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A Quantitative Analysis of Re-offense among Delinquent Foster Care Youth in Georgia

Brian Keith Jones
Walden University

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Walden University

College of Social and Behavioral Sciences

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Brian Jones

has been found to be complete and satisfactory in all respects,
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Walden University
2018

Abstract

A Quantitative Analysis of Re-offense among Delinquent Foster Care Youth in Georgia

by

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MA, Columbus State University, 2014

BS, Valdosta State University, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

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Abstract

Nationwide more than 2 million youth are placed in custody annually, approximately 80,000 children return home, and more than 70% have a diagnosable mental disorder. The purpose of this quantitative study was to examine the outcomes of 311 youth released from secure residential facilities in Georgia between January 2012 thru May 2017. In the dataset, 136 youth returned to regular homes, 128 returned to group homes (GC), and 47 returned to traditional foster homes (TFC). The goal of the study was to examine the differences in probation outcomes based on the type of placement. For the purpose of the study, probation success was defined as having no additional placements in a secure residential facility within 365 days of release. To provide additional context, mental health status, race, sex, and age were analyzed. Binomial logistic regression and chi-square tests were performed to answer the research question. The tests did not reflect a statistically significant difference in the outcomes. However, the analysis did reflect that race and placement type had some effect on probation success. For race, success was 15.4% for black, 24.0% for white, and 24.1% for other. For placement type, probation success was 15.6% for youth returning to GC, 20.6% for youth returning to regular homes, and 23.4% for youth returning to TFC. As reflected in the literature, issues such as lack of proven programs in the community, mental health, and family impact the outcomes of delinquent youth in foster care. This study and the literature reflect the need for social change which can occur when the needs of delinquent juveniles supervised in foster care are addressed systematically.

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Dedication

I am dedicating this work to my maternal grandmother (Ruby Mae Crimley) and paternal grandmother (Bessie Lee Jones). They transitioned in the same year, one in January 2012 and the other in August 2012. Both were ninety four years of age. I shared many intimate moments with both of them. They were significant influences on my life and career. I am truly blessed to have experienced the opportunity to bond with them over the years. I truly believe they have pushed me to this place in my life and career.

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I would like to thank my Lord and Savior Jesus Christ and all of the people who have been patient with me during the last four years. My church family and pastor have provided support and encouragement during this time. My mother (Octavia Jones) and father (Roscoe Jones Sr.) listened and prayed for me during challenging times when I was balancing church, family, and work. My immediate family, including my wife Candis Jones, reviewed my work and provided valuable feedback. My daughter Sharion Wimberly encouraged me and dictated my thoughts for me on occasion. My daughter Brianna Jones encouraged me and dictated my thoughts on occasion. My granddaughter Camille Cooper was there to relieve my stress hanging out with me in my office at home and shredding paper. My siblings and their spouses Teresa Jones Gilbert and Charles Gilbert, Roscoe Jr. and Lisa Jones, Kenneth Bernard and Charisse Jones provided encouragement for me and kept me focused on the end goal. With my wife working out of town, my baby sister Felichia Jones-Marcus and her husband Charlie Marcus provided encouragement and fed me often. To my dissertation committee thanks to Dr. Heather A. Mbaye, Chair, and Dr. Melanye V. Smith: your copious and timely feedback has been helpful.

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Chapter 1: Introduction to the Study

Introduction

For over 100 years, juvenile justice policy has evolved nationwide (Brooks & Roush, 2014). Policy decisions change as research and empirical data reflect differences in trends. Substantive data continues to influence the reformation of criminal justice systems nationwide. The notion of punishment for delinquent juveniles has changed to the theory that delinquent juveniles leaving custody are more successful when systematic processes are in place to ensure that basic needs are met (Lipsey Howell, Kelly, Chapman, & Carver 2010). Research has shown that adolescents have multiple issues, which are worse for delinquents (Lipsey et al., 2010; Altschuler, 2008; Altschuler & Brash, 2004). Policies and practices established by the juvenile justice administrators and legislators can determine success or failure (Altschuler, 2008; Altschuler & Brash, 2004; Altschuler, Husseman, Zweig, Bañuelos, Ross, & Liberman, 2016; Brooks & Roush, 2014). Policy decisions determine what supports delinquents returning home receive. Delinquent juveniles need support which enhances continuity of care as this is a critical component of youth success. This is especially significant for youth who have one or more diagnosed mental disorders. Delinquents and youth in foster care have a high degree of trauma it is much higher than their counterparts (Aalsma, Brown, Holloway & Ott, 2014; Aalsma, Tong, Lane, Katz, & Rosenman, 2012; Altschuler & Bilchik, 2014; Crosland & Dunlap, 2015; Osei, Gorey, & Hernandez 2016).

Background

Nationally delinquent youth recidivism rates are greater than 50% with some documented as high as 90% (Altschuler et al., 2016; Models for change, 2015).

Governor Deal and the Georgia Legislature ordered a review of the Georgia Juvenile Justice system (PEW, 2013). The Pew Charitable Trusts (PEW) conducted the study, and because of the findings, Georgia implemented significant changes to the juvenile code and juvenile justice policy. The study reflected that Georgia, as in other states, was seeing recidivism rates above 50% with the cost of detaining a youth in a long-term facility exceeding \$90,000 annually (PEW, 2013).

The policy for supervising delinquent youth is changing because of research and empirical data. It often influences legislative and policy decisions of juvenile justice administrators. From the mid-1970s until now, the evolution from punitive policies to community-based treatment policies has led to a decline in youth placed in custody (PEW 2013; Models for Change, 2015; Altschuler et al., 2016). Unlike adults, behavior for youth in secure facilities is difficult to diagnose because of the multiple issues they often experience (Models for Change, 2015; Altschuler, 2008). Continuity of care should be the focus as it increases the propensity for success (Altschuler, 2008; Altschuler & Bilchik, 2014; Brooks & Roush, 2014).

Altschuler and Brash (2004) noted "Risk and protective factors can be found within individual offenders, families, social networks peers, and friends" (p. 77). The most important social network is the family though conventional wisdom asserts that peer

groups are more influential. Peers are secondary to family (Altschuler & Brash, 2004).

Altschuler and Brash noted

The peer group as a dominant source of influence, positive or negative, is recognized as secondary to parental and family factors the younger the adolescent. Stable and positive intimate relationships and gainful employment are associated with positive outcomes, circumstances that are more applicable to older adolescents. (p. 77)

A comprehensive analysis will provide some insight on the effectiveness of the aftercare process. Using empirical data to review the outcomes of youth helps determine what societal factors affect youth outcomes. Demographic issues such as mental health status are shown to be associated with youth outcomes (Matthew, 2014; Models for change, 2015).

Problem Statement

Approximately 80,000 juveniles return home from secure residential facilities annually (Altschuler et al., 2016). In Georgia, the rates of return are greater than 50%, and the cost of confinement for youth in long-term detention in 2012 was over \$90,000 (PEW, 2013). Enhancing protective factors to mitigate risks is essential to any effort to reform the system. It is the inherent responsibility of administrators, legislators, and communities at large to provide access to evidence-based programs and services when youth return home to improve their chances of success (Lipsey et al. 2010; Altschuler et al., 2016).

Some of the youth are in the foster care system, and those youth have multiple mental and psychological issues (Crosland & Dunlap, 2015; Osei et al., 2016). When a juvenile is adjudicated as a delinquent and placed in custody, they could experience one or more prevalent problems in delinquent populations (Altschuler, 2008; Lipsey et al., 2010). Juvenile delinquents have multiple needs and significant challenges when they return home (Lipsey et al., 2010). More than 70% have at least one mental health diagnosis (Models for Change, 2014). The approach to treatment impacts future delinquent acts (Altschuler & Brash, 2004). Community-based treatment options are better for delinquent youth who do not tend to perform well in secure facilities (Altschuler, 2008; Altschuler, & Bilchik, 2014). There are two basic supervision models for youth in foster care: (a) traditional/treatment foster care (TFC), where youth are placed with a trained family or (b) group home care (GC) specifically youth placed in a facility with others (Snow & Mann-Feder, 2013).

There is an abundance of literature about juvenile delinquents and foster care. However, there is a gap in the literature as to the difference in the recidivism rates of juvenile delinquents in foster care versus those who are not. Youth returning from secure detention and their families face significant challenges in the transition process. Staff and volunteers also experience anxiety along with these youth and their guardians (Lipsey et al., 2010; Osei et al., 2016; Holloway, Brown, Suman, & Aalsma, 2013). Youth have access to a robust array of services while in detention, but at release services in the community are insufficient (Altschuler 2008; Lipsey et al., 2010). Inadequate community programs compound the problems youth and families face leading to

depression and other mental issues (Osei et al., 2016; Lipsey et al., 2010). As previously, noted, delinquent youth return to custody at rates higher than 50% with some as high as 90% (Altschuler et al., 2016; Models for change, 2014). The high recidivism rates are attributable to insufficient aftercare, and the lack of a systematic way to access services at release (Lipsey et al., 2010; OJJDP, 2014).

Preparing families to receive youth is part of the aftercare process (Altschuler & Brash, 2004; Lipsey et al., 2010). Therefore, family training, counseling, and community supports are important (Altschuler & Brash, 2004; Lipsey et al., 2010). The literature reflects that insufficient aftercare contributes to reoffending behavior (Lipsey et al., 2010). This detailed analysis will provide insight as to whether the effect of aftercare can be determined. It will also illuminate whether the propensity for reoffense is higher among youth in foster care, my analysis focuses on that population (Barrett & Katsiyannis, 2016). Youth aftercare is categorized in seven domains: (a) education, (b) physical/behavioral health, (c) substance abuse, (d) peers/friends, (e) leisure time, (f) family/living arrangements, and (g) vocational training/employment; these domains positively impact recidivism (Altschuler & Bilchik, 2014; Altschuler & Brash, 2004). Though all the domains are essential for success, family and living arrangements warrant a discrete analysis especially for youth in foster care. The family is a foundational component of prosperity and stability in areas including but not limited to socialization, food, clothing, academic achievement, and self-esteem (Altschuler & Brash, 2004).

Purpose of the Study

The purpose of this quantitative study was to examine the difference in outcomes among detained delinquent youth having a Georgia Department of Family and Children Services (DFCS) case. The youth were separated into three groups: (a) those returning to regular homes, (b) those returning to GC, and (c) those returning to TFC. Youth in foster care are two to four times more likely to experience mental health issues like depression, posttraumatic stress, personality disorders, substance abuse, attention deficit and learning disorders, and the propensity for academic failure and delinquency is increased (Osei et al., 2016). The issues these youth face falls into the aftercare category of family and living arrangements (Altschuler & Bilchik, 2014; Altschuler & Brash, 2004). All delinquent youth have multiple needs; this is even more prevalent for youth in foster care. Their needs are extensive and compounded based on the type of foster care setting they live in, whether having a foster care case, in GC, or TFC (Barrett & Katsiyannis, 2016). Many of these challenges get worse when youth return to old neighborhoods or situations (Lipsey et al., 2010). There needs to be a comprehensive evaluation of the living situation (Altschuler & Brash, 2004).

