



NORTH CAROLINA CENTRAL UNIVERSITY
Juvenile Justice Institute



**BARRIERS
TO
EFFECTIVE
SERVICE
DELIVERY IN
COUNTY
DETENTION
CENTERS**

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EXECUTIVE SUMMARY

In 2007, the NC Central University Juvenile Justice Institute initiated an exploratory study of the states' four county run detention centers. The purpose of this study was to identify barriers to effective service delivery in these organizations. The rationale underlying this initiative was to look at how the unique positioning of these facilities (being county run) facilitates the opportunity for effective service delivery. Largely, this study revealed that the barriers facing these detention centers are reflective of the same problems facing facilities nationally. Notably, a central issue (from the perspective of the agencies) is that of resources. These resource issues (primarily staffing and facilities) are found to be inextricably tied to all dimensions of the detention center programs. Notably, these resource issues hamper the ability of detention centers to offer services to the youth in their custody. This report makes several recommendations:

- There is an apparent need for Detention Centers to shore up the training of staff members. Nationally, there is a lack of awareness of critical issues such as gang awareness, the effects of drugs on mental processing, and managing youth with suicidal tendencies. Assessing the specific training needs of these centers and developing a targeted strategy should be a priority.
- County run juvenile detention centers should examine the feasibility of diversifying their funding streams through the securing of outside foundation grants. Organizations like the A.E. Casey Foundation are spearheading multi-million dollar initiatives targeting the improvement of juvenile detention services nationwide. While these grants are typically not for capital projects, they can go a long way toward mitigating the problems associated with outdated facilities. Moreover, there exists the potential to free up existing funds for capital needs.
- There is a need for increased collaboration between center Directors and local universities - specifically, education, criminal justice, psychology, and sociology departments to increase the knowledge transfer and eventual solution generation. This collaboration will also increase the chances of securing grant funding for center programs and initiatives. Additionally, this will create a conduit for future employees. Undergraduates coming out of the participating university departments can be tapped to participate in select projects and initiatives and thereby gain valuable experience.
- Examining the side-by-side challenges of county run vs. state run detention centers is of necessity. The logic of having two different types of facilities is not in question as counties have long touted their need to keep detained youth close to their families and communities. However, the extent to which there are differences (if any) in how youth are being served is a critical research question.

- Over the course of the last 15 years, systems affiliated with the juvenile justice system (e.g. mental health and social services) have undergone major changes. In order to keep up with these changes, ongoing and in-depth program evaluation of these centers is a necessary evil. Too often, program evaluation is an afterthought. Research has proven that this is a critical tool to the success of any organization. Additionally, this step will help to lay the groundwork for eventual grant procurement in the future.

INTRODUCTION

It is well established that a significant number of court-involved youth suffer from behavioral problems as well as mental health and/or substance abuse disorders. These issues impair a youth's ability to participate fully in their families, schools and communities. Moreover, these issues are more often than not the underlying cause of delinquent behaviors. Juvenile detention centers serve a dual purpose: 1) provide a safe and secure placement for youth, and 2) provide the opportunity for youth to receive treatment. The ability of youth to take advantage of the services available and to participate in their own rehabilitation, is affected by the ability of detention centers to effectively administer treatment programs and counseling. If left untreated, these youth pose a significant safety risk to themselves and others.

The state of North Carolina is home to 13 detention centers statewide – nine state run facilities and four county owned and run facilities. The aim of this report is to identify barriers to the effective delivery of services to juveniles in the four county detention centers. County detention centers face a unique set of political and economic challenges: these entities have different funding streams as compared to their state counterparts; and they are accountable to their local governing bodies as well as being accountable to state regulations. As such, it was deemed that a specific focus on the needs and challenges of these organizations was an important subject.

BACKGROUND

In 1974, the Juvenile Justice and Delinquency Prevention Act, which established the federal Office of Juvenile Justice and Delinquency Prevention, was enacted to identify the needs of youths and to fund programs in the juvenile justice system (Siegel & Senna, 2008; Public Law, 1974). Some of the most important provisions of the act were (1) to insulate juveniles from contact with more dangerous and/or older offenders; and (2) to remove delinquents from facilities that house adults (Siegel & Senna, 2008).

