signature of Researcher:** _*Marjorie Gómez*_____

**Name of Researcher (PLEASE PRINT): Marjorie Gómez_____  Date: __2/21/15____**


PLEASE RETURN THIS SIGNED & COMPLETED FORM TO Laura Wyman at LWyman@smith.edu or to Lilly Hall Room 115.

***Include your Research Advisor/Doctoral Committee Chair in the 'cc'. Once the Advisor/Chair writes acknowledging and approving this change, the Committee review will be initiated.*
·····················································································

Updated: 9/25/13

**School for Social Work**
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950    F (413) 585-7994

February 23, 2015

Marjorie Gomez

Dear Marjorie,

I have reviewed your amendments and they look fine.  These amendments to your study are therefore approved.  Thank you and best of luck with your project.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Liz Johnston, Research Advisor