The use of empirical data improves the validity of this project as it is necessary to review the aftercare phenomenon, and multiple states are using various strategies to address high rates of youth recidivism (Models for Change, 2014). The findings of this study can be used to improve the aftercare process beginning with Georgia. Failure to employ long-term legislative changes can make policy changes insignificant especially when there are changes in executive leadership (Aalsma et al., 2014; Altschuler et al.,

2016). The literature indicates that youth perform better in their respective communities and confinement increases the chances that they will have further involvement with the justice system (Holman & Zidenberg 2006). The end goal of this study is to add to the existing literature concerning delinquent youth in foster care while informing policy decisions in Georgia.

Research Question and Hypotheses

Research Question 1: Is there a statistically significant difference in reoffense for delinquent youth under DFCS supervision returning home from long-term secure residential facilities to regular homes, group homes, or traditional foster homes?

H_0 1: There is not a statistically significant difference in reoffense rates for delinquent youth under DFCS supervision returning to regular homes, group homes or treatment foster homes.

H_a 1: There is a statistically significant difference in reoffense rates for delinquent youth under DFCS supervision returning to regular homes, group homes or treatment foster homes.

Theoretical Foundation

Policy feedback theory (PFT) and multiple streams analysis (MSA) were used to guide in this project. The two frameworks are characteristically similar in the approach to investigate a research problem. Policy change can be costly and difficult; PFT helped illuminate policy implications and the required actions for a paradigm shift. Concerning PFT, Sabatier and Weible (2014) noted, "PFT has its roots in historical institutionalism,

which suggests that policy commitments made in the past produce increasing returns and make it costly to choose a different path” (p. 378). It is important to look at direct and indirect effects of change and PFT and MSA, in their scopes, allow an analysis of policies indirectly and at the system level (Sabatier & Weible, 2014). This project required that multiple streams of data be analyzed; however, the desired outcome is in alignment with PFT. Policy processes are a continually evolving (Sabatier & Weible, 2014). My use of PFT strengthened this project with a broad focus on actors, networks, and ideas (Sabatier & Weible, 2014). This project may affect the work of field level practitioners (counselors, correctional officers, educators, and nurses) and midlevel practitioners (facility directors, assistant directors, and supervisors). It could also affect agency executives (commissioners, assistant commissioners, and division directors). In some of the foundational research associated with this project, the focus on networks and actors is essential (Brooks & Roush, 2014). Youth aftercare is an extensive process wherein intricate nuances exist because of the vast needs of juveniles, especially those in foster care (Lipsey et al.; Osei et al., 2016). The use of the appropriate theoretical framework mitigates these issues and creates a platform to analyze multiple variables and causal relationships in ways that help advance research strategically (Sabatier & Weible, 2014; Leuffen, Shikano, & Walter, 2013).

Nature of the Study

This quantitative study examines the difference in reoffense rates between detained youth with a DFCS case returning to regular homes, GC, and TFC. Creswell (2012) noted, "In quantitative studies, researchers advance the relationship among

variables and pose these regarding questions or hypotheses" (p. 7). Secondary data was used for this project as it improved validity. The sample encompassed all youth with a DFCS case released from secure residential facilities January 2012, to May 2017. Initially, my analysis was focused on youth returning to GH, and those returning to TFC. However, when the data was received, I noticed that there was enough youth in foster care returning to regular homes to analyze their outcomes as well. The analysis is of the aftercare domain of family and living arrangements. The secondary data came from the juvenile tracking system (JTS), which is the data repository for the Georgia Department of Juvenile Justice (GDJJ). The population frame was youth returning home from long-term secure residential facilities in Georgia between January 1, 2012 and May 31, 2017. The units of analysis were all long-term detained youth with a DFCS case. The study design allowed me to examine whether there is a statistically significant difference in the reoffense rates of youth under DFCS supervision returning to regular homes, GC, and TFC. Though it has limitations, this study will help illuminate the effect family and living arrangements have on probation success. Rudestam and Newton (2014) noted, "There is no universally accepted approach within the social sciences, although there are rich research traditions that cannot be ignored, as well as a common understanding that chosen methods of inquiry must rest on rational justification" (p. 27). The findings reported in this study are based on knowledge that I have obtained based on professional, academic and personal experiences. My conclusions are supported by statistical tests, and the literature review. The independent variable was type of placement, and the dependent variables were regular homes, GC and treatment foster homes.

Operational Definitions

Adjudication: A decision by a juvenile court judge to place a youth under the custody of the Georgia Department of Juvenile Justice, whether short-term or long-term placement (PEW, 2013).

Aftercare: The process of reintegrating a youth who is leaving secure detention to her/his home community (Altschuler, 2008).

Assessed Needs: Needs determined using a validated instrument to use for programmatic decisions (Lipsey et al., 2010).

Evidence-Based Practice: Using empirical data and research to make decisions about specific policy are practices (Lipsey et al., 2010).

Group Care (GC): When a youth is under the supervision of a child serving agency (not the department of juvenile justice) and in the custody of a group home (Baglivio et al., 2016; Ryan, Perron, & Huang, 2016).

High-Risk: Applies to youth assessed at high-risk (excluding overrides) for recidivism using a standardized risk assessment (PEW, 2013).

Regional Youth Detention Center (RYDC): Georgia detention facilities that house youth adjudicated for short-term secure residential facility placement (PEW, 2013)..

Traditional/Treatment Foster Care (TFC): When a youth is under the supervision of a child serving agency (not the department of juvenile justice) and in the custody of a foster family (Baglivio et al., 2016; Ryan et al., 2016).

Youth Development Campuses (YDC): Georgia detention facilities that house youth adjudicated for a long-term secure residential facility placement (PEW, 2013).

Assumptions

I reached a few assumptions in my study. The first was that the data I need to evaluate the extent to which dually supervised delinquent youth receive aftercare services would be available. Secondly, I assumed that the research is available to articulate the correlation (if any) between the recidivism rates of delinquent youth in foster care returning to regular homes, GC, or TFC. Third, I assumed that I would be able to use secondary data for this study. Lastly, I assumed that the study findings would be useful to the commissioner of the GDJJ and staff.

Scope and Delimitations

My study focused on youth under DFCS supervision adjudicated for long-term placement and in foster care supervised by the GDJJ. Youth who are not under DFCS supervision and those who were not adjudicated for long-term placement were excluded from this project.

Limitations

With this being a quantitative study there are some limitations. The needs and backgrounds of youth vary so some will experience different outcomes. The reasons for different results cannot be determined in this study so a qualitative research study may be necessary to analyze the aftercare process.

Significance of the Study

In this quantitative study, I examined the aftercare domain of family and living arrangements for detained juveniles with a DFCS Georgia. The specific intent was to evaluate the difference in outcomes between youth in foster returning to regular homes, TFC, and GC. There are more than 400,000 youth in foster care with one in eight reporting that they ran away from home at least once (Osei et al, 2016). The results of this study will provide insight for future research on the domains of aftercare, specifically family and living arrangements, contribute to the existing body of knowledge, increase scholarly dialogue, drive down costs for detention, and inform juvenile justice policy nationwide.

Understanding the causal effects and the different levels of treatment will help policymakers make informed decisions and improve the outcomes of foster care youth. Planning for family and living arrangements has to be part of the aftercare process. These are core needs that provide stability, which includes socialization, food, clothing, and academic achievement, all of which reduces anxiety and improves self-esteem (Altschuler, 2008; Altschuler & Brash, 2004; Rugani, 2012). By addressing the basic needs of youth returning from secure residential facilities, the propensity for future crime is mitigated by improving youth outcomes (Altschuler & Brash, 2004). Altschuler and Brash (2004) noted,

The main issue from a reintegration perspective is that the assessment of the entire situation, the charted course of action, and the delivery of the services and

supervision requires continuity and consistency from admissions to a correctional facility until release from community aftercare. (p. 78)

A comprehensive planning process enhances the chances of success for youth returning to their communities. All risks are mitigated by adding protective factors in the relevant domains (Altschuler & Brash, 2004; Lipsey et al., 2010).

Research Objectives

The goal of this study was to provide a quantitative review of the aftercare process for youth dually supervised by the GDJJ and the DFCS. The focus was on the essential domain of aftercare of family and living arrangements. Altschuler and Brash (2004) noted "family problems and conflicts, along with decisions on where juvenile offenders reentering the community will reside, makeup one major domain.... Prior victimization in the form of child abuse and neglect is not uncommon and cannot be ignored." (p. 78). Delinquent youth routinely come from dysfunctional families so in some cases family therapy is needed. Family therapy is a protective factor that mitigates the risk of drug abuse, violence, and behavior problems associated with dysfunctional families (Brooks & Roush, 2014; Lockwood, 2012; Darnell & Schuler, 2015).

Summary and Transition

The literature concerning youth aftercare seems to increase daily. Unfortunately, the findings appear to have recurrent themes. Delinquent youth have multiple issues and the need for continuity of care (Lipsey et al., 2010). When youth are released from secure detention, they experience systemic problems, specifically the lack of community-based

services that can compound the problem (Lipsey et al., 2010). Policy decisions can cause the lack of continuity but, based on the research, the issue is associated with the community's capacity to provide the needed services when youth return to their home communities.

Issues such as mental health and trauma exist with large percentages of delinquent youth and should be the foundation of any aftercare plan (Aalsma et al., 2012; Aalsma et al., 2014; Lipsey et al., 2010; Matthew, 2014; OJJDP, 2014). The literature review (illuminates the issues with delinquent youth and those in foster care. This study provides a foundation for future research concerning youth dually supervised in foster care and juvenile justice. Using an evidence-based practice model will improve the aftercare process and continuity of care. I recognize that there are multiple stakeholders including but not limited to legislators, juvenile justice administrators, youth families, and the community. The project will serve the various stakeholders in different ways including education, policy considerations, case management insight, or as a foundation for future research. Chapter 2 will provide a comprehensive analysis of existing and historical research.