In accordance with this Act, all states were/are required to establish institutions for delinquent juveniles. In North Carolina, the Department of Juvenile Justice and Delinquency Prevention created Youth Development Centers (YDCs) and Detention Centers (DCs) to house and rehabilitate violent and non-violent youth. Youth Development Centers house adjudicated youth from ages 10 to 16, and in some cases residents can remain in these centers until the age of 21. Detention Centers, on the other hand, are secure, temporary facilities where a juvenile will stay while awaiting a court date or until placement is arranged (North Carolina Office of Juvenile Justice and Delinquency Prevention, 2007).

Nine centers function at the state level while four centers operate at the county level (Mecklenburg, Guilford, Durham, and Forsyth). These centers not only provide temporary housing, but also make available an array services to improve the lives of youth.

Services received by these residents are of great benefit because they help to repair these children spiritually, morally, physically, mentally, and academically. However in the course of providing services, barriers are present which hinder these centers from accomplishing their stated mission, goals, and objectives. To gain an understanding of these barriers, an exploratory study, sponsored by the Juvenile Justice Institute of the Department of Criminal Justice at North Carolina Central University, was designed to (1) identify barriers that inhibit county juvenile detention centers from effectively intervening in the lives of youth, and (2) develop recommendations based on the findings.

To perform this study, the author visited and interviewed personnel at four county juvenile detention centers in North Carolina: Gatling Juvenile Diagnostic Center in Charlotte, NC (Mecklenburg County); Guilford County Juvenile Detention Center in Greensboro, NC (Guildford County); Forsyth County Youth Services Center in Winston-Salem, NC (Forsyth County); Durham County Youth Homes (Durham County).

LITERATURE REVIEW

What barriers hinder juvenile detention centers from providing effective intervention services to residents?

There are many barriers that face detention centers. Looking at the history of juvenile justice institutions in the United States reveals a history fraught with constant challenges not which the least is the challenge of adequate funding. According to the National Partnership for Juvenile Services (2005), juvenile detention centers face constant pressure to reduce budgets. Such pressure, in most cases, inhibits juvenile detention facilities from providing quality services to residents, from hiring and retaining sufficient staff to operate facilities, from improving the structure of the physical plant, from purchasing educational materials for its residents, and from providing in-service training to staff. Programs and services with more future-oriented outcomes and benefits are sacrificed for the funding of programs or services with more immediate consequences or needs (Iowa Department of Human Rights, 2002). Ultimately, when critical areas in facilities are adversely affected by insufficient funds, the accomplishment of agency goals and objectives becomes difficult.

Related to the issue of funding is another resource issue – staffing. For agencies to accomplish their mission, being fully staffed is essential. To be effective, supervision of juveniles requires trained and competent staff and an adequate staff-to-juvenile ratio (National Partnership for Juvenile Services, 2005). All too frequently, detained juveniles are being housed in facilities which are overcrowded and understaffed (National Partnership for Juvenile Services, 2005). As a consequence, residents do not receive the attention and care needed.

From a mental health perspective, insufficient staffing inhibits detainees from receiving quality counseling and mental health services. Research shows that psychiatric mental health clinical nurse specialists are currently in short supply and this shortage is occurring at a time when the need for psychiatric services has never been greater (Chevalier, Steinburg, and Lindeke 2006; Feldman, Bachman, Cuffel, Friesen, & McCabe 2003). Because of this dearth of mental health resources and services, residents suffer because their disabilities are not being addressed and treated adequately. Consequently, residents do not develop coping mechanisms to grapple with disorders effectively.

Along with inadequate staffing, undertrained staff serves as a barrier to effective intervention. In reviewing juvenile organizations across the nation, Williams (2005) argues that staff are not adequately prepared to work with troubled youth with disabilities across a range of service dimensions.

Courts have ruled on the liability of institutional administrators and supervisors for a wide range of conduct relating to the hiring, training, and supervising of staff (Austin, Johnson, and Gregoriou, 2000). Liability may be imposed if supervisors hire unqualified people, fail to train staff adequately, fail to supervise staff on the job, fail to provide staff with formal policy and procedural guidelines, or fail to fire unfit staff (Austin et al., 2000). These issues typically arise in cases where injuries or death have occurred and staff has not been trained to handle suicidal children or medical emergencies (Austin et al., 2000).

Lastly, research has demonstrated that the lack of parental involvement is one of the most important and significant barriers to effective intervention. Nock and Photos (2006) documented that child and family treatments require special consideration because they differ in fundamental ways from adult treatments. Parents typically are responsible for seeking and initiating treatment, consenting to treatment procedures, and managing ongoing treatment attendance (Nock & Photos, 2006; Nock & Ferriter, 2005). Therefore, in child treatment it is parent motivation for treatment that may be most important in predicting which families will attend treatment and adhere to prescribed treatment procedures (Nock & Photos, 2006). For children to change their thinking and behavior and lead lives that are productive, it is imperative that parents are actively engaged in the intervention.