Chapter 2: Literature Review

Introduction

In general, delinquent youth return to custody at rates higher than 50%. Some are as high as 90% (Altschuler et al., 2016; Models for change, 2015). The high recidivism rates are attributable to insufficient aftercare, precisely the lack of a systematic way for youth to access services upon return to their respective communities (OJJDP, 2014; Lipsey et al., 2010). In the United States, approximately 80,000 juvenile delinquents return to their communities from residential facilities annually (Altschuler et al., 2016; Models for change, 2015). The lack of services in the community is the primary cause of recidivism among juvenile delinquents so community supports need to be in place when youth return home (Altschuler & Bilchik, 2014). Some delinquent youth are in foster care and characteristically, youth in foster care have multiple mental and psychological issues (Crosland & Dunlap, 2015; Osei et al. 2016). Youth returning from secure detention and their families face significant challenges in the transition process. Staff and volunteers experience anxiety along with these youth and their guardians (Altschuler 2008; Lipsey et al., 2010). Compounded problems are troubling to youth and families face leading to depression and other mental issues (Osei et al. 2016).

For this literature review, it is necessary to provide a broad context of the nuanced field of foster care and juvenile justice. Society (specifically the United States) must start by recognizing that outcomes of the more than 500,000 youth in foster care and the more than 2 million youth who enter detention facilities annually are important (Altschuler et al., 2016; Crosland & Dunlap, 2015; OJJDP, 2013,). Regardless of the conclusion, or

how it is likely to be determined, public policy implications need to include certain considerations. Specifically, budget, legislative agendas, community support, and the availability of resources (local, state, and federal) are essential. However, the most impactful is resources and budget as they are foundational components of social change.

The lives and experiences of youth vary depending upon certain factors. Prevailing problems in families and communities affect youth outcomes. Social determinants such as drugs, violence, and trauma inform individual worldviews of parents and youth increasing the risk of foster care involvement and delinquency (Barrett & Katsiyannis, 2016). Whether it is direct (based on personal experiences) or indirect (based on the experiences of parents and caregivers), the need for intervention is the same, though methods may differ (Barrett & Katsiyannis, 2016). Early experiences with things such as mental health problems, family related adversities, mental health problems, and school-related disabilities increase the propensity for adult offending (Barrett & Katsiyannis, 2016; Barrett, Katsiyannis, & Zhang, 2015).

Many problems exist for youth in foster care and those supervised by juvenile justice. Things such as substance abuse, family instability, trauma, and mental health are the most notable (Katsiyannis, Zhang & Zhang 2014). The approach to the treatment of youth in foster care and delinquent youth has a direct effect on their outcomes. Unlike regular youth, treatment for foster and delinquent youth requires a strategic approach evaluating risks while mitigating those risks with protective factors (Chor et al., 2015). When the issue is delinquency and foster care, the need for community-based treatment is imperative (Baglivio et al., 2016). Personal experiences and hardships such as trauma,

drug and alcohol abuse, and mental health are associated with delinquency and foster care placement (Baglivio et al., 2016). As criminal justice researchers and practitioners endorse and implement rehabilitative measures there will be changes community-based treatments should be the priority. With hope, these new practices should eventually compel legislators, correctional administrators, and others to accept the notion that process and policy changes are necessary to reverse recidivism trends that are costly and compromise public safety.

Literature Search Strategy

The primary research literature used in this project was within 5 years. Some older research was used to provide historical context and the foundation of juvenile justice. The central databases used were the Walden Library, Google Scholar, SAGE publications, along with some textbooks and journals used during my coursework.

Theoretical Foundation

PFT and MSA were used to guide in this project. The two frameworks are characteristically similar in the approach to investigate a research problem. Policy change can be costly and difficult; PFT helped illuminate policy implications and the required actions for a paradigm shift. Concerning PFT, Sabatier and Weible (2014) noted, "PFT has its roots in historical institutionalism, which suggests that policy commitments made in the past produce increasing returns and make it costly to choose a different path" (p. 378). It is important to look at direct and indirect effects of change, and PFT and MSA in their scopes, foster an analysis of policies indirectly and at the

system level (Sabatier & Weible, 2014). This project required that multiple types of data be analyzed; however, the desired outcome is in alignment with PFT. The policy process continually changes (Sabatier & Weible, 2014). PFT strengthens this project with a broad focus on actors, networks, and ideas (Sabatier & Weible, 2014). This project will influence the work of many including field level practitioners (counselors, correctional officers, nurses, educators, and nurses) midlevel practitioners (facility directors, assistant directors, and supervisors). It will also affect agency executives (commissioners, assistant commissioners, and division directors). In some of the foundational research associated with this project, the focus on networks and actors was essential (PEW, 2013; Sabatier & Weible, 2014). Youth aftercare is an extensive process wherein intricate nuances exist because of the vast needs of juveniles, especially those in foster care. The use of the appropriate theoretical framework mitigates these issues and creates a platform to analyze multiple variables and causal relationships in ways that help advance research strategically (Sabatier & Weible, 2014).

Literary Progression

Structured Juvenile Justice

Inherently, foster care and juvenile justice are connected. Both manage significant issues that exist when working with youth. As noted by Katsiyannis et al. (2014), “developmental exceptionalities and parenting problems accounted for more than 40% of the variance in delinquency” (p. 124). Mental health, trauma, lack of social skills, and substance abuse serve as functional barriers, limiting treatment success for delinquent youth. These issues affect critical things like academic achievement, healthy

relationships, and soft skills for employment (Models for Change, 2015; Altschuler & Bilchik, 2014; Shaeffer et al., 2014; Altschuler et al., 2016). Foster care youth lack essential skills of daily living because they tend to leave home as adolescents. As noted by Snow & Mann-Feder (2013) "Young people growing up in care have poorer outcomes...compared with their community peers...Numerous studies have identified the need for more extensive and meaningful preparation for independence" (p. 76).

In Australia, the system changed in 1866 because of the prevailing need to change the structure and develop policies to care for juveniles separating delinquents from foster youth. The goal was to move children from GC to TFC due to the expense. There was a bill introduced a year later requiring that juvenile delinquents leading to the separation of "state wards" and 100 years later the two groups were still housed together (Briggs & Hunt, 2015). Over half a million youth are in foster care. In the United States, it began in 1899 consisting of phases when Jane Addams started the juvenile court system in Chicago. The second phase resulted from a Supreme Court decision in 1967 it insured due process rights for juveniles was the emphasis on harsh punishment fueled by the "nothing works" philosophy focusing on harsh punishment (Brooks & Roush, 2014).. The current phase which began in 2000 focuses on balance to include accountability and programs (Brooks & Roush, 2014).

There are primarily two types of settings. For this literature review, GC, this includes any of the various group home settings with multiple youths housed by a provider. The other is TFC this includes a placement with a family. There is a contrast between the two GC is focused on an individual group while TFC includes stable familial

relationship consistent with traditional families. Familial roles in the TFC setting foster better outcomes for youth. Adults who spent time in foster care as youth have poorer outcomes than adults who did not spend time in foster care. Foster care youth tend to move out on their own prematurely having limited social contact leading to loneliness and despair (Snow & Mann-Feder, 2013).

Ultimately traumatized children exhibit challenging behaviors requiring more skilled parenting interventions designed better provided in a group home setting at that time (Briggs & Hunt, 2015). In the United States today 44 of 50 states have GC as part of their out of home placement options (Osei, et al., 2016). TFC is more economical and more efficient than GC. A review of seven independent studies reflected TFC versus GC reduces delinquent acts by more than 50%. GC costs 6 to 10 times as much as TFC. Group care includes many treatment components while TFC is a family setting with natural supports. Though GC is therapeutically beneficial, issues with negative peer associations can cause negative influences (Osei, et al., 2016; Models for Change, 2015). Data-driven decision-making models have to be the methods for delivering care to foster youth (Chow, Mettrick, Stephan, & Waldner, 2014). Using empirical data, the provision of care has to consist of the unique characteristics possessed by the youth and family. Then the basis for interventions must be inclusive (Chow, Mettrick, Stephan, & Waldner, 2014).

Structured Juvenile Justice Administration in the United States began around 1899 (Brooks & Roush, 2014). In the United States, more than two million juveniles enter detention facilities annually, approximately 70% of which meet the criteria for at

least one mental disorder. Most of them, especially males do not receive services when they are released (Aalsma et al., 2012; Aalsma, et al., 2014; Matthew, 2014; OJJDP, 2014).

For several decades, as with adult populations, there was a lack of standardized policies for the administration of incarcerated people. In the mid-1970s, Robert Martinson's "Nothing Works" philosophy resulted in the theoretical approach of punishment leading to a drastic change in juvenile and adult policy. The result was the reformation of criminal justice systems nationwide. From the 1970s until the early 2000s justice administration included a narrow focus on punitive incarcerate measures which proved to be costly and ineffective (Brooks & Roush, 2014).

This caused problems in Juvenile Justice Philosophy. One of the common issues in delinquent populations is mental health, and even now connections to services are poor (Aalsma et al., 2012). As mentioned earlier, Martinson reached his conclusions based on some of his early research. Later other researchers, and philosophers found his findings to be erroneous they discovered that new and evolving strategies should use the evidence-based practice methodology to drive juvenile justice initiatives nationwide (Brooks & Roush, 2014). Brooks and Roush (2014) noted, "Remnants of our punitive past persist in law, policy, and practice. The failure of these approaches is well-documented, most notably as the criminalization of juveniles has ruined futures for youth" (p. 43).

Ultimately, being smarter on crime and vacating tough on crime methodologies should drive the discussion about policies and practice. Transformational leaders have to embrace approaches that are youth centered and family focused, due to the vulnerability

of delinquent youth (Brooks & Roush, 2014; Lockwood, 2012; Darnell & Schuler, 2015). For instance, Functional Family Therapy is an intensive community-based treatment program that by design reduces behavior problems such as violence and drug abuse (Brooks & Roush, 2014; Lockwood, 2012; Darnell & Schuler, 2015). The community-based model has a positive effect on youth outcomes. Practitioners do have to make sure that transportation is part of the operational plan, due to the associated barriers (Brooks & Roush, 2014; Lockwood, 2012; Darnell & Schuler, 2015). For over 30 years, the cost of confinement increased with recidivism rates (Brooks & Roush, 2014; Bontrager, 2013).

Policy and practice should focus on diversion from detention (Altschuler, 2008). Changes to policies and practices should be the common goal of law enforcement practitioners. Reform is imminent as rising incarceration has compromised the safety of communities and weakened families something especially significant with juvenile delinquents (Brooks & Roush, 2014). Custodians of juvenile delinquents have the inherent responsibility of security, nurture, and development for youth placed in their care (Brooks & Roush, 2014).

Continuity of Care

Essential to the policy discussion about juvenile delinquency and the evolution of the juvenile justice practice are two theories continuity of care/overarching case management and mental health care (Altschuler & Bilchik, 2014; Models for Change, 2015; OJJDP, 2013). Continuity of care and mental health are parts of the case planning process (Altschuler & Brash, 2004; Altschuler, 2008; Lipsey et al., 2010). Practitioners should make sure that juvenile policy and practice have these two elements as

foundational components. Continuity of care improves youth outcomes; the transition affects youth offenders across all domains including but not limited to family, peer groups, and education (Altschuler & Brash, 2004; Lipsey et al., 2010). The vast array of programs provided while in custody stabilizes young offenders yet when released many of the contributing programs are limited or unavailable in their community causing the discontinuity. Continuity of care and overarching case management improves youth success (Altschuler, 2008; Altschuler & Brash, 2004; Altschuler et al., 2016; Brooks & Roush, 2014).

Overarching case management has five discrete components. All components are interrelated and important for youth success, yet they are separate and distinct methodologies (Altschuler, 2008; Altschuler & Bilchik, 2014). The first component is continuity of control; it is about the transition from a structured environment to a less formal setting and involves fewer restrictions and instructions (Altschuler & Brash, 2004). The change from secure detention is stressful for youth and families. While in custody, days include structure such as wake up times, meal times, and bedtimes (Altschuler & Brash, 2004). Yet when they return home, their schedules vary, and there is a lack of coordination and structure (Altschuler, 2008; Altschuler & Bilchik, 2014).

The second component in the continuity of care is continuity in the range of services (Altschuler & Brash, 2004). The service provisions provided during the incarcerate period is developed based on the assessed needs of the youth (Altschuler & Brash, 2004). Yet when the youths return home, the programs are inconsistent with the programming in facilities (Altschuler & Brash, 2004). Erratic services are a result of the

lack services in the community and systemic issues around aftercare planning and practices (Altschuler, 2008; Altschuler & Bilchik, 2014).

The third component is continuity in program and service content (Altschuler & Brash, 2004). . Community programs content should be consistent with those programs in the facility (Altschuler & Brash, 2004). For instance, substance abuse, cognitive, and trauma-focused programs offered in the facility and the community fosters continuity and a path to desistance improving continuity and increasing the effectiveness of programs (Altschuler, 2008; Altschuler & Bilchik, 2014; Lipsey et al., 2010; Sellers, 2015).

The fourth component continuity of social environment is necessary to ensure the social network for youth supports their successful transition (Altschuler & Brash, 2004). Ensuring that family and prosocial supports are available when the youth returns home from detention is essential (Altschuler & Brash, 2004). Stability at home is less stressful and prosocial support mitigates antisocial peers and friends (Altschuler, 2008; Altschuler & Bilchik, 2014).

The fifth component is continuity of attachment (Altschuler & Brash, 2004). The changes and strides made while in secure detention could be lost quickly with the transition experience (Altschuler & Brash, 2004). Community-related and family issues can trigger regression whether in behavior or mental capacity (Altschuler, 2008; Altschuler & Bilchik, 2014).

The cost of incarceration is increasing with more than 100,000 juvenile offenders leaving out-of-home placements each year, more resources are required (Altschuler & Bilchik, 2014; OJJDP, 2013; PEW, 2013; OJJDP, 2013). . Long-term placements are

especially costly (Altschuler & Bilchik, 2014; Holman and & Ziedenberg, 2006; OJJDP, 2013; PEW, 2013; OJJDP, 2013; Altschuler & Bilchik, 2014). The cost of long-term confinement ranges from \$32,000 to \$90,000 annually (Altschuler & Bilchik, 2014; Holman and & Ziedenberg, 2006; OJJDP, 2013; PEW, 2013; OJJDP, 2013; Altschuler & Bilchik, 2014). In Georgia, the cost is approximately \$90,000 annually (PEW, 2013). The main reason that youth return to custody at alarming rates is that there is a lack of services in the community (Altschuler & Bilchik, 2014; Holman & Ziedenberg, 2006; Lipsey et al., 2010; OJJDP, 2013; PEW, 2013).

Mental Health Considerations

Mental Health is another theoretical consideration essential to policy discussions. The majority of youth who enter the juvenile justice system need mental health case management when transitioning home (Models for change, 2015). Around 70 percent of juvenile delinquents meet the criteria for a mental health diagnosis (Models for change, 2015). There is a correlation between trauma and delinquency (Dierkhising, Woods-Jaeger, Briggs, Lee, and Pynoos, 2013). In a study by Dierkhising et al. (2013) they found that 90% of justice-involved youth report exposure to a level of trauma 30% of which meeting the criteria for Post-Traumatic Stress Disorder. Thus, there is a need for trauma-informed care of juveniles. Additionally, sixty-two percent of youth surveyed experienced trauma within the first five years of life one-third of which experienced co-occurring (two or more) trauma (Dierkhising et al., 2013). Case management is consistently insufficient to ensure a smooth community transition (Lipsey et al., 2010) Many times these youth end up in detention because judges do not have plausible

alternatives. Because so many youths have mental health diagnoses, case management is necessary to ensure continuity of those services when youth return home from out of home placements (Lipsey et al., 2010; Models for Change, 2015). Conventional wisdom would have us associate mental health with substance abuse issues. At times that is the case, but mitigating the risk for substance abuse requires the use of various approaches (Shaeffer et al., 2014). One study evaluated the impact of a vocational training and employment program to minimize the risks associated with substance abuse. The study included 97 high-risk juveniles average age of 15.8. The program was called CRAFT (Community Restitution Apprenticeship Focused Training) the comparison program was compared to EAU (Education as Usual). The program showed that CRAFT was more effective than EAU it showed higher participation in GED and increased employment. In this study, however, CRAFT did not show a measurable effect on substance abuse, mental health, or criminal activity, so more research is needed (Shaeffer et al., 2014).

Although the research is evolving on Juveniles and Mental Health Services in the community, the existing research implies that correctional systems must improve continuity for youth with a history of mental illness. Aalsma et al., (2012) completed an evaluation of 20 studies by 7,265 observations from 6,345 participants. The need for mental health services was consistently identified yet a connection to services is consistently ineffective (Aalsma et al, 2012).

The need for mental health support is evolving, and organizations are beginning to devote more resources (Models for Change, 2015). OJJDP through the Second Chance Act along with John D. and Catherine T. MacArthur Foundation and the models for

change action network are assisting with juvenile justice policy in several states. Models for change seeks to foster early diagnoses to improve the level of services to justice system involved youth (Models for Change 2015; Altschuler et al., 2016). Models for change developed a model for mental health services and chose some states to implement the model. The states selected were Connecticut, Colorado, Illinois, Louisiana, Pennsylvania, Ohio, Texas, and Washington (Models for Change 2015; Altschuler et al., 2016). During this reform era, state legislators and juvenile justice administrators should recognize the need for broad policy change and system-wide reforms. The support of organizations such as the Macarthur foundation, OJJDP – Office on Juvenile Justice and Delinquency Prevention, AEC – The Annie E. Casey Foundation, Models for Change, and others are essential to ongoing efforts.

The 2 million youth (nationwide) arrested and held in a detention facilities experience high rates of psychopathy and need treatment (Jalbrzikowski, Krasileva, Marvin, Zinberg, Andaya, Bachman, & Bearden., 2013). Connections to adequate mental health services will decrease recidivism (Jalbrzikowski et al. 2013; Altschuler et al., 2016). Often case management services are insufficient to ensure the successful transition of youth who have a mental diagnosis (Matthew, 2014). These youth are the responsibility of administrators who have an ethical obligation to provided care. According to Brooks & Roush (2014) “When we take a minor into custody, we assume responsibility for health and safety but also for nurture and development” (p. 3).

The use of reliable and valid research findings in social sciences improves outcomes for families and creates safer communities. Law enforcement and social

science integrated. Many citizens find themselves involved with the justice system. Incarceration rates in the United States continue to climb giving rise to certain phenomena. Incarcerations rates are at an all-time high and people return to custody mainly because they do not have a real opportunity to change. Based on the 2 million mentioned earlier, 70% of confined youth meet the criteria for at least one mental disorder, by that calculation that is approximately 1.4 million youth entering custody in need of mental health services today (Matthew, 2014; Models for change, 2015).

Research on juvenile corrections consistently reflects the adverse effect of confinement on youth. Justice-involved youth has an increased propensity for future adult justice system involvement (Altschuler, 2008; Lipsey et al., 2010). Legislative policy and practice should foster more community-based options (Altschuler, 2008; Lipsey et al., 2010; PEW, 2013). Youth in custody are more likely to recidivate or end up in the adult criminal justice system, compared to youth diverted from detention (Holman and Zidenberg 2006).

Effective programs and services diverting youth from residential facilities improve outcomes, and the data is increasingly supportive (Lipsey et al., 2010). Missouri has achieved significant reductions in recidivism by abolishing the state reform schools and creating more group home settings (OJJDP, 2013). Large facilities, training schools, and boot camps are not sufficient to reduce recidivism (Lipsey, 2010; OJJDP, 2013). As noted previously early identification is essential as it can stabilize youth who experience mental health issues (Kern, Horan, & Barch, 2013). When changes start to happen, and elements of reduced function and altered brain patterns are present, the risk of psychosis

increases. Early detection mitigates the dangers of further decompensation (Kern et al., 2013). Early recognition and treatment enhance success over time, most importantly community mental health providers can diagnose and treat the mentally ill in a timely way. Identification of the need for services is important as well as community mental health resources are important (Lipsey et al., 2010).

In many communities, the lack of mental health services causes some judges to place youth in residential facilities compounding the problem. This issue is a source for debate and concern for families, political leaders, state and local officials, along with community stakeholders (Callahan, Coccozza, Steadman, & Tillman, 2012; Altschuler, 2008; Altschuler & Bilchik, 2014). Decision makers have fundamental disagreements. Mental health care is essential to the conversation about delinquency. One study reflected that in 14 states youth are in detention because there are no treatment options in the community (Callahan, et al., 2012). According to Callahan, et al. (2012), “many of these youths are detained or placed in the juvenile justice system for relatively minor, nonviolent offenses and end up in the system simply because of a lack of community-based treatment options” (pg. 1).

Recidivism and Aftercare

Data for juveniles show recidivism rates around 55 percent, with re-incarceration and re-confinement rates around 24 percent (OJJDP, 2013; Pew, 2013). High recidivism numbers highlight the need for quality aftercare. Aftercare is services that prepare juveniles in residential facilities for reentry into their home communities by establishing the necessary collaboration with the community and its resources. Ultimately ensuring

linkage to services based on the assessed needs (Altschuler & Bilchik, 2014; OJJDP, 2013). Without continuity of care, specialized treatment in a facility is lost in a short time frame. It has to be significant and relevant to the daily lives of youth (Altschuler, 2008; Altschuler & Bilchik, 2014; OJJDP, 2013). Reinforcement and consistency in the community setting are important. The lack of services in the institution or the community is detrimental one (institutional programs) establishes a foundation for building while the other (community programs) is essential for transferring skills learned (Altschuler, 2008; Altschuler & Bilchik, 2014). Skills learned in the facility and applied in the community result in better outcomes (Altschuler, 2008; Altschuler & Bilchik, 2014; OJJDP, 2013).