This brief review does not enumerate all of the challenges faced by juvenile justice facilities. However, an effort has been made to highlight the more salient issues found to be common across all types of organizations and persistent across time. Other noteworthy issues include 1) legal and regulatory changes; 2) changing population demographics; and 3) the increased gang presence in facilities.

METHODS

This study was conducted in the summer of 2007. Center Directors were contacted to inform them of the study and to solicit their participation. All 4 of the county owned centers agreed to participate in the study. Respondents were interviewed on-site using a semi-structured interview format with a pre-selected set of questions. The study relied on a convenience sample of respondents provided by Center Directors who selected participants for the study based on their staffing availability. In the final analysis, 18 persons were interviewed in total. Of these 18 respondents, there were five employees of both Gatling Juvenile Diagnostic Center and Guilford County Juvenile Detention Center; while four were employees of Forsyth County Youth Services Center and Durham County Youth Home respectively. Of these respondents, 72% were male while 18% were female. Eighty-nine percent were African-American, while 11% were Caucasian. In comparing line staff to supervisory staff, the majority of the sample consisted of supervisors.

Instrument

The study's instrument (Appendix A) was composed of sixteen open-ended questions. Questions addressed such issues as: services provided by external agencies and or organizations to these facilities, resident demographics, methods and services provided by these facilities to modify residents' behavior, barriers to these methods and services, agency and staff needs, anticipated barriers for these facilities in the future, strengths of the agencies, and areas of agency improvement.

Data Analysis

To convert qualitative data to quantitative form, categories were created from the responses given. Subsequently, frequencies were generated to calculate percentages for each category. Data were tabulated into categories and collapsed across facilities to provide a richer overall snapshot of the centers as a whole and to prevent the identification of individual centers. As such, the frequencies provided for all categories represent the total number of times a given response was provided to the interviewer as a percentage of all responses. Tables and bar graphs are provided throughout the document to illustrate the information.

PROGRAMATTIC OVERVIEW

Table 2 provides data that reflects select characteristics of the centers. With the exception of Gatling Juvenile Diagnostic Center, all centers accept both males and females, whereas Gatling only accepts males. In terms of age, juveniles range from age 8 to 18 (although residents ages 8 and 18 are very rare cases), with 14 and 15 year olds being the largest group housed. As for race, African-American youth make up a disproportionate number of the youth served. Caucasians and Hispanics make up the second largest group. Lastly, a greater proportion of residents come from low income, single parent households headed by females.

Other information shared by respondents, but not included in Table 2, is the mental instability of residents. Respondents reported that residents suffer from various disorders such as Attention Deficit Disorder, Attention Deficit Disorder with Hyperactivity, anxiety disorders, depression, bipolar disorders, and chemical dependency disorders (i.e. drug and alcohol abuse). Moreover, a high percentage of residents are typically low academic performers. In most cases, these youth are not performing at grade level. All of these factors are consistently found to be underlying contributing factors to delinquency.

Table 1: County-run Juvenile Facilities Overview

	Gatling Juvenile Diagnostic Center	Durham County Youth Home	Guilford County Juvenile Detention Center	Forsyth County Youth Services Center
Gender of residents	Male only	Male and female	Male and female	Male and female
Age range	9 to 18	9 to 17	8 to 17	9 to 16
Youth served	589		1470	800
Employees	27	21	40	24
Client to Staff Ratio	5 to 1	4 to 1	1 to 8	4 to 1
Year Facility Built	1971	1962	1997	1984
County Budget	1.7million	1.1 million	2.7million	1.2million
Bed Space	30	14	48	16

Data reflect fiscal year ending June 30, 2007.

The network of support organizations available to detention centers covers both the private and public sector (table 2). Volunteer groups are involved in helping residents to transform their lives. Church groups visit weekly to offer spiritual support and to provide spiritually based information to youth who are interested. Students from local universities visit frequently to serve as mentors and tutors for residents. Also, employees of the local public libraries visit periodically to lend residents books and other reading materials.

Table 2:

In terms of providing services to your residents, what other organizations and agencies impact your process?