Regarding low-risk mental health drug and property offenders, community-based treatment is better. Detention exacerbates an already complex problem by exposing them to exploitation mistreatment and victimization at the hands of violent offenders (Erickson, 2012; PEW, 2013). However, if detained, essential supports need be in place to assure continuity when the youth returns to the community. There are major implications with juvenile incarceration so judges and criminal justice administrators must work with communities to find alternatives to incarceration (Brooks & Roush, 2014). Reintegration of youth in communities is difficult; families have limited expertise and understanding of their needs specifically around mental health (Erickson, 2012).

Gender Specific Issues

Though many issues exist with delinquent juveniles, when the juvenile is a female it further compounds the problem (Barret, Katsiyannis, and Zhang, 2015). Key variables that increase reoffending among females is drug use, family delinquency, offense

severity, and age at first offense. The most reliable predictor, however, is the DSM-IV diagnosis of aggression or impulse related mental issues (Barret, et al., 2015). In a study by Barret et al., females accounted for 18% of violent crime arrests 38% property crime arrests, yet they accounted for 78% of prostitution arrests, and 55% of runaway incidents (Barret et al., 2015).

Running away is an issue with females, which leads to exploitation, drug use, and further justice system involvement. Multiple factors contribute to behavior problems. Concerning runaways, there could be a subliminal message expressly their way of coping (Karam & Robert, 2013). One study of 10 runaway adolescents in foster care found that the lack of connection, empowerment, and emotion regulation, contributed in some part to the runaway behavior. Policies and practices in foster care should address programming and issues as mentioned earlier (Karam & Robert, 2013).

A study by Barrett, Katsiyannis, Zhang, & Zhang analyzed influences of juvenile delinquency. The sample included 199,204 individuals 99,602 of which had their cases processed by the South Carolina Department of Juvenile Justice. The study highlights the need for multisystemic programs of services for youth at risk for delinquent behavior and that the need for boys and girls may be different. The needs of girls include supportive care and nurturing relationships. Girls are impressionable. Their development is sensitive to early caregiving methods (Barrett, Katsiyannis, Zhang, & Zhang, 2014). With juvenile delinquency, there has historically been a contrast between boys and girls (Barrett, et al., 2014; Chamberlain, & Kim, 2015). Boys are associated more with behavior while girls are associated with internalizing spectrum disorders such as depression or anxiety. There

is a need for more research on girls within the last ten years that the proportion of juvenile arrests for girls has gone from 20 to 29% (Leve, Chamberlain, & Kim, 2015).

Foster Care in General

Foster care can take place by assessment or by multi-disciplinary approaches. Either way, when placement happens, there are substantial risks. As with placements for delinquent youth, the evidence-based practice model is important in foster care (Chor et al., 2017). Assessment-driven placements increase treatment success. One longitudinal study in Illinois highlighted the contrast between standardized assessments and multi-disciplinary teams. The model showed success when placement decisions by multi-disciplinary teams were consistent with evaluations (Chor et al., 2017). When the choices were less, restrictive than assessed it resulted in less improvement over time. The study also illuminates the steady decline in the number of months spent in care for foster youth (Chor et al., 2017). According to the survey between 2005 and 2011, the average length of stay in child welfare decreased from 28.6 months to 23.9 months while group home placements dropped from 8.5% to 5.9%, with residential treatments and from 10% to 8.7% in residential treatment. Less restrictive placements increased from 70.4% to 74%. The study focuses on early intervention to improve placement stabilization strengthening connections to family, social, and community supports (Chor et al., 2017).

The foster care system protects children who are a risk for abuse or neglect often leading to out of home placements due to a lack of supervision or mistreatment from caregivers, which in some cases leads to running away (Jewell, et al., 2015; Redondo, Martinez-Catena & Andres-Pueyo, 2012). Each year there is more than 3 million

incidents of child maltreatment reported. The type and extent of that abuse have a dynamic effect on the foster youth. Treatment approaches should include evidence-based practice methods specifically cognitive-based approaches (Jewell, et al., 2015; Redondo et al., 2012). Cognitive programming mitigates the risk for future court involvement (Jewell, et al., 2015; Redondo et al., 2012). Notably, children under age 5 are more likely to end up in out-of-home placements and spend a significant part of their lives in care.

Two pieces of legislation inform policy concerning these populations The Children's Health Act of 2000 and the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Gonzalez, 2014). These two legislative actions provide a standard for care to improve socio-emotional outcomes for children. The Children's Act of 2000 provides safeguards for physical, social, and psychological health of youth (Gonzalez, 2014). The Adoptions Act of 2008 fosters permanency planning relative to guardianship and adoption. Key components include improved education, improved healthcare, along with an extension of federal benefits to age 21 (Gonzalez, 2014).

Foster Care and Delinquency

Youth under the dual supervision of the juvenile justice system and foster care need a comprehensive multi-disciplinary approach to mitigate the risk of future justice involvement (Barrett & Katsiyannis, 2016). Juvenile detention is not the only link to adult offending a study by Barrett & Katsiyannis highlighted the relationship between early adverse experience and recidivism. The survey reflected that experiences such as mental health problems, family related adversities, and school-related disabilities accounted for 20% of the variance in adult offending (Barrett & Katsiyannis, 2016). The

review included 100 studies linking adult offending to adverse experiences in the family. The study highlights the observation that juvenile offending is a predictor of adult offending (Barrett & Katsiyannis, 2016). Juvenile offending is often associated time with family issues. Family influences affect recidivism (Barrett & Katsiyannis, 2016).

Suicidal tendencies for former foster youth who are juvenile delinquents are a concern as well. Genetic traits associated with these youth increase the propensity for suicide attempts (Björkenstam, Björkenstam, Ljung, Vinnerljung, & Tuvblad, 2013). Studies show that among children in long-term foster care, many have birth mothers with a record of a psychiatric illness (Björkenstam et al., 2013).

As found in one study by Ryan Perron, and Huang, the outcomes of older adolescents in the child welfare system regardless of placement type is different (Ryan, Perron, & Huang, 2016). Early onsets of puberty and barriers, entering adulthood, marriage, and career employment delay social and emotional development (Ryan, Perron, & Huang, 2016). Justice involvement was notably higher in former foster men than women were. Approximately 34% of former foster women and 59% of former foster men experienced at least one arrest from age 17 to early twenties which likely linked to policies youth associated with long-term foster care were significantly less likely to suffer a subsequent arrest than those with a long-standing intact family case (Ryan, Perron, & Huang, 2016). The implications are that youth in GC or TFC have to receive certain programs and services while in care. On the other hand families with long-term care do not receive supervision more so than services (Ryan et al., 2016; Baglivio et al., 2016).

Another dimension of delinquency and foster care is running away. One study by Dworsky, Napolitano & Courtney examined the experiences of youth transitioning out of foster care from three Midwestern states (Dworsky, Napolitano & Courtney, 2013). The youth had similar experiences with running away more than once, placed in group care, been physical abused, engaged in delinquent behaviors, and did not feel close to biological parents (Dworsky et al., 2013). These factors have a meaningful impact on delinquency. The percentage of those youth who experienced and least one incident of homelessness were between 31 and 46% (Dworsky et al., 2013). Running away is a response for some youth, and it exposes them to substance abuse and a variety of other acts of delinquency. Programs to address this type of behavior and can limit further justice system involvement, hence the need for additional research (Crosland & Dunlap, 2015).

Long-term Implications

The lack of training and development is a barrier for some youth aging out of foster care. Therefore as parents youth who age out of foster care face significant challenges (Hook & Courtney, 2013). One study highlights the impact of youth leaving care early. A study of 287 children and 150 fathers who aged out of foster care it illuminates the challenges of early parenthood and involvement with public systems after discharge from foster care (Hook & Courtney, 2013). Focusing on Illinois, Iowa, and Wisconsin the study found that about half of the men who aged out of care were fathers compared to about a quarter of similarly aged men (Hook & Courtney, 2013). The study found that over half of children born to former foster youth living with their parents had

substantial challenges including involvement with the criminal justice system (Hook & Courtney, 2013). As a matter of federal policy, there seems to be no requirement for parenting support or training to mitigate barriers. Youth leave care around 18 and lack the parenting skills to support minor children (Hook & Courtney, 2013). Staying in care longer could help eliminate some of the stress associated with post-secondary pursuits and employment. Though at some point the youth has to leave staying in care longer could produce better outcomes for their offspring (Hook & Courtney, 2013).

Mentoring is essential to youth in care for delinquent and foster care youth. There are some mixed reviews concerning this. Some show statistically significant impacts on recidivism, while others do not reflect a rich knowledge base likely from the structure and implementation methodology (Abrams, Mizell, Nguyen, & Shlonsky, 2014; Lipsey et al., 2010). The mentoring component of aftercare fosters needed accountability with foster care and delinquent youth (Lipsey et al, 2010). With delinquents, however, an evolving strategy is accountability courts. Some would categorize boot camp programs in the category of mentoring, but multiple research studies reflect not positive effect on recidivism (Lipsey et al., 2010; Kurlycheck, Wheeler, Tinik, & Kempinen, 2011).

Accountability Courts and Restorative Justice Programs are promising strategies. The accountability court system is experiencing exponential growth (approximately 20 years' worth) (Alarid, Montemayor, & Dannhaus, 2012). Specifically, Juvenile Drug Courts is a source of social support for juveniles. Family support is a component and research reflects that time spent under court supervision is a predictor of rearrests (Alarid et al., 2012). Accountability courts mitigate the risk of drop out from prescribed

programming. One study found that voluntarily dropping out of a program or treatment increases the propensity for recidivism especially with drug and property offending (Lockwood & Harris, 2015). Accountability courts are expanding as a programming philosophy. This type of programming is inclusive of victim consideration fostering greater satisfaction with outcomes, improved compliance, and perceptions of fairness. Ultimately, these type programs reduce recidivism on Meta-analyses (Bergseth, & Bouffard, 2013). Likewise, Restorative Justice Programs are widespread in the United States and other countries. These programs are viable alternatives to traditional retributive processes especially for minor offenses but in some cases severe crimes (Bergseth & Bouffard, 2013). With these programs, there is more community and victim involvement. The effectiveness of restorative justice programs is accepted (Bergseth & Bouffard, 2013).

Summary and Transition

There is an abundance of research indicating the long-term effects of aftercare on juveniles. There is however limited research on delinquent youths supervised in foster care. The risks associated with delinquency are consistent with many of the same risks associated with foster care. Social determinants such as mental health, trauma, low academic performance, substance abuse, and family instability seem prevalent in both populations, and some cases foster care youth have justice system involvement. Youth in foster care, are two to four times more likely to experience issues with depression, post-traumatic stress, personality disorders, substance abuse, and learning disorders (Osei, et al., 2016; Models for Change, 2015).

An analysis of the intrinsic and extrinsic factors can help with policy development concerning dually supervised youth. The criminal justice community including among others legislators, criminal justice administrators, and criminal justice practitioners need to develop robust aftercare models adhering to the research and evidence-based practices. Evidence-based practice includes but is not limited to assessing risks, inserting protective factors, community engagement, and family engagement (Altschuler, 2008; Lipsey et al., 2010). Adding relevant protective factors can have a measurable impact on youth success and recidivism. A systematic approach to aftercare, which includes inserting protective factors, improves the propensity for success (Aalsma et al., 2012; Aalsma et al., 2014; Altschuler, 2008; Altschuler & Brash, 2004; Bilchik, 2009; Lipsey et al., 2010; Weaver & Campbell, 2015; Matthew, 2014).

Chapter 3: Research Method

Introduction

The purpose of this quantitative study was to provide insight as to the difference in outcomes among detained delinquent foster care youth. The youth were separated into three groups: those returning to regular homes TFC, and GC. Youth in foster care are two to four times more likely to experience mental health issues and have the propensity for academic failure and delinquency is increased (Osei et al., 2016). The issues these youth face often fall into the aftercare category of family and living arrangements (Altschuler & Bilchik, 2014, Altschuler & Brash, 2004). All delinquent youth have multiple needs which are even more prevalent for youth in foster care (Barrett & Katsiyannis, 2016). Their needs are extensive and compounded based on the type of foster care setting they live in whether GC or TFC. Many of these challenges get worse when youth return to old neighborhoods or situations (Altschuler, 2008; Altschuler & Brash, 2004; Barrett & Katsiyannis, 2016). There needs to be a comprehensive evaluation of the living situation (Altschuler & Brash, 2004).

The use of empirical data improves the validity of this project as it is necessary to review the aftercare phenomenon. States are using various strategies to address high rates of youth recidivism (Models for Change, 2014). The findings of this study can be used to improve the aftercare process beginning with Georgia. Failure to employ long-term legislative changes can make policy changes insignificant especially when there are changes in executive leadership (Aalsma et al., 2014; Altschuler et al., 2016 ;). The literature indicates that youth perform better in their respective communities, and

confinement increases the chances that they will have further involvement with the justice system (Holman & Zidenberg, 2006). The end goal of this study is to add to the existing literature concerning delinquent youth in foster care while informing policy decisions in Georgia.

In this chapter I will discuss the study design. The methodology including sampling strategy, effect size, and method for requesting and analyzing data is explained. This study includes secondary data, though the research question and null hypothesis will be tested.

Research Design and Rationale

This study is a quantitative comparative analysis. The focus was on delinquent youth in the GDJJ's long-term secure facilities dually supervised by the DFCS in Georgia. The project design compared the youth returning to regular homes, GC, and TFC. The data was analyzed to measure the difference in outcomes. Georgia's JTS contained data that allowed me to identify the target groups. For this project I used secondary data. The comparative analysis was a review of the release portion which is the beginning of the aftercare process.

For this study, the independent variable was type of placement, and the dependent variable was regular home, GC, and TFC. I sought to illuminate the fundamental correlations of reoffense for youth released from custody to regular homes, TFC and GC. To provide additional context and strengthen the study demographic variables including mental health status, age race and sex was reviewed. The demographic data helped determine if there was a statistically significant association by those factors.

Population and Sample Size

The sample population was youth adjudicated for long-term placement returning from secure residential facilities in Georgia January 2012 thru May 2017. Purposive sampling is the chosen method; using secondary data. The units of analysis were 311 youth released from secure residential facilities in Georgia with a DFCS case January 2012 thru May 2017. Frankfort-Nachmias and Nachmias (2007) refer to a sampling unit as "A single member of a sampling population...is referred to as a sampling unit (p. 164). The sample encompassed all youth with a DFCS case January, 2012 thru May 31, 2017. I reviewed the number of youth released by demographic to determine the extent to which it could influence outcomes this enhanced validity. There was a sufficient number to complete the study.

Statistical Tests

A chi-square test was conducted to test the null hypothesis and determine if there was a statistically significant difference in reoffense for delinquent youth supervised in foster care and were returning home from secure facilities in Georgia. The dependent variable was probation outcome (success/failure), there were three nominal independent variables (type of placement, race, and mental health status), and one categorical variable (sex).

To determine sample size, G*Power was used based on a post hoc analysis to compute achieved power. Using G*Power, I could achieve a power of .91 with a sample size of 111. My sample included 311 cases. Figure 1 reflects the logic flow of the research.

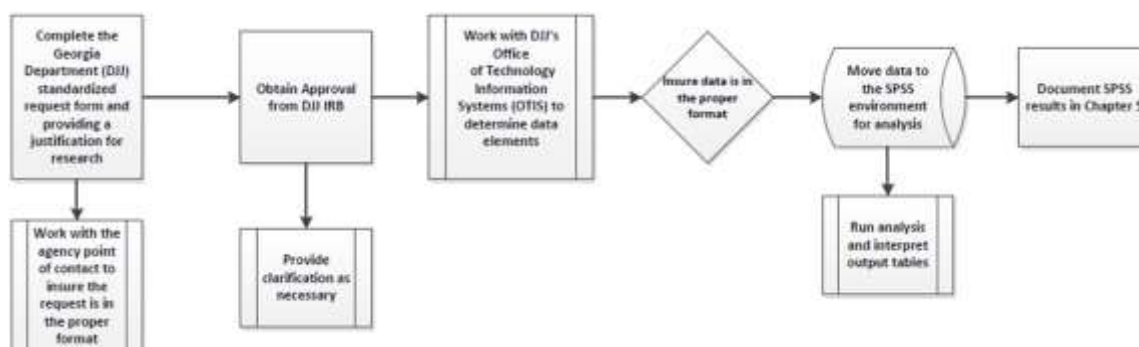


Figure 1. Research Logic Flow

This study adds to the existing body of knowledge about detained juveniles. A comprehensive qualitative grounded theory project can provide a full evaluation of potential variables which can be large or small including but not limited to mental health, neighborhood, and education level of parents, political district, and socioeconomic status (Corbin & Straus, 2016). As noted by Corbin and Straus (2016),

The grounded theory model of research requires that the explanatory conditions brought into analysis are not restricted to those that seem to have immediate bearing on the phenomenon under study. That is, the analysis should not be so *microscopic* as to disregard conditions that derive from more *macroscopic* sources: for instance, those such as economic conditions, social movements, trends, cultural values, and so forth. (p. 426)

There is limited research on delinquent youth in foster care. With the pervasive needs outlined in this study, and social implications more research is needed. Crosland and Dunlap (2014) noted, “children placed in foster care are among the most vulnerable for social-emotional problems and behavior problems” (p. 1699).

Assurance of Validity

The data request format was checked to ensure alignment with the JTS. The request was specific to how data points are captured in the JTS to decrease ambiguity. For instance, if the JTS system captured Hispanic as White there would have been some concerns about reliability and validity. Additionally prior to submitting the request I had discussions with subject matter experts to determine the appropriate modules that housed the data needed for the study. Once the data was received, to improve validity, I reviewed it multiple times and met with the IT department.

Measurement Reliability

The data to measure this phenomenon was available for this project. The JTS has several modules. All of the variables needed for the study were available in the JTS. It is impossible to avoid all reliability issues, but I performed random reviews on data variables to determine if there are issues or concerns (Frankfort-Nachmias, and Nachmias, 2007). Youth in all risk categories are included in this project. Before Georgia's reform, some low-risk youth were placed in custody, but under the rewrite of the juvenile code primarily high-risk offenders can be placed in long-term detention (PEW, 2013).

Population and Population Size

The population for this study is 311 youth released from secure residential facilities in Georgia January 2012 thru May 2017 with a DFCS case. There are twenty-seven facilities under the auspices of the GDJJ. There are two types of facilities YDCs, and

RYDCs. The missions are somewhat similar however the methodology for programming is different. Seven of the twenty-seven facilities are YDCs referred to as long-term facilities. The long-term facilities have a robust system of care beyond those services offered in RYDCs. Some of the cases in this study were youth released from RYDCs awaiting placement in a YDC. According to Frankfort-Nachmias, & Nachmias (2007), a research population is the "aggregate of all cases that conform to some designated set of specifications" (p. 163).

Summary and Transition

This chapter addresses the methodological components of this study. There are some essential steps included herein. This study is set up in a way to capture the necessary data elements to analyze the aftercare process for delinquent youth supervised by DFCS. The JTS is rich in data this allowed me to thoroughly analyze the data and provide needed feedback on the phenomenon of youth aftercare. The data and testing methods in the design answered the research question by testing the null hypothesis.

Chapter 4: Results

Introduction

In this chapter, I will discuss the research questions and findings of my analysis. Initially the goal of the study was to examine if there was statistically significant difference in reoffense for delinquent juvenile delinquents supervised by DFCS leaving Georgia's secure residential facilities returning to GC, or TFC. Since the dataset included youth going to regular homes, they were included in the analysis as well. The following research question was used to direct the study: Is there a statistically significant difference in reoffense for delinquent youth under DFCS supervision returning home from long-term secure residential facilities to regular homes, GC, or TFC? The null hypothesis was that there is not a statistically significant difference in reoffense for delinquent youth in foster care returning home from long-term secure residential facilities to regular homes, GC, or TFC. The alternative hypothesis was that there is a statistically significant difference in reoffense for delinquent youth in foster care returning home from long-term secure residential facilities to regular homes, GC, or TFC

Working with the GDJJ's IT department, I was able to get the aggregate data for youth released with a DFCS case. I used secondary data for this project, and due to the nature of the request, it required several interactions with the programmers and analysts. The data system for the GDJJ is comprehensive. Using secondary data was beneficial, but when requesting data, it seemed to complicate the process because generally data analysts use a literal approach so explicitly defining data variables was extremely important. In my study, I had to engage subject matter experts who were familiar with

the location of pertinent data elements. In some cases, the subject matter experts were unavailable, causing some delays for me because the first few datasets excluded some of the target cases. Since my focus was on youth supervised by DFCS, the entire dataset was requested. Through several iterations of the dataset, I was able to settle on the last version submitted. After taking out some cases that had placement dates beginning before 2012 and other that had placement dates starting after May 31, 2018, 311 cases remained. The term placement date for this study can be used interchangeably with probation start date. The cases ranged from July 2012, to May 2017. The juveniles in this study were adjudicated for long-term placement then were placed at a YDC or RYDC before being released to the community. The analysis was focused on whether or not the identified youth returned to custody at a YDC/RYDC in less than 365 days of release. The return to custody could have been by probation failure or a new sentence.