PUBLIC AGENCIES	PRIVATE ORGANIZATIONS
Local law enforcement agencies	Faith-based Groups
North Carolina Department of Juvenile Justice and Delinquency Prevention (Juvenile Court)	Private Universities
County Department of Social Services	Mentoring programs
Public School System	Private psychologists
Public Library	
Public Health Department	
Public Universities	
Department of Parks and Recreation	
Mental health	

Before assessing barriers to effective intervention, it is necessary to explore the intervention strategies employed by the centers. These strategies can be broken down along two dimensions: 1) **behavior modification** - those strategies employed to address resident behaviors, and 2) **treatment modalities** - treatment strategies for those identified as having a particular human services or educational need. The juvenile justice system in the state of North Carolina operates under several guiding principles, principal among them being the creation and maintenance of a “therapeutic environment”. In delivering these services, facilities make every effort to utilize positive reinforcement, role-modeling, skill instruction, and counseling, in developing the administration of their programs. We turn first to the modification dimension.

BEHAVIOR MODIFICATION

What methods does your agency use to modify resident behavior?

Counseling
Corrective Methods
Mental Health Involvement
Treatment Plan Development
Involvement of Substance Abuse Counselor

The aim of behavior modification is to *provide supportive, behaviorally-based problem solving counseling to help build coping and daily living skills which will better equip youth to function both in custody and out in the community* (NCDJJDP). This type of intervention is conducted by substance abuse and detention center counselors. These sessions are performed in a group or individually. Programs also utilize corrective methods to address behavior issues - these methods consist of loss of privileges, room isolation, administrative lock down, and physical restraint. At the far end of the spectrum we have Administrative Lock Downs whereby youth are isolated to a confined room; this strategy must be approved by center directors. Lastly, physical restraint is used as a last resort when juveniles are deemed to be a danger to themselves, staff, or other residents.

TREATMENT MODALITIES

Detention centers provide an array of services to residents. At each facility during intake, assessments are conducted to determine resident needs.

Medical Services

During intake, nurses conduct medical assessments to ascertain a resident's state of health. If problems are detected during this stage referrals are made so that residents can receive prompt medical attention.

Mental Health

These services are initiated by mental health practitioners who perform mental health assessments to diagnose if psychological disorders exist. If disorders exist, residents are referred to a psychiatrist for further evaluation and to possibly receive treatment and or medication to address specific disorders.

Substance Abuse Counseling

These services are performed by in-house certified substance abuse counselors. Counselors assist residents with dependency issues and educate them about the harmful effects of drugs and alcohol.

Furthermore, he or she conducts anger management, individual and group counseling sessions, and life and social skills training with residents.

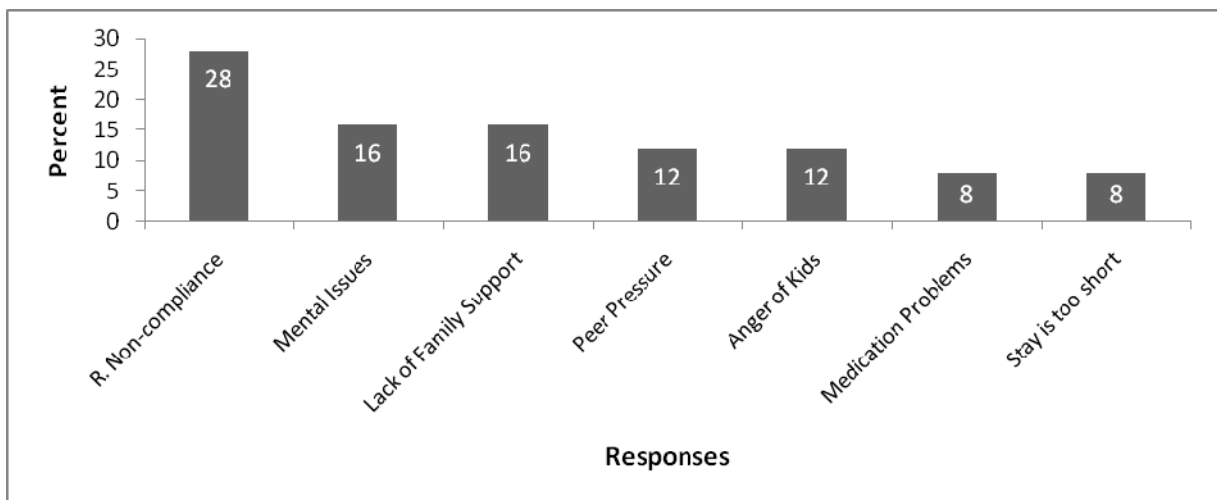
Education

Services are rendered by local public school teachers and teacher aides who teach general education courses such as science, math, social studies, and language arts. Since detention is designed to be temporary, the underlying idea is to ensure the eventual successful transition of youth back to the school environment. For those youth who are transferred to a youth development center upon disposition, they continue their educational program of study.

BARRIERS TO SERVICE DELIVERY

In identifying barriers to behavior modification, respondents indicated that resident non-compliance (28%) rates highest as a barrier (Figure 1). Following resident non-compliance is mental health issues (16%) and lack of family support (16%). The data reveals that from the perception of the staff, there is an even split between contextual factors (those outside of a youth's control) and individual factors (36% and 40% respectively). Twenty-four percent of the responses indicate that mental health and substance abuse issues were contributing factors.

Figure 1: What barriers prevent these methods from modifying resident behavior?



Inadequate parental support (24%) was identified as the leading barrier to providing services to residents (see Table 3). Resource issues emerged as the next most salient factor (the combination of staffing and facility issues comprises 24% of the responses to this question). Following inadequate parental support is resident non-compliance at 19%.

“We provide different services to our residents. Sometimes our services work for some residents. However, when residents are released from the program to an environment that is bad and unproductive this causes them to return to crime.”

“Parents are not involved because they do not have the means to visit the facility. Our facility is not on the bus line, it is difficult for parents to get to our facility.”

Table 3: What are some barriers to providing services?

Responses	Percent
Inadequate parental support	24
Resident non-compliance	19
Other	15
Difficulties getting psychiatrist	9
Inadequate staff	9
Lack of time in facility	6
Difficulties in getting volunteer	6
Communication barriers	6
Insufficient funding	6
Total	100

Other: Lack of education of residents, inadequate resources from school system, leniency of court system, drug and alcohol abuse of residents

A natural consequence of these barriers is the disruption of service delivery. Respondents indicated that some of the effects include delay in service delivery, use of corrective methods, the involvement of mental health, etc. In table 4 (n = 22), respondents reported they use various methods to effectively address these barriers. The majority of respondents indicated that some form of collaboration was used to address these barriers. External collaboration comprised nearly half of all responses (volunteers, outreach, and family involvement). It is noteworthy that a few respondents indicated no barriers exist in their centers or they do not have a way to address barriers.

Table 4: How has your agency effectively addressed these barriers?

Responses	Percent
Other	23
Community outreach/information sharing	18
Work with child and family	18
Communication among staff members	14
Use of corrective methods	9
Counseling	9
Participation of volunteer groups	9
Total	100

Other: We have policies and procedures in place; send behavior report to court personnel (Court counselors and judges); and use of medication.

In table 5 (n =39), respondents were asked what they anticipated as potential barriers to intervention in the future. By a small margin, having an outdated physical plant emerged as the most often cited response (16% of the response). Once again, taken together, resource issues emerge as salient (combining physical plant, staffing issues, and funding). Overall, responses to this question were quite diverse. Respondent answers reflected many of the dominant issues in the literature and the media.

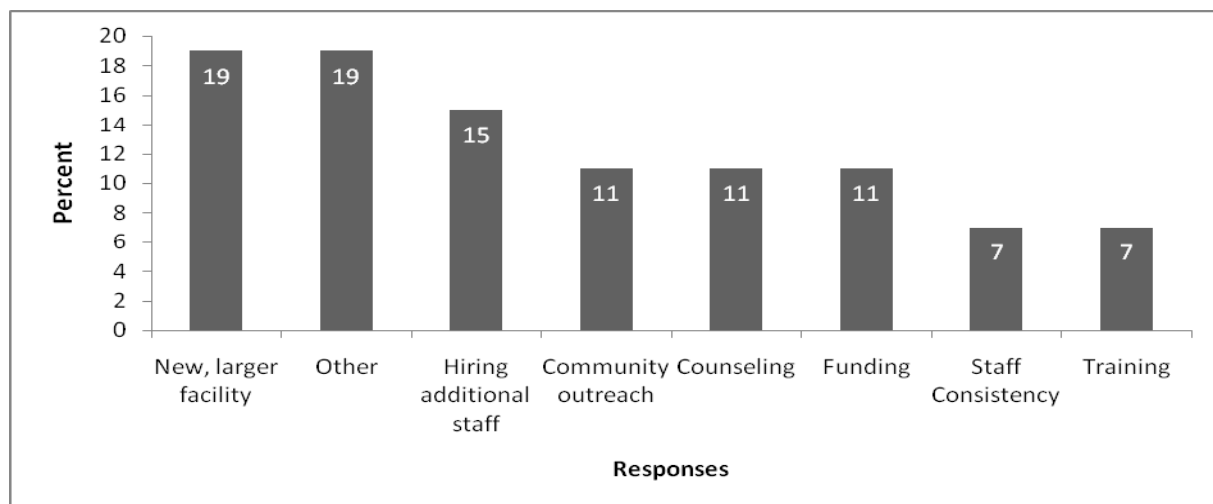
Table 5: Over the next five years, what do you anticipate as being potential barriers to effective intervention?

Responses	Percent
Outdated physical plant	16
Other	16
Lack of funding	13
Insufficient staff	10
Gang problems	10
Increase in juvenile age	10
Breakdown in family structure	10
External agency problems	10
Low functioning kids	5
Total	100

Other category: Provide vocational training to residents; help youth connect behavior with consequences; allow staff members to use mace; court counselors should assist in obtaining counseling for kids; change laws; develop and use a point system; do not have a way to address barriers.

In regards to recommendations, the highest ranking category was a new, larger facility (figure 2). In both instances [for barriers and recommendations] resource issues are salient in that they comprise nearly 40% of the responses given (physical plant, funding, staffing).

Figure 2: In your opinion how should your agency address these challenges?



Other category: Funding to provide services; task force to deal with dangerous situations in the facility; separate older residents from younger residents; private social workers.

Consistent with the notion of embattlement is the sense of powerlessness. There is an apparent disjuncture between the barriers and the strategies as for many of the identified barriers. There was no mention of a corresponding strategy to address them (e.g. legislative and community issues).

When asked specifically about the needs of staff (table 6), respondent answers reflected the underlying program need for better resources (combining the stated need for more staff members, higher salaries, and better facilities). In terms of training (35%), respondents requested instruction in gang awareness, handling residents with suicidal tendencies, self defense, and interacting with parents. In addition to staff training, a notable issue is the need for better work schedules. Whether this is reflective of all staff members or due to the overrepresentation of supervisory staff is unknown but an important issue for future examination.

Table 6: Staff Needs

Staff Needs	Percent
Training	35
Hire additional staff members	17
Better work schedules	17
Higher salaries	13
New facility	9
Other	9
Total	100

Table 7 shows what respondents view as strengths of their programs. An interesting issue is that facility needs (physical plant) show up as a strength. What this reflects is the possibility of an inequality between older facilities and newer structures. Similarly, staff appears as both a strength and a need. This undoubtedly reflects the recognized value of the hard work of employees but a simultaneous recognition of the need for improvement.

Table 7: Agency Strengths

Agency Strengths	Percent
Experienced staff	28
Excellent leadership	21
Other	17
Community support	14
Physical plant	10
Counseling	10
Total	100

Other: Responses in this category include: Better scheduling; do not house bind-over residents; increase in staff salary; develop a maximum time limit on how long a resident stays in centers; documentation needs to be done electronically.

CONCLUSION

The primary focus of this exploratory study was to identify barriers that inhibit North Carolina county juvenile detention centers from effectively intervening in the lives of youth. Largely, these issues mirror those identified in other studies of detention centers. It was found that barriers are present and exist at two levels: structural and individual level. Structural barriers – reflect the physical, resource, and capital needs of the centers. The individual level needs reflect human capital issues like training. Although these individual needs are important, by and large, the resource needs of programs loom large and are in many cases the underlying contributing factors to individual barriers. In the least these resource needs serve to exacerbate the individual level barriers.

Whereas resource issues are not unique to county run facilities, these entities exist in a different political and social context. Local governments funding of capital projects is a more difficult venture as compared to state government. Often times, counties run into resistance from voters because of the more tangible direct link between funding streams (taxes) and proposed projects.

The ability to engage and effectively take advantage of available resources is a function of the effectiveness of the juvenile justice network in the county. This too is a structural issue in that it reflects strength of the ties between the respective agencies: court system, mental health, law enforcement, etc... The highlighting of *external agency problems* as a future barrier (table 6) is indicative of a sense of uncertainty concerning the stability of that network. At the same time, it is quite evident from the data, that these centers recognize the value of their external community. Community support is noted as one of the primary strengths of these centers. If this is to remain the case, shoring up that area is probably the most critical issue facing detention centers.

On a programmatic note, virtually no mention was made [by respondents] of the therapeutic values and approach so strongly advocated by the NC Department of Juvenile Justice and Delinquency Prevention. This points to a potentially critical issue - a possible disjuncture between the state and locally run facilities, and/or a delay in the implementation of the “therapeutic approach” in detention facilities statewide. It is likely that this disjuncture reflects the phased roll-out of the new program by the Department whereby none of the detention facilities have yet been exposed. If that is the case, *how* and *when* the eventual implementation occurs are important issues. The first issue is whether or not detention centers state-wide are seen as viable venues for this approach. Secondly, if they are seen as viable venues, whether county-run facilities are an integral part of the training rollout (timing and intensity of training) is important. The larger looming issue concerns equitable opportunities for youth. If residents of county run facilities are receiving a different level of exposure to this approach, then there is a need to study whether there is a differential impact on youth depending upon where they are housed.

The larger question addressed by this study is: Is the unique status of county facilities a hindrance or a help in providing services to youth in custody? Unfortunately, this study does not permit us to draw any definitive conclusions concerning the larger question. Arguably, the fact that these entities are part of the local social and political milieu could bestow unique advantages upon them. The ability to navigate the local context is critically important for any organization that is part of a larger system. It is notable that all of the anticipated barriers identified by the centers are exogenous factors. This suggests that the centers are experiencing a state of besiegement. That is to say that the centers are contending with an array of difficult forces that are perceived to be outside of their control.

As stated in the outset, this is an exploratory study designed to lay the groundwork for further study in this area. However, the findings of this study echo the 2006 Regular Session report of the Joint Legislative Corrections, Crime Control, and Juvenile Justice Oversight Committee. That report underscored the need to critically examine the facility needs of these centers in light of their unique financial constraints. Nonetheless, this study does permit us to make a series of recommendations:

RECOMMENDATIONS

- There is an apparent need for Detention Centers to shore up the training of staff members. Nationally, there is a lack of awareness of critical issues on such issues as gang awareness, the effects of drugs on mental processing, and managing youth with suicidal tendencies. Assessing the specific training needs of these centers and developing a targeted strategy should be a priority.
- County run juvenile detention centers should examine the feasibility of diversifying their funding streams through the securing of outside foundation grants. The recent acquisition of Union County of a \$100,000 grant from the McArthur foundation is an example of such an endeavor. These funds have been targeted toward a “detention alternatives” initiative that has the potential to decrease the number of youth housed in detention (which will in turn decrease the required expenditures for detention housing). While these grants are typically not for capital projects, they can go a long way toward mitigating the problems associated with outdated facilities. Moreover, there exists the potential to free up existing funds for capital needs.
- There is a need for increased collaboration between center Directors and local universities - specifically, education, criminal justice, psychology, and sociology departments to increase the knowledge transfer and eventual solution generation. Students at local universities can participate in an Internship or a class designated as Academic Service Learning. Partaking

in these types of courses will allow students to gain credit hours and valuable information. Moreover, this collaboration will increase the chances of securing grant funding for center programs and initiatives. Lastly, this will create a conduit for future employees.

Undergraduates coming out of the participating university departments can be tapped to participate in select projects and initiatives and thereby gaining valuable experience.

- Examining the side-by-side challenges of county run vs. state run detention centers is of necessity. The logic of having two different types of facilities is not in question; however, the extent to which there are differences (if any) in how youth are being served is of paramount concern.
- Over the course of the last 15 years, the state has undergone major changes in systems affiliated with the juvenile justice system (e.g. mental health and social services). In order to keep up with these changes, ongoing and in-depth program evaluation of these centers is a necessary evil. Too often, program evaluation is an afterthought. Research has proven that this is a critical tool to the success of any organization. Additionally, this step will help to lay the groundwork for eventual grant procurement in the future.

BIBLIOGRAPHY

- Austin, J., Johnson, K. D., & Gregoriou, M. (2000). Juveniles in Adult Jails: A National Assessment. Bureau of Justice Assistance.
- Chevalier, C., Steinberg, S., & Lindeke, L. (2006). Perceptions of Barriers to Psychiatric-Mental Health CNS Practice. *Issues in Mental Health Nursing, 27*
- Division of Criminal and Juvenile Justice Planning, Iowa Department of Human Rights (2002).
- National Partnership for Juvenile Services. (2005). Minimum Direct Care Staff Ratio in Juvenile Detention Centers. *Journal of Juvenile Justice Services, 20(2)*
- Nock, M. K., & Ferriter, C. (2005). Parent Management of Attendance and Adherence in Child and Adolescent Therapy: A Conceptual and Empirical Review. *Clinical Child and Family Psychology Review, 8*
- Nock, M. K. & Photos, V. (2006). Parent Motivation to Participate in Treatment: Assessment and Prediction of Subsequent Participation. *Journal of Child and Family Studies, 15(3)*
- Public Law 93—415 (1974).
- Siegel, L. J. & Senna, J. J. (2007). *Introduction to Criminal Justice* (11th ed.). Belmont, CA: Thomason Wadsworth.
- Williams, A. C. (2005). Promoting Appropriate Responses toward Disabilities in Juvenile Justice Settings: Applying Disability Studies' Perspectives to Practice. *Journal for Juvenile Justice Services, 20(1)*.

APPENDICIES

**APPENDIX A
(Consent Form)**

**BARRIERS TO EFFECTIVE INTERVENTION
INFORMED CONSENT FORM**

Explanation of Procedures

The purpose of this exploratory study is to identify barriers to effective intervention in county juvenile detention facilities. The Principal Investigator, Jibril Abdum-Muhaymin, faculty member of the Department of Criminal Justice at North Carolina Central University, is conducting this study on behalf of the Juvenile Justice Institute, a unit within the Department of Criminal Justice.

Participants

Persons participating in this study are employees of county juvenile detention facilities. Each employee will participate in structured personal interviews, which will last for one hour. Notes will be recorded via with note-taking and audio taping and data recorded through audio taping will be transcribed for data analysis.

Risks and Discomforts

Your participation in this study will not expose you to any physical risk or pain. However, there may be periods during the study where you may feel uncomfortable with answering a specific question. Should you experience any feelings of uneasiness with a question, you have the right to answer a question.

Benefits

The potential benefit of this study will be the development of recommendations that could assist your detention facility and other facilities throughout North Carolina in addressing barriers to effective intervention. Also, findings from this study will add to the body of knowledge.

Right to Withdraw from the Study

Your participation in this study is completely voluntary. Should you agree to participate and later discover during the study that you do not want to participate, you have the right to withdraw. Your withdrawal from the study will not result in any penalties.

Right to Refuse to Answer Questions

If at any time during the course of the study you feel uncomfortable with answering a question, you have the right to not respond. Your refusal to answer a question will not result in any penalties.

Use of Research Result

Data generated from this study will hopefully allow the principal investigator to develop an understanding of the potential barriers to effective intervention in county juvenile detention facilities. Based on this understanding, recommendations will be developed and placed within a report.

Confidentiality and Anonymity

Signed consent forms and questionnaires will be stored in a locked cabinet in the office of Mr. Arnold Dennis, Executive Director of the Juvenile Justice Institute. Upon completion of the study, consent forms and questionnaires will be destroyed by shredding.

To protect your identity, your name will not be used in the study. Instead, the principal investigator will assign you a specific number. This is done to prevent persons reviewing the report to connect you with your responses.

Compensation

Your participation in this study will not be compensated. There will be no payment for time, travel, and inconvenience.

If you have questions and or concerns about your participation in this study, you may contact the North Carolina Central University Institutional Review Board at the following address and telephone number:

Atty. Kimberly Cogdell, IRB Chair
Institutional Review Board for the Protection of Human Subjects
Turner Law Building
North Carolina Central University
1801 Fayetteville Street
Durham, North Carolina 27707
Phone: (919) 530-7173

I have read and understand the above information, and I voluntarily consent to participate in this study.

Signature

Date

APPENDIX B
(Study Instrument)

BARRIERS TO EFFECTIVE INTERVENTION INSTRUMENT

1. In terms of providing services to your residents, what other organizations and agencies impacts your process?
2. What type of residents do you serve?
3. What methods does your agency use to modify resident behavior?
4. What barriers prevent these methods from modifying resident behavior?
5. What happens when behaviors are not modified?
6. What types of services does your agency provide and why?
7. What does your agency hope to accomplish with these services and why?
8. What are some barriers to providing services and why do you consider them as barriers?
9. What happens when these services are not provided to your residents?
10. How has your agency effectively addressed these barriers?
11. Over the next five years, what do you anticipate as being potential barriers to effective intervention?
12. In your opinion how should your agency address these challenges?

13. What are some agency needs and why?

14. What are some staff needs and why?

15. In your opinion, what are some strengths of your agency?

16. What can be done to improve the conditions with your agency?