Binomial logistic regression was performed to determine the difference between reoffense rates for juvenile delinquents leaving secure detention in Georgia supervised in foster care or having a DFCS case. The analysis was designed to focus on youth supervised by DFCS which is the agency in Georgia that has oversight of foster care youth. The youth were divided into three categories depending on whether they returned to regular homes, GC, or TFC.

A chi-square test was conducted to test the null hypothesis and determine if there was a statistically significant difference in reoffense for delinquent youth supervised in foster care and were returning home from secure facilities in Georgia. The dependent variable was probation success/failure, there were three nominal independent variables

(type of placement, race, and mental health status), and one categorical variable (sex).

The total dataset included 311 youth with a DFCS case July 2012 thru May 2017, 43.7% ($n=136$) returning to regular homes, 41.2% ($n=128$) returning to GC, and 15.1% ($n=47$) returning to TFC.

Data Collection

The population was youth returning home from long-term secure detention. Purposive sampling was used, and youth with a DFCS case was the units of analysis. Frankfort-Nachmias and Nachmias (2007) defined a sampling unit as "a single member of a sampling population...is referred to as a sampling unit" (p. 164). The sample encompassed all youth returning home with a DFCS case July 2012, thru May 2017. Initially, my analysis was on youth returning to GC and TFC. However, when the data was received, I noticed that there was enough youth with a DFCS case returning to regular homes to analyze their outcomes as well. Therefore, the research question and hypotheses were revised.

In the initial study, risk level part of the evaluation. However, when the data was received the risk level was not captured in several cases. Additionally, GDJJ changed the assessment tool, and Georgia's reform law changed prioritizing long-term placements for high-risk youth (PEW, 2013). Based on the issues noted above, a review based on risk level did not seem possible for this study. Therefore, the risk level was left out of the analysis which did not impact the study.

The primary independent variable in the study was type of placement. The dependent variables were regular homes, GC, and TFC. The other independent variables analyzed were race, gender, age, and mental health status.

Research Question and Hypothesis

Research Question

Is there a statistically significant difference in reoffense for delinquent youth under DFCS supervision returning home from long-term secure residential facilities to regular homes, group homes, or traditional foster homes?

Analysis of Independent Variables

Table 1 shows the information gathered when analyzing the sample population by age.

Table 1

Probation Outcome by Age

		Probation Outcome		Total	
		PBF	PBS		
AGE	13	Count	5	<5	5
		Expected Count	4.1	.9	5.0
		% within AGE	100.0%	n<5	100.0%
		% within Probation Outcome	2.0%	n<5	1.6%
		% of Total	1.6%	n<5	1.6%
	14	Count	16	<5	20

	Expected Count	16.2	3.8	20.0
	% within AGE	80.0%	n<5	100.0%
	% within Probation Outcome	6.3%	n<5	6.4%
	% of Total	5.1%	n<5	6.4%
	Count	24	<5	27
	Expected Count	21.9	5.1	27.0
15	% within AGE	88.9%	n<5	100.0%
	% within Probation Outcome	9.5%	n<5	8.7%
	% of Total	7.7%	n<5	8.7%
	Count	79	19	98
	Expected Count	79.4	18.6	98.0
16	% within AGE	80.6%	19.4%	100.0%
	% within Probation Outcome	31.3%	32.2%	31.5%
	% of Total	25.4%	6.1%	31.5%
	Count	128	33	161
	Expected Count	130.5	30.5	161.0
17	% within AGE	79.5%	20.5%	100.0%
	% within Probation Outcome	50.8%	55.9%	51.8%
	% of Total	41.2%	10.6%	51.8%
	Count	252	59	311
Total	Expected Count	252.0	59.0	311.0

% within AGE	81.0%	19.0%	100.0%
% within Probation Outcome	100.0%	100.0%	100.0%
% of Total	81.0%	19.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.524 ^a	4	.640
Likelihood Ratio	3.601	4	.463
N of Valid Cases	311		

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is .95.

All expected cell frequencies were greater than five, except ages 13 - 15. For ages 16 and 17 there was not a statistically significant association between the dichotomous dependent variable. Therefore, I accepted the null hypothesis for ages 16 and 17 $X^2(2) = 2.524, p > .005$. As noted above for ages 13-15, the findings cannot be used because all cell frequencies were not greater than five. However, as indicated on table 1 age's 16 and 17 did not show a statistically significant difference with probation success reflected as 19.4% and 20.5% respectively.

Table 2 shows the analysis of the independent variable of race. All expected cell frequencies were greater than five and there was not a statistically significant association between the dichotomous dependent variable. $X^2(2) = 3.672, p > .005$. As reflected on

Table 2, there was not a statistically significant difference with probation success reflected by the chi-square test for Black. Probation success was 15.4% for Black; White was 24.0%, and Other 24.1%. Black youth were represented disproportionately in the cohort with more in the cohort (58.5%) than White (32.2%) or those of other race (9.3%), but the expected counts were consistent with the observed counts

Table 2

Probation Outcome by Race

		Probation Outcome		Total
		PBF	PBS	
Black	Count	154	28	182
	Expected Count	147.5	34.5	182.0
	% within RACE	84.6%	15.4%	100.0%
	% within Probation Outcome	61.1%	47.5%	58.5%
	% of Total	49.5%	9.0%	58.5%
RACE Other	Count	22	7	29
	Expected Count	23.5	5.5	29.0
	% within RACE	75.9%	24.1%	100.0%
	% within Probation Outcome	8.7%	11.9%	9.3%
	% of Total	7.1%	2.3%	9.3%
White	Count	76	24	100
	Expected Count	81.0	19.0	100.0
	% within RACE	76.0%	24.0%	100.0%
	% within Probation Outcome	30.2%	40.7%	32.2%
	% of Total	24.4%	7.7%	32.2%
Total	Count	252	59	311
	Expected Count	252.0	59.0	311.0
	% within RACE	81.0%	19.0%	100.0%

% within Probation Outcome	100.0%	100.0%	100.0%
% of Total	81.0%	19.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.672 ^a	2	.159
Likelihood Ratio	3.625	2	.163
N of Valid Cases	311		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.50.

Table 3 shows the information gathered when analyzing the sample population by sex. All expected cell frequencies were greater than five, and there was not a statistically significant association between the dichotomous dependent variable. Therefore, I accepted the null hypothesis for sex $X^2(1) = .490, p > .005$. Males were disproportionately represented within the dataset (65.6%), but this is consistent with the population. Probation success for females was 16.8%, and with males, it was 20.1%.

Table 3

Probation Outcome by sex

			Probation Outcome		Total
			PBF	PBS	
		Count	89	18	107
SEX	Female	Expected Count	86.7	20.3	107.0
		% within SEX	83.2%	16.8%	100.0%

Male	% within Probation Outcome	35.3%	30.5%	34.4%
	% of Total	28.6%	5.8%	34.4%
	Count	163	41	204
	Expected Count	165.3	38.7	204.0
	% within SEX	79.9%	20.1%	100.0%
	% within Probation Outcome	64.7%	69.5%	65.6%
Total	% of Total	52.4%	13.2%	65.6%
	Count	252	59	311
	Expected Count	252.0	59.0	311.0
	% within SEX	81.0%	19.0%	100.0%
	% within Probation Outcome	100.0%	100.0%	100.0%
	% of Total	81.0%	19.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.490 ^a	1	.484		
Continuity Correction ^b	.300	1	.584		
Likelihood Ratio	.497	1	.481		
Fisher's Exact Test				.544	.295
N of Valid Cases	311				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.30.

b. Computed only for a 2x2 table

Table 4 shows the information gathered when analyzing the sample by type of placement. All expected cell frequencies were greater than five, and there was not a

statistically significant association between the dichotomous dependent variable. Though the difference was not statistically significant probation success for youth returning to regular homes was 20.6%. Therefore, I accept the null hypothesis for type of placement $X^2(1) = .218, p > .005$.

Table 4

Probation Outcome by Type of Placement

		Probation Outcome		Total	
		PBF	PBS		
Type of Placement	DFC	Count	108	28	136
		Expected Count	110.2	25.8	136.0
		% within Type of Placement	79.4%	20.6%	100.0%
		% within Probation Outcome	42.9%	47.5%	43.7%
	GH	Count	108	20	128
		Expected Count	103.7	24.3	128.0
		% within Type of Placement	84.4%	15.6%	100.0%
		% within Probation Outcome	42.9%	33.9%	41.2%
	TFC	Count	36	11	47
		Expected Count	38.1	8.9	47.0
		% within Type of Placement	76.6%	23.4%	100.0%
		% within Probation Outcome	14.3%	18.6%	15.1%
Total	Count	252	59	311	
	Expected Count	252.0	59.0	311.0	

% within Type of Placement	81.0%	19.0%	100.0%
% within Probation Outcome	100.0%	100.0%	100.0%
% of Total	81.0%	19.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.765 ^a	2	.414
Likelihood Ratio	1.774	2	.412
N of Valid Cases	311		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.92.

Table 5 shows the analysis for the independent variable mental health status.

There was a difference in outcomes based on mental health status with those not on the mental health caseload at 27.1% but it was not statistically significant. All expected cell frequencies were greater than five; therefore I accept the null hypothesis $X^2(1) = .218, p > .005$.

Table 5

Probation Outcome by Mental Health Status

			Probation Outcome		Total
			PBF	PBS	
Mental Health Status	MH	Count	191	43	234
		Expected Count	189.6	44.4	234.0
		% within Mental Health Status	81.6%	18.4%	100.0%

	% within Probation Outcome	75.8%	72.9%	75.2%
	% of Total	61.4%	13.8%	75.2%
	Count	61	16	77
	Expected Count	62.4	14.6	77.0
NMH	% within Mental Health Status	79.2%	20.8%	100.0%
	% within Probation Outcome	24.2%	27.1%	24.8%
	% of Total	19.6%	5.1%	24.8%
	Count	252	59	311
	Expected Count	252.0	59.0	311.0
Total	% within Mental Health Status	81.0%	19.0%	100.0%
	% within Probation Outcome	100.0%	100.0%	100.0%
	% of Total	81.0%	19.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.218 ^a	1	.641		
Continuity Correction ^b	.089	1	.765		
Likelihood Ratio	.214	1	.643		
Fisher's Exact Test				.619	.376
N of Valid Cases	311				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.61.

b. Computed only for a 2x2 table

Table 6 shows logistic regression analysis using the Hosmer and Lemeshow goodness of fit test. The model was a good fit $p = .855$.

Table 6

Hosmer and Lemshow Test 1

Step	Chi-square	df	Sig.
1	4.025	8	.855

Regarding the binomial logistic regression analysis, no assumptions were violated. Assumption 1 is met there is one dichotomous dependent variable. For this analysis, success is defined by probation case 365 days or older, and probation failure is defined by placement back in a secure facility less than 365 days from release. Assumption 2 is met there is three nominal Independent Variables Type of Placement, Race, and Mental Health Status; one Categorical Variable: Sex. Assumption 3 is met there is the independence of observations, and there is no relationship between categories. Assumption 4 is met in three of four independent variables there are more than 15 cases per independent variable except for age 13 n = 5 cases. Assumption 5 is met all independent variables are nominal. Assumption 6 is met multicollinearity is not an issue because the independent variables are nominal. Assumption 7 is met there are no significant outliers as determined by a view of the data.

A second analysis was conducted using the Hosmer and Lemeshow Test. Table 7 below shows the logistic regression model was not statistically significant, $X^2(8) = 4.025, p = .855$. The model explained 41% of the variance (Nagelkerke R^2) with 81% of the cases classified properly 252 resulted in probation failure while 59 resulted in probation success.

Table 7

Hosmer and Lemeshow Test 2

Step	Chi-square	df	Sig.
1	4.025	8	.855

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	294.183 ^a	.025	.041

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

An analysis of the variables in the equation was conducted. Of the four predictor variables none were statistically significant: age ($p = .239$), race ($p=.128$), sex ($p = .336$), type placement ($p=.351$), and mental health status ($p=.733$).

Table 8

Variables in the Equation

		95% C.I.for EXP(B)	
		Lower	Upper
Step 1 ^a	AGE	.879	1.679
	RACE		
	RACE(1)	.297	1.022
	RACE(2)	.378	2.682
	SEX(1)	.394	1.375
	Type of Placement		
	Type of Placement(1)	.360	1.795

Type of Placement(2)	.241	1.307
Mental Health Status(1)	.461	1.724
Constant		

a. Variable(s) entered on step 1: AGE, RACE, SEX, Type of Placement, Mental Health Status.

Type of Placement * Probation Outcome

		Probation Outcome		Total	
		PBF	PBS		
Type of Placement	DFC	Count	108	28	136
		Expected Count	110.2	25.8	136.0
		% within Type of Placement	79.4%	20.6%	100.0%
		% within Probation Outcome	42.9%	47.5%	43.7%
		% of Total	34.7%	9.0%	43.7%
		Count	108	20	128
	GH	Expected Count	103.7	24.3	128.0
		% within Type of Placement	84.4%	15.6%	100.0%
		% within Probation Outcome	42.9%	33.9%	41.2%
		% of Total	34.7%	6.4%	41.2%
		Count	36	11	47
		Expected Count	38.1	8.9	47.0
TFC	% within Type of Placement	76.6%	23.4%	100.0%	
	% within Probation Outcome	14.3%	18.6%	15.1%	
	% of Total	11.6%	3.5%	15.1%	
	Count	252	59	311	
Total	Expected Count	252.0	59.0	311.0	

% within Type of Placement	81.0%	19.0%	100.0%
% within Probation Outcome	100.0%	100.0%	100.0%
% of Total	81.0%	19.0%	100.0%

Summary and Transition

Hypotheses

H_0 1: There is not a statistically significant difference in reoffense rates for delinquent youth under DFCS supervision returning to regular homes, group homes, or traditional foster homes.

H_a 1: There is a statistically significant difference in reoffense rates for delinquent youth under DFCS supervision returning to regular homes, group homes, or traditional foster homes.

Probation success was 20.6% (regular homes), 15.6% (GC), and 23.4% (TFC). Though GC was the lowest, based on the statistical tests, the variance is not significant. This answers the research question and the null hypothesis, reflecting no statistically significant difference in probation success.

Chapter four reflects the outcomes based on the analysis performed on the data received. As noted above based on chi-square and binomial logistic regression tests there was not a statistically significant difference in the outcomes of youth with a DFCS case returning to regular homes, GC, or TFC.

The null hypothesis states there is not a statistically significant difference in reoffense rates for delinquent youth under DFCS supervision returning to regular homes,

GC, or TFC. The statistical tests support the null hypothesis. I reviewed four other independent variables which are critical factors in the outcomes of delinquent youth this included mental health status, race, sex, and age this provide additional context. Figure 2 shows and analysis of probation outcome across all variables in the study with success ranging from 15.4% for Black youth to 24.1%.

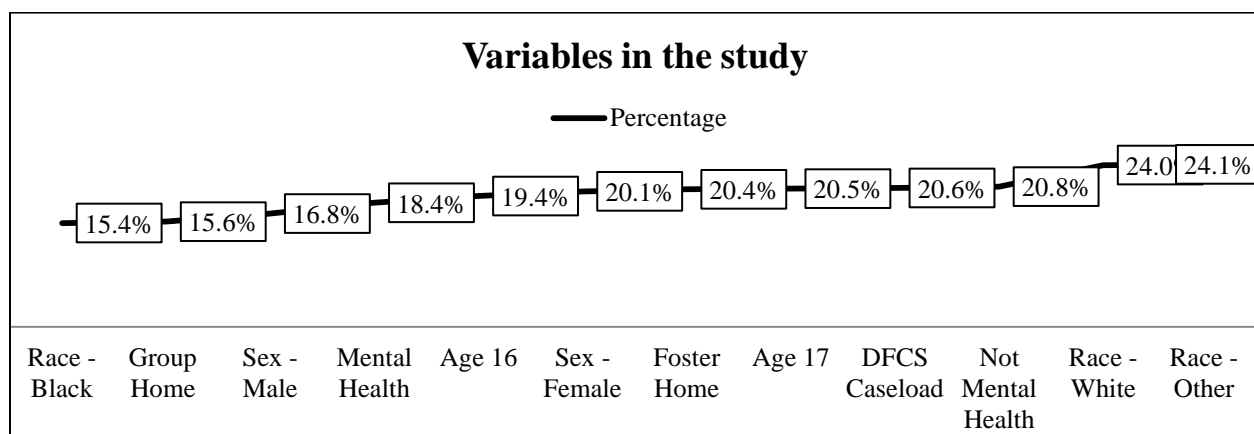


Figure 2. Variables in the study

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to provide insight as to the difference in outcomes among detained delinquent foster care youth. The study includes youth with a DFCS case returning to regular homes, GC, or TFC. Youth in foster care are two to four times more likely to experience mental health issues like depression, posttraumatic stress, personality disorders, substance abuse, attention deficit and learning disorders, and the propensity for academic failure and delinquency is increased (Osei et al., 2016).

The use of empirical data improved the validity of this project as it was necessary to review the aftercare phenomenon (Creswell, 2012). Multiple states are using various strategies to address high rates of youth recidivism (Models for Change, 2014). The findings of this study can be used to improve the aftercare process beginning with Georgia. Failure to employ long-term legislative changes can make policy changes insignificant, especially when there are changes in executive leadership (Aalsma et al., 2014; Altschuler et al., 2016). The literature supports the notion that youth perform better in their respective communities and confinement increases the chances that they will have further involvement with the justice system (Holman & Zidenberg, 2006). The vision for this study is to add to existing literature concerning delinquent youth in foster care while informing policy decisions in Georgia.

The findings in this study warrant additional analysis of foster care youth in the GDJJ. Though the analysis does not include recidivism, it does reflect that probation success is less than 25% across all test variables including type of placement, race,

gender, mental health status, and age. Within these variables, the lowest and highest was in the race category ranging from 15.4% for black youth to 24.1% for youth represented as other. All the variables above fell somewhere in between.

Interpretation of Findings

As reflected in Chapter 4, I reviewed the independent variable which is the focus of the study type of placement and four other independent variables which are critical factors in the outcomes of delinquent youth. The independent variables *type of placement* and *probation outcome* was the focus of the study while four other independent variables, mental health status, race, sex, and age were analyzed to provide additional context. As shown in Table 8, youth success as defined in this study is less than 25% for all categories with some as low as 15% which was by race (black). Probation success ranged from 15.4% (black youth) to 24.1% (other youth).

Limitations of the Study

There were limitations in this study for a few reasons. Georgia has implemented juvenile justice reform, which resulted in a rewrite of the Georgia code for juvenile justice (PEW, 2013). Reliability was improved in this study because it covers the pre and post reform era. Since this was a quantitative study, the findings may not explicitly reflect some contributing factors to success or failure. For instance, some successes could be influenced by the quality of the foster home or group home while some could be the attitude of caregivers.

This study should not be used as an analysis for recidivism, but an evaluation of probation success. Though some of the youth in this cohort committed additional

offenses, some were placed back in to secure facilities because of probation violations. Ultimately, for this analysis probation success is no additional placements in a secure facility within 365 days of release.

Additionally, the GDJJ measures recidivism differently from the definition used for reoffense in this study. It is important to note that the reoffense time frame used for the study was 365 days. For these reasons this study is not and should not be perceived as reflective of the recidivism projections for the GDJJ.

Recommendations

I recommend that the findings in this study be used to improve the aftercare process for youth in foster care returning home from secure residential facilities in the GDJJ. I recommend the data collection process for youth on the DFCS caseload be reviewed. To obtain the data for this report, the analysts and I had to enlist the support of subject matter experts to determine how to collect the data. The data requested is not something that would be typically requested by the GDJJ staff. Due to the extensive needs of youth with a DFCS case, an extended conversation among internal practitioners is warranted. It can help decide what data points are needed to help make policy decisions concerning youth with a DFCS case.

Based on the findings of this study, more research is needed to determine how the outcomes of youth with a DFCS case can be improved. This study is quantitative and therefore limited in the depth of inquiry. Probation success is less than 25% for all youth in this study, so this is an emergent need that can be addressed by looking at policies and practices.

Implications for Social Change

This study highlights many of the issues experienced by youth supervised in foster care and those having a DFCS case. The findings do not reflect statistically significant differences in outcomes for the youth in the study. However, the analysis did show that race and placement type had some effect on probation success. For race, success ranged from 15.4% for Black youth to 24.1% for youth designated as other race. For placement type, probation success was 15.6% for youth returning to GC, 20.6% for youth returning to regular homes, and 23.4% for youth returning to TFC. This study adds to the body of knowledge for youth supervised in foster care and those having an existing DFCS case. Georgia's reform efforts began because of the need to address high recidivism rates that add to the cost of detention (PEW, 2013). Driving down those rates and providing services in the community will improve the overall policy process.

Conclusion

This study reflects the need for continued diligence in juvenile justice reform. Georgia's appears to be making significant progress with recent reforms, but more research is needed. Over time, as policies and practices align across the spectrum with the spirit of the reform legislation, youth outcomes should improve. Improving youth outcomes will likely require changes to procedures and processes including staff practices, internal policy decisions, or legislative priorities.